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Patient Name	: Mr RAMDAS RAI ASAHEB TIPKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:28PM
UHID/MR No	: CPIM 0000039442	Reported	: 27/Jan/2024 02:34PM
Visit ID	: CPIMOPV158170	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333089		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	40.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	79.3	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	34.5	g/dl	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6.880	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.5	%	40-80	Electrical Impedance
LYMPHOCYTES	35.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3749.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2463.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	144.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	495.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.52	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	260000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's Microcytes+
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.

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

SIN No:BE02401 9650
This test has been performed at Apollo Health and Lifestyle Ltd-Sadashiv Peth Pune, Diagnostics Lab

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Patient Name	: Mr RAMDAS BALASAHEB TILEKAR	Collected	: 27/Jan/2024 07:46AM
Age/Gender	: 38 Y 4 M 26 D/M	Received	: 27/Jan/2024 01:28PM
UHID/MR No	: CPIM.0000039442	Reported	: 27/Jan/2024 02:34PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333099		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC's Microcytes+
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED24019050
This test has been performed at Apollo Health and Lifestyle Ltd Sahakar Path Pune, Diagnostics Lab

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Certificate No: MC-5697

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Patient Name	: Mr.RAMDAS BALASAHEB TILEKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:28PM
UHID/MR No	: CPIM.0000039442	Reported	: 27/Jan/2024 02:53PM
Visit ID	: CPIMOPV150170	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333099		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BH24001906

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Patient Name	Mr.RAMDAS BALASAHEB TILEKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:42PM
UHID/MR No	: CPIM.0000039442	Reported	: 27/Jan/2024 05:27PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333099		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	192	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 ≥126 mg/dL and/or a random, 2 hr post glucose value of ≥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.

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

SIN No:PL2020947119

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

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Patient Name	: Mr RAMDAS RALASAHEB TIRKAR	Collected	: 27/Jan/2024 10:26AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 03:53PM
UHID/MR No	: CPIM.0000039442	Reported	: 27/Jan/2024 04:27PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 223099		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS . *SODIUM FLUORIDE PLASMA (2 HR)*	**269**	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PL2411169

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

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Patient Name	: Mr RAMDAS BALASAHEB TILEKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:27PM
UHID/MR No	: CPIM.0000030442	Reported	: 27/Jan/2024 04:39PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333199		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	7.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	171	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2021 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/Hemolysis), 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 >15%
   B: Heterozygous Hemoglobinopathy
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

DR Sandeep Bagle
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No.:PT24000194

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Patient Name	: Mr.RAMDAS BALASAHEB TILEKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:44PM
UHID/MR No	: CPIM.0000039442	Reported	: 27/Jan/2024 06:18PM
Visit ID	CPIMOPV156170	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	333089		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE . *SERUM*				
TOTAL CHOLESTEROL	184	mg/dL	<200	CHO-POD
TRIGLYCERIDES	266	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.52	mg/dL	<100	Calculated
VLDL CHOLESTEROL	53.13	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels in determining eligibility for drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Dr Sangeeta Ingle
M.B.B.S M.D Pathology
Consultant Pathologist

SIN No:SI0460006

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

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Certificate No. [illegible] 5637

Patient Name	: Mr RAMDAS RAI ASAHEB TILEKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:44PM
UHID/MR No	: CPIM 0000056442	Reported	: 27/Jan/2024 06:18PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Aadhr/TPA ID	: 333009		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.33	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.26	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**55.72**	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	**125.86**	U/L	30-120	IFCC
PROTEIN, TOTAL	7.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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 caused by cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST/ALT (ratio) – In case of hepatocellular injury AST/ALT > 1. In Alcoholic Liver Disease AST/ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's disease, Cirrhosis, but the increase is usually mild.

2. **Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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

Dr Sanjay Ingle
M.B.B.S,MD Pathology,
Consultant Pathologist

SIN No:SE0161006

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Certificate No. MC-5652

Patient Name	: Mr RAMDAS RAJASAHEB TILEKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 DM	Received	: 27/Jan/2024 01:44PM
UHID/MR No	: CPIM.0000039442	Reported	: 27/Jan/2024 06:16PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333099		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

SIN No:SE0461 0006

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Patient Name	: Mr RAMDAS BALASAHEB TAPKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:44PM
UHID/MR No	: CPIM 0000339442	Reported	: 27/Jan/2024 03:16PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333099		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**0.47**	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	**15.61**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**7.3**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.09	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	**8.68**	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.09	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.55	mmol/L	101–109	ISE (Indirect)

Dr Sanjeev Jagtap
MBBS,MD(Pathology)
Consultant Pathologist

SIN No:SE0468096

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Patient Name	: Mr RAMDAS BALASAHEB TLEKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:44PM
UHID/MR No	: CPIM.0000039447	Reported	: 27/Jan/2024 06:18PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 303099		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	63.60	U/L	<55	IFCC

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

SIN No:SH0461 0086

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Patient Name	: Mr.RAMDAS BA: ASAHER TILEKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:44PM
LHID/MR No	: CPIM.0000039442	Reported	: 27/Jan/2024 02:44PM
Visit ID	: CPIMJPV156170	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333099		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.90	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.640	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 plasma 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, Graves, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non-thyroidal causes
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma

DR Sanjay Tigle
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SH24012418

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Certificate No. [illegible]

Patient Name	: Mr RAMDAS BALASAHEB TLOKAR	Collected	: 27/Jan/2024 07:45AM
Age/Gender	: 38 Y 4 M 25 DM	Received	27/Jan/2024 01:31PM
UHID/MR No	: CPIM.0000039442	Reported	27/Jan/2024 02:38PM
Visit ID	CPIMOPV156170	Status	Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	333099		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE), *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE +		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Dr Sneha Shah
M.B.B.S., MD (Pathology)
Consultant Pathologist

SIN No:UR2268682

This test has been performed at Apollo Health and Lifestyle Ltd - Sanjiv Patil Pune Diagnostics Lab

Apollo Health and Lifestyle Limited

1860 500 7788
www.apolloclinic.com

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Patient Name	: Mr RAMDAS BALASAHEB TILEKAR	Collected	: 27/Jan/2024 10:25AM
Age/Gender	: 38 Y 4 M 25 DM	Received	: 27/Jan/2024 03:49PM
UHID/MR No	: CPIM.0000039402	Reported	: 27/Jan/2024 04:05PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 330099		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

Dr. Sanjay Jagle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UPP010216

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

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Karnataka Ar MC 5537

Patient Name	: Mr.RAMDAS BALASAHEB TILEKAR	Collected	: 27/Jan/2024 07:48AM
Age/Gender	: 38 Y 4 M 25 D/M	Received	: 27/Jan/2024 01:32PM
UHID/MR No	: CPIM.0000039442	Reported	: 27/Jan/2024 02:08PM
Visit ID	: CPIMOPV156170	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 033099		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

*** End Of Report ***

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:HP010312

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

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Patient Name	: Mr. RAMDAS BALASAHEB TILEKAR	Age	38 Y M
UHID	: CPIM.0000039442	OP Visit No	: CPIMOPV156170
Reported on	: 27-01-2024 16:37	Printed on	: 27-01-2024 18:42
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on 27-01-2024 16:37 ---End of the Report---

Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Apollo Clinic
Expertise. Closer to you.

Patient Name	: Mr. RAMDAS BALASAHEB TILEKAR	Age	: 38 Y M
UHID	: CPIM.0000039442	OP Visit No	: CPIMOPV156170
Reported on	: 27-01-2024 10:53	Printed on	: 27-01-2024 14:46
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and bright 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 to be fused in its lower pole and crossing midline. 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 abnormality detected.

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

IMPRESSION:-
GRADE I FATTY LIVER.
F/S/O HORSESHOE KIDNEY---CT KUB FOR MORE DETAILS

Patient Name	: Mr. RAMDAS BALASAHEB TILEKAR	Age	: 38 Y M
UHID	: CPIM.0000039442	OP Visit No	: CPIMOPV156170
Reported on	: 27-01-2024 10:53	Printed on	: 27-01-2024 14:46
Adm/Consult Doctor	:	Ref Doctor	: SELF

(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.

Printed on:27-01-2024 10:53 ---End of the Report---

Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Apollo Clinic
Expertise. Closer to you.

Apollo Clinic,
Nigdi, Pune – 411044.

Date - 27.01.24

Patient Name Ramdas Tilekar

UHID:

Age / Sex: 38 YY / M

EYE CHECK UP COMPLETE PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6	6/6
Near Vision	N6	N6
Anterior Segment Pupil	WNL	WNL
Color Vision	WNL	WNL
Family History/Medical History	—	—

IMPRESSION:- plano BE

OPTOMETRIST

1

Date	: 27-01-2024	Department	: GENERAL
MR NO	: CPIM.0000039442	Doctor	:
Name	: Mr. RAMDAS BALASAHEB TILEK	Registration No	:
		Qualification	:
Age/ Gender	: 38 Y / Male		

Consultation Timing: 07:46

Ht - 151 cm
Wt - 64 kg
BP - 110/80

. Cold and coryza.

P/H. None. Had Hb reduced by 6 so required whole blood

F/H. Mother has HTN.

Allergy - Dust.

O/E

BMI - ↑.

Rs - Clear.

Cvs - Clear

P/A. Soft

CNS - Sl ↓

Advs

- Diet consult
- Vit B12 - 209 (209 - 900) done on 11/23
- Vitamin D -

Dr. Anam A. A. Inamdar
MBBS
Reg. No. 2021/06/0236

Apollo Clinic
Expertise Closer to you

Name Mr RAMDAS BALASAHEB TILEKAR	Age: 38 Y Sex: M	UHID:CPIM 0000039442
Address : A/P DEHUGAON TALUKA HAVELI		OP Number:CPIMO2V156170
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		Bill No :CPIM-OCR 75688
		Date : 27.01.2024 07:47

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	LIVER FUNCTION TEST (LFT)	
5	X-RAY CHEST PA	
6	GLUCOSE, FASTING	
7	HEMOGRAM – PERIPHERAL SMEAR	
8	ENT CONSULTATION	
9	CARDIAC STRESS TEST(TMT)	
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION	
12	COMPLETE URINE EXAMINATION	
13	URINE GLUCOSE(POST PRANDIAL)	
14	PERIPHERAL SMEAR	
15	ECG	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPTHAL BY GENERAL PHYSICIAN	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 10 to 15 AM	

vit D3
B12
Audio

151
64.1
110/80