



: Mr.KARAN CHANDRAKANT CHAVAN

Age/Gender

: 34 Y 3 M 22 D/M

UHID/MR No

: SPUN.0000044799

Visit ID

: SPUNOPV58547

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 1531052 Collected

: 07/Oct/2023 10:13AM

Received

: 07/Oct/2023 12:38PM

Reported

: 07/Oct/2023 04:26PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	18.6	g/dL	13-17	Spectrophotometer
PCV	55.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.19	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89.5	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,070	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	37.5	%	40-80	Electrical Impedance
LYMPHOCYTES	49.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2651.25	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3485.51	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	240.38	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	643.37	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	49.49	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	311000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC

WBC LYMPHOCYTOSIS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN.

Page 1 of 11

Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U851000 Property at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnorm of the Popular Colony, Opp. Sanas Play Ground, Sadashi Pune, Maharashtra

Begumpet, Hyderabad, Telangana - 500016





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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	А		Microplate Hemagglutination	
Rh TYPE	Positive		Microplate Hemagglutination	

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING, NAF PLASMA	103	ma/dL	70-100	HEXOKINASE
GLOCOSL, FASTING, WAF FLASWIA	103	IIIg/uL	70-100	LILAURINASL

Comment:

As per American Diabetes Guidelines, 2023

As per American Diabetes Guidelines, 2025	
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.

GLUCOSE, POST PRANDIAL (PP), 2	104	mg/dL	70-140	HEXOKINASE
HOURS, SODIUM FLUORIDE PLASMA (2				
HR)				

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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG), WHOLE BLOOD EDTA	111	mg/dL	Calculated

Comment:

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

Reference Range as per fillierican Biasette	Reference Range as per finerican Blasees rissociation (FBF1) 2023 Galdennes.				
REFERENCE GROUP	HBA1C %				
NON DIABETIC	<5.7				
PREDIABETES	5.7 – 6.4				
DIABETES	≥ 6.5				
DIABETICS					

Page 3 of 11

Apollo Speciality Hospitals Private Limited

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CIN- U85100TG2009PTC099414

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

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





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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. Range Method

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
 - 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 MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	245	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	148	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.47	mg/dL	<100	Calculated
VLDL CHOLESTEROL	48.97	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		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 to determine eligibility of 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.

Page 5 of 11

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P.No.9 & 10a S.NO. 2/64. Renata Chambers. Saras





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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.92	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	85.66	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	55.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.29	U/L	30-120	IFCC
PROTEIN, TOTAL	7.31	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		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.
- · Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- · 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.

Page 6 of 11

Apollo Speciality ប្រទទ្ធរដ្ឋទៅs Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85 1001 G2009P1C099414

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

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

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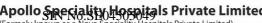
: Final Report : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/KIDNEY FUNCTION TE	ST (RFT/KFT) , SERU	IM .		
CREATININE	0.86	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.14	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.46	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.56	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.31	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100.35	mmol/L	101–109	ISE (Indirect)

Page 7 of 11



Apollo Speciality Hospitals Private Limited

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CIN- U85 1001 62009 Prepagator at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnowith Colony, Opp. Sanas Play Ground, Sadashi Pune, Maharashtra

Address:

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Pune, Maharashtra

Begumpet, Hyderabad, Telangana - 500016





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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	52.69	U/L	<55	IFCC	
(GGT) . SERUM					

Page 8 of 11

Apollo Speciality Hospitals Private Limited

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CIN- U85 1000 Proper Jurian at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnorm of the Page Proper Jurian at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnorm of the Pune, Di





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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - F	FULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.41	μg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.430	μIU/mL	0.35-4.94	CMIA

Comment:

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

- 1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- 2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- 3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 9 of 11

Apollo Speciality Hospitals Private Limited

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CIN- U85 1001 G2009PT C099414

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

Unit **Test Name** Result Bio. Ref. Range Method

COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	8.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		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 MO	OUNT AND MICROSCOPY			
PUS CELLS	2 - 3	/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

Page 10 of 11



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DEDVBIMEN	L UE CI INICAI	PATHOLOGY
DEPARTMEN	I OF CLINICAL	- PAIRULUGI

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

Unit **Test Name** Result Bio. Ref. Range Method

URINE GLUCOSE(POST PRANDIAL) **NEGATIVE NEGATIVE** Dipstick

URINE GLUCOSE(FASTING) NEGATIVE NEGATIVE Dipstick

*** End Of Report ***

Dr Sneha Shah

MBBS, MD (Pathology) Consultant Pathologist

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

Page 11 of 11



APOLLO SPECTRA HOSPITALS

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra - 411 030. Ph. No: 020 6720 6500

Name : Mr. Karan Chandrakant Chavan

Age: 34 Y Sex: M

Address: Pune Naraynpeth

Plan

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000044799

* S P U N . O O O O O A A 7 9 9 *

OP Number:SPUNOPV58547 Bill No :SPUN-OCR-9687

		Date	: 07.10.202	3 10:10
Sno	Serive Type/ServiceName			Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	- PAN I	NDIA - FY2	2324
_	LURINE GLUCOSE(FASTING)			
	2 GAMMA GLUTAMYL TRANFERASE (GGT)			
_	HbA1c, GLYCATED HEMOGLOBIN			A
4	4 2 D ECHO			
_	LIVER FUNCTION TEST (LFT)			
1	6 X-RAY CHEST PA		10	
	GEUCOSE, FASTING			8
	HEMOGRAM + PERIPHERAL SMEAR			
Ģ	PENT CONSULTATION			
10	FITNESS BY GENERAL PHYSICIAN			
V	DIET CONSULTATION			
12	COMPLETE URINE EXAMINATION			
1	URINE GLUCOSE(POST PRANDIAL) 12.30 pm			
1	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)			
4 23	DENTAL CONSULTATION			
V	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12.30 PM	`		

CERTIFICATE OF MEDICAL FITNESS

This is	s to certify that I have conducted the clinical examination	
of	_on	
After r that he	reviewing the medical history and on clinical examination it has been found shaked is	
		Tick
•	Medically Fit	
•	Fit with restrictions/recommendations	
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
	1	
	2	
	3	
	However the employee should follow the advice/medication that has been communicated to him/her.	
	Review after	
•	Currently Unfit.	
	Review afterrecommended	
•	Unfit	

This certificate is not meant for medico-legal purposes

Medical Officer

The Apollo Clinic, Uppal





Apollo Clinic

CONSENT FORM

Patient Name: Karan Chayar	Age: 34 M
UHID Number:	Company Name:
I Mr/Mrs/Ms E	mployee of
(Company) Want to inform you that I am not interested	in getting
Tests done which is a part of my routine health check pa	ackage.
And I claim the above statement in my full consciousnes	SS.
20 ECHO ENT Con ⁿ Physician Fitness	Will be done on 09/10/23
Patient Signature:	Date:





Date : 07/10/23

Mobile No

MRNO: SPUN.0000044799
Name: Mv. Karan. (. Chavan
Age/Gender: 34) M

Department: Cr. P Consultant: Dr. Samveet Shah

Reg. No

Qualification:

Consultation Timing:

			Spozl- 981.
Pulse: 78hm	B.P: 126186	Resp: 18 mg	Temp: 98'L
Weight: 66.24cq	Height: 163 cm	BMI: 24'9	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Ph.: 020 6720 6500 Fax: 020 6720 6523 www.apollospectra.com



Patient's Name :- Mr. Karan Chavan

MRN:SPUN.0000044799

Ref Doctor:- Health Checkup

AGE: 34 Yrs/M.

DATE: 7/10/2023

USG ABDOMEN & PELVIS

Liver: appears no mal in size and show mild bright echo texture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder: is well distended. No evidence of calculus. Wall thickness appears normal.

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

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

Both the kidneys: appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on rihg tside. Left kideny shows calculus of size 4 mm in lower pole calyx. No hydronephrosis.

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

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

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

IMPRESSION:-

Grade I fatty liver.

Left renal non obstructing calculus.

Dr.Prashant Lagdive

Consultant Radiologist.

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







: Mr.KARAN CHANDRAKANT CHAVAN

Age/Gender

: 34 Y 3 M 22 D/M

UHID/MR No

: SPUN.0000044799

Visit ID Ref Doctor

: SPUNOPV58547 : Dr.SELF

Emp/Auth/TPA ID

: 1531052

Collected

: 07/Oct/2023 10:13AM

Received

: 07/Oct/2023 12:38PM

Reported Status

: 07/Oct/2023 04:26PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	OF HAEMATOLOG	Υ
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ARCOFEMI - MEDIWHE Test Name	EL - FULL BODY ANNUA	L PLUS MALE	2D ECHO DANIMEN	
Test Name	Result			FY2324
	Result	Unit	Bio. Ref. Range	Metho

	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM, WHOLE BLOOD EDTA			83	
HAEMOGLOBIN	18.6			
PCV	55.40	g/dL	13-17	Spectrophotomete
	55.40	%	40-50	Electronic pulse &
RBC COUNT	6.19	Million/cu.mm		Calculation
MCV	89.5		4.5-5.5	Electrical Impeden
MCH	30	fL	83-101	Calculated
MCHC	33.5	pg	27-32	Calculated
R.D.W	14.4	g/dL	31.5-34.5	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,070	%	11.6-14	Calculated
DIFFERENTIAL LEUCOCYTIC COUNT (E	7,070	cells/cu.mm	4000-10000	Electrical Impedant
NEUTROPHILS				
LYMPHOCYTES	37.5	%	40-80	Electrical Impedance
EOSINOPHILS	49.3	%	20-40	Electrical Impedance
MONOCYTES	3.4	%	1-6	Electrical Impedance
BASOPHILS	9.1	%	2-10	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT	0.7	%	<1-2	Electrical Impedance
NEUTROPHILS				
	2651.25	Cells/cu.mm	2000-7000	Electrical III
LYMPHOCYTES	3485.51	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	240.38	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	643.37	Cells/cu.mm	200-1000	Electrical Impedanc
BASOPHILS	49.49	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	311000	cells/cu.mm	150000-410000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end	0-15	Electrical impedence
RIPHERAL SMEAR		of 1 hour	- 10	Modified Westergre
BC NORMOCYTIC NORMOCHROMIC			7.2	

WBC LYMPHOCYTOSIS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN.

Page 1 of 11









: Mr.KARAN CHANDRAKANT CHAVAN

Age/Gender UHID/MR No

: 34 Y 3 M 22 D/M : SPUN.0000044799

Visit ID

: SPUNOPV58547

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 1531052 Collected

: 07/Oct/2023 10:13AM

Received Reported

: 07/Oct/2023 12:38PM : 07/Oct/2023 02:31PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	HAEMATOLO	GY	
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D FCHO - PAN INDIA	EV2224
Test Name		The state of the s		F12324
. 551	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA	
BLOOD GROUP TYPE Rh TYPE	A	Microplate Hemagglutination
MITTE	Positive	Microplate Hemagglutination







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: 07/Oct/2023 04:03PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY23

2324 **Test Name** Result Unit Bio. Ref. Range Method

GLUCOSE, FASTING, NAF PLASMA 103 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	

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

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

101	1		
104	mg/dL	70-140	HEXOKINASE
	104	104 mg/dL	104 mg/dL 70-140

Comment:

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

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

HBA1C, GLYCATED HEMOGLOBIN,	ЕГ	21	
WHOLE BLOOD EDTA	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG),	111	mag/all	
WHOLE BLOOD EDTA	111	mg/dL	Calculated

Reference Range as per American Diabetes Association (ADA) 2023 Guidelin

REFERENCE GROUP	HBA1C %	
NON DIABETIC	<5.7	
PREDIABETES	5.7 – 6.4	
DIABETES	≥ 6.5	
DIABETICS		

Page 3 of 11







: Mr.KARAN CHANDRAKANT CHAVAN

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

	DEPARTMENT OF	BIOCHEMIST	RY	
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PI IIS MALE	2D ECHO DANIMBIA	
Test Name	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324			
. cot italile	Result	Unit	Bio. Ref. Range	Method

EXCELLENT CONTROL	6 – 7	
FAIR TO GOOD CONTROL	7 – 8	
UNSATISFACTORY CONTROL	8 – 10	
POOR CONTROL	>10	

- 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
- 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
 - B: Homozygous Hemoglobinopathy
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Received

: 07/Oct/2023 01:18PM : 07/Oct/2023 01:56PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	OF BIOC	HEMISTRY
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ARCOFEMI - MEDIWHEE	DEPARTMENT OF	L DI LIGATORIS I	KY	
ARCOFEMI - MEDIWHEE Test Name	Page 14		- 2D ECHO - PAN INDIA -	FY2324
	Result	Unit	Bio. Ref. Range	Method

TOTAL CHOLESTEROL				
TRIGLYCERIDES	187	mg/dL	<200	OHO DOD
	245	mg/dL		CHO-POD
HDL CHOLESTEROL	39		<150	GPO-POD
	33	mg/dL	40-60	Enzymatic
NON-HDL CHOLESTEROL	140			Immunoinhibition
LDL CHOLESTEROL	148	mg/dL	<130	Calculated
VLDL CHOLESTEROL	99.47	mg/dL	<100	
	48.97	mg/dL		Calculated
CHOL / HDL RATIO	4.85	Tilg/GL	<30	Calculated
	4.05		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	TY:-L	
TOTAL CHOLESTEROL	< 200		High	Very High
TRIGLYCERIDES		200 - 239	≥ 240	
	<150	150 - 199	200 - 499	
.DL	Optimal < 100		200 - 499	≥ 500
	Near Optimal 100-129	130 - 159	160 - 189	≥ 190
IDL	≥ 60			- 190
ION-HDL CHOLESTEROL	Optimal <130;			
	Above Optimal 130-159 different days can show physiological and a	160-189	190-219	>220

- 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 to determine eligibility of 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.

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: Mr.KARAN CHANDRAKANT CHAVAN

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: 07/Oct/2023 01:56PM

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

DEPARTMENT OF	BIOCHEMIST	RY	
L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO BAN INDIA	FVOCA
Result	Unit		FY2324
	Oilit	Bio. Ref. Range	Method
	L - FULL BODY ANNUA	L - FULL BODY ANNUAL PLUS MALE	DEPARTMENT OF BIOCHEMISTRY L - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - Result Unit Bio. Ref. Range

BILIRUBIN, TOTAL	0.92			
BILIRUBIN CONJUGATED (DIRECT)	100-00-376-00-00-00-00-00-00-00-00-00-00-00-00-00	mg/dL	0.3-1.2	DPD
BILIRUBIN (INDIRECT)	0.13	mg/dL	< 0.2	DPD
ALANINE AMINOTRANSFERASE	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALT/SGPT)	85.66	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE AST/SGOT)	55.6	U/L	<50	IFCC
LKALINE PHOSPHATASE	63.29	11/1		
ROTEIN, TOTAL		U/L	30-120	IFCC
LBUMIN	7.31	g/dL	6.6-8.3	Biuret
LOBULIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
/G RATIO	2.68	g/dL	2.0-3.5	Calculated
O TOTIO	1.73		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 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 • Disproportionate increase in AST, ALT compared with ALP.
- · Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2. 2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT. · 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.

Page 6 of 11









Method

Patient Name

: Mr.KARAN CHANDRAKANT CHAVAN

Age/Gender

: 34 Y 3 M 22 D/M

UHID/MR No

: SPUN.0000044799

Visit ID Ref Doctor

: SPUNOPV58547

Emp/Auth/TPA ID

: Dr.SELF : 1531052 Collected

: 07/Oct/2023 10:13AM

Received Reported

: 07/Oct/2023 01:18PM

Status

: 07/Oct/2023 01:56PM

Bio. Ref. Range

: Final Report

Sponsor Name

Unit

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	BIOCHEMIST	RY	
ARCOFEMI - MEDIWHEE	EL - FULL BODY ANNUA	L PI IIS MALE	- 2D ECHO - PAN INDIA - FY2324	
Test Name		100186 6400	- 2D ECHO - PAN INDIA - FY2324	1
	Result	Unit	Rio Dof Donne	

RENAL PROFILE/KIDNEY FUNCTION TO CREATININE	ILOI (KFI/KFI), SER	UM		
	0.86	mg/dL	0.72 - 1.18	Modified Leff- 16: 11
UREA	16.14	mg/dL	17-43	Modified Jaffe, Kineti
BLOOD UREA NITROGEN	7.5	mg/dL		GLDH, Kinetic Assay
URIC ACID	7.46	-	8.0 - 23.0	Calculated
CALCIUM		mg/dL	3.5–7.2	Uricase PAP
PHOSPHORUS, INORGANIC	9.56	mg/dL	8.8-10.6	Arsenazo III
	3.00	mg/dL	2.5-4.5	Phosphomolybdate
SODIUM	139.31	mmol/L	136–146	Complex
POTASSIUM	4.3			ISE (Indirect)
CHLORIDE		mmol/L	3.5–5.1	ISE (Indirect)
	100.35	mmol/L	101-109	ISE (Indirect)

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: Mr.KARAN CHANDRAKANT CHAVAN

Age/Gender UHID/MR No

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

APCOEEMI MEDILINI	DEPARTMENT O	L RIOCHEWIST	RY	
ARCOFEMI - MEDIWHEE Test Name	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO BAN INTE	
Test Name	Result		- 2D ECHO - PAN INDIA -	FY2324
		Unit	Bio. Ref. Range	

GAMMA GLUTAMYL TRANSPEPTIDASE 52.69 (GGT), SERUM U/L <55 IFCC

Page 8 of 11









: Mr.KARAN CHANDRAKANT CHAVAN

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEE Test Name	L - I OLL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FV2324
Test Name	Result	Unit	Bio. Ref. Range	
			Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM	1
TRI-IODOTHYRONINE (T3, TOTAL)	_

TRI-IODOTHYRONINE (T3, TOTAL)	1.24			
THYROXINE (T4, TOTAL)		ng/mL	0.64-1.52	CMIA
	8.41	µg/dL	4.87-11.72	
THYROID STIMULATING HORMONE	1.430		4.07-11.72	CMIA
TSH)	1.430	μIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females First trimester	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
Second trimester	0.1 - 2.5
Third trimester	0.2 - 3.0
	by the anterior pituitary TSH activates and all the state of the state

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4

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 referred to as sub-clinical hypo- or hyperthyroidism respectively. is often

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

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	T4	FT4	Conditions Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement
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
V/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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: Mr.KARAN CHANDRAKANT CHAVAN

Age/Gender UHID/MR No

: 34 Y 3 M 22 D/M

: SPUN.0000044799 : SPUNOPV58547

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Collected

: 07/Oct/2023 10:13AM

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: 07/Oct/2023 11:57AM

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: 07/Oct/2023 12:09PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUAL	DI LIC MALE	
Test Name	TOD! ANNOAL	PLUS MALE	- 2D ECHO - PAN INDIA - FY2324
rost ivalle	Result	Unit	

Test Name		IL I LOO WALE	- 2D ECHO - PAN INDIA -	FY2324
root Hame	Result	Unit	Bio. Ref. Range	Method
		The world the same	Dio. Ref. Range	Me

COMPLETE URINE EXAMINATION (PHYSICAL EXAMINATION				
COLOUR	DALEVELLOW			
TRANSPARENCY	PALE YELLOW		PALE YELLOW	Visual
рН	CLEAR		CLEAR	Visual
SP. GRAVITY	8.5		5-7.5	DOUBLE INDICATOR
BIOCHEMICAL EXAMINATION	1.020		1.002-1.030	Bromothymol Blue
URINE PROTEIN				
GLUCOSE	NEGATIVE		NEGATIVE	PROTEIN ERROR O
URINE BILIRUBIN	NEGATIVE		NEGATIVE	INDICATOR
SIZINOBIIN	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE			REACTION
UROBILINOGEN	NORMAL		NEGATIVE	SODIUM NITRO PRUSSIDE
BLOOD			NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Peroxidase
EUCOCYTE ESTERASE	NEGATIVE			Diazotization
	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	UNI AND MICROSCOPY			LOTEIVAGE
EPITHELIAL CELLS	2 - 3	/hpf	0-5	Micro
RBC	1 - 2	/hpf	<10	Microscopy
ASTS	NIL	/hpf	0-2	MICROSCOPY
RYSTALS	NIL		0-2 Hyaline Cast	MICROSCOPY
MISTALS	ABSENT		ABSENT	MICROSCOPY MICROSCOPY

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: Mr.KARAN CHANDRAKANT CHAVAN

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: 34 Y 3 M 22 D/M

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: 07/Oct/2023 12:08PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEDABELLE	Trans. March					
DEPARTMENT	OF	CI	INICAL	PA	THOL	OCV

ARCOFEMI - MEDIWHEEL - FULL BO	JDV ANNITAL	DI LIO MALLE			
The state of the s	JOI ANNOAL	PLUS MALE -	2D ECHO .	PAN INDIA	EV2224

Test Name

Result

Unit

Bio. Ref. Range

Method

URINE GLUCOSE(POST PRANDIAL)

NEGATIVE

Dipstick

URINE GLUCOSE(FASTING)

NEGATIVE

NEGATIVE

NEGATIVE

Dipstick

*** End Of Report ***

Sveka Shah Dr Sneha Shah MBBS, MD (Pathology)

Consultant Pathologist

DR.Sanjay Ingle

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



MR.KARAN CHAVAN 34Y

34 Years

MR No: Location: SPUNDO STICS
Apollo Spectra Hospitan Prince ou.

(Swargate)

Gender:

M

Physician:

SELF

Image Count:

1

Date of Exam:

07-Oct-2023

Arrival Time:

07-Oct-2023 11:08

Date of Report: 07-Oct-2023 11:28

X-RAY CHEST PA VIEW

HISTORY: Health check up

FINDINGS

Normal mediastinum.

No hilar or mediastinal lymphadenopathy.

Cardia normal in size

No focal lesion. No collapse . No consolidation.

The apices, costo and cardiophrenic angles are free.

No pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality seen.

Dr.V.Pavan Kumar.MBBS,DMRD. Consultant Radiologist Reg.No: 57017

CONFIDENTIALITY:

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PLEASE NOTE:

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

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EYE REPORT



ASH/PUN/OPTH/06/02-0216

Date: 07/10/23

Ref No.:

Mr. Karan chavan

34 y/M Age /Sex:

Complaint: No complaints

Examination

NO DM

NO HTH

Spectacle Rx

	Right Eye					Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis	
Distance	6/6	Plan	,		66	Plar	00 -		
Read				NE	_			No	
	Sphere	CYI	Axis	Vision	Sphere	CYI	Axis	Vision	

unabled R 6/6 NG Vision

Remarks:



PGP <

Medications:

"BE colour vision Hormal.

Trade Name	Frequency	Duration
-		

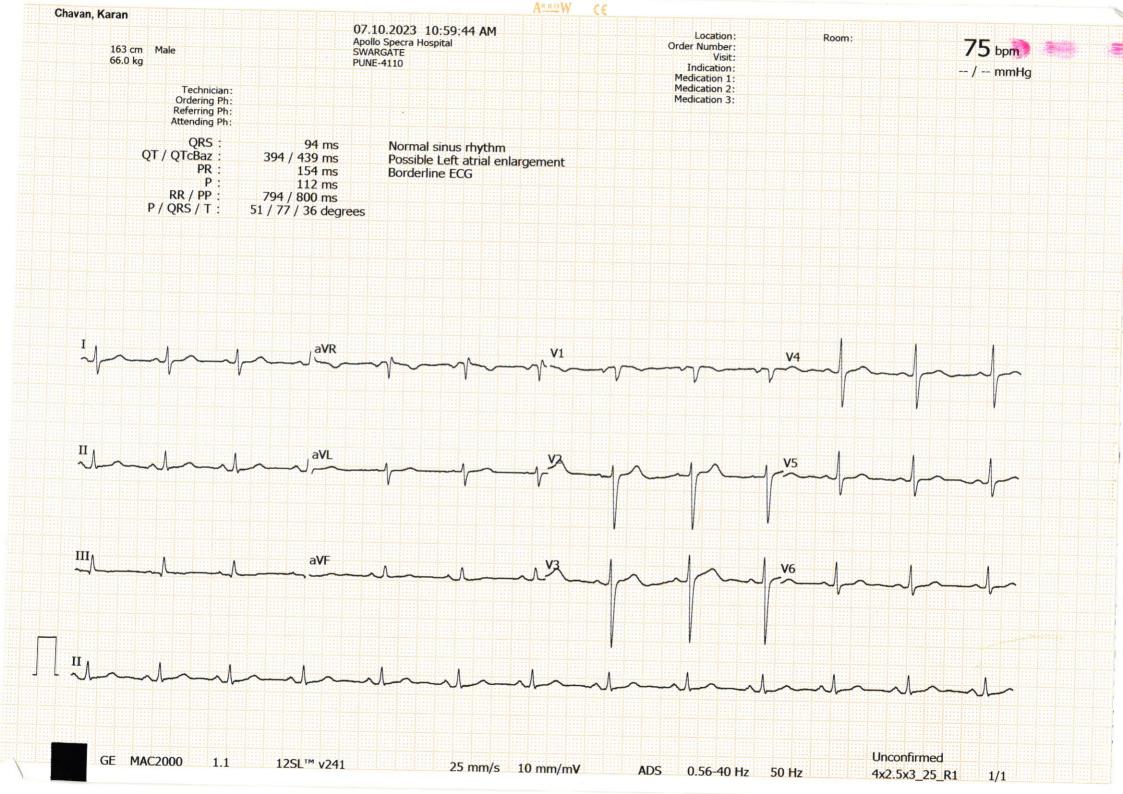
Follow up:

1785

Consultant:

Apollo Spectra Hospitals

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



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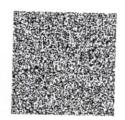
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नामांकन ऋम/ Enrolment No.: 2091/49091/00844

करण चंद्रकांत चव्हाण Karan Chandrakant Chavan S/O Chandrakant Chavan At Po.Somanathpur Tq.Udgir Somnathpur Latur Maharashtra - 413517 9767285588





आपका आधार क्रमांक / Your Aadhaar No. :

5093 1876 7133 VID: 9179 2100 7567 5930

मेरा आधार, मेरी पहचान



Date: 30/03/201

भारत सरकार Government of India





करण चंद्रकांत चव्हाण Karan Chandrakant Chavan जन्म तिथि/DOB: 15/06/1989 प्रुष/ MALE

5093 1876 7133

VID: 9179 2100 7567 5930

मेरा आधार, मेरी पहचान







सचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरिक्षत QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

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S/O Chandrakant Chavan, At Po.Somanathpur Tq.Udgir, Somnathpur, Latur, Maharashtra - 413517



5093 1876 7133

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Patient Name- Karan Chavan Pending Test- 2 D ECHO ENT Consultation and Physician Fitness