

Patient Name : Mr.SUHAS D NANIVADEKAR	Collected : 21/Aug/2023 09:23AM
Age/Gender : 59 Y 3 M 28 D/M	Received : 21/Aug/2023 12:56PM
UHID/MR No : SPUN.0000044401	Reported : 21/Aug/2023 02:13PM
Visit ID : SPUNOPV57811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153485	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	46.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.86	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	94.8	fL	83-101	Calculated
MCH	32.2	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,420	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	42.4	%	40-80	Electrical Impedence
LYMPHOCYTES	37.7	%	20-40	Electrical Impedence
EOSINOPHILS	9.4	%	1-6	Electrical Impedence
MONOCYTES	9.4	%	2-10	Electrical Impedence
BASOPHILS	1.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2298.08	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2043.34	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	509.48	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	509.48	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	59.62	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	215000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR
RBC NORMOCYTIC NORMOCHROMIC
WBC MILD EOSINOPHILIA
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN.



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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	134	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C IN %
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)

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Age/Gender : 59 Y 3 M 28 D/M	Received : 21/Aug/2023 11:59AM
UHID/MR No : SPUN.0000044401	Reported : 21/Aug/2023 01:25PM
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DEPARTMENT OF BIOCHEMISTRY

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	143	mg/dL	<200	CHO-POD
TRIGLYCERIDES	138	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.09	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.58	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.53		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.21	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.99	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.76	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	64.34	U/L	30-120	IFCC
PROTEIN, TOTAL	6.83	g/dL	6.6-8.3	Biuret
ALBUMIN	3.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.96	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.92	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.74	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.28	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.57	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.39	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.9	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.11	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.90	U/L	<55	IFCC



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Visit ID : SPUNOPV57811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153485	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.15	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.228	µIU/mL	0.34-5.60	CLIA

Comment:

Note:

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

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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



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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.730	ng/mL	0-4	CLIA



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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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	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.



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Test Name	Result	Unit	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



Name :- Mr. Suhas Nanivadekar
Test Pending :- Dental Consultation
Reason :- Services not available

Name : Mr. Suhas D Nanivadekar

Age: 59 Y

UHID:SPUN.0000044401

Sex: M



OP Number:SPUNOPV57811

Address : Pune IMT Collage kothurd

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-9568

Date : 21.08.2023 09:16

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
✓	URINE GLUCOSE(FASTING)	
✓	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
✓	HbA1c, GLYCATED HEMOGLOBIN	
✓	2D ECHO	
✓	LIVER FUNCTION TEST (LFT)	
✓	X-RAY CHEST PA	
✓	GLUCOSE, FASTING	
✓	HEMOGRAM + PERIPHERAL SMEAR	
✓	ENT CONSULTATION	
✓	FITNESS BY GENERAL PHYSICIAN	
✓	DIET CONSULTATION	
✓	COMPLETE URINE EXAMINATION	
✓	URINE GLUCOSE(POST PRANDIAL)	
✓	PERIPHERAL SMEAR	
✓	ECG	
✓	BLOOD GROUP ABO AND RH FACTOR	
✓	LIPID PROFILE	
✓	BODY MASS INDEX (BMI)	
✓	OPHTHAL BY GENERAL PHYSICIAN	
✓	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓	ULTRASOUND - WHOLE ABDOMEN	
✓	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
✗	DENTAL CONSULTATION	
✓	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 1200 Pm	


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sahas. Nari vadekar on 21/8/2023

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 restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none">• Unfit	

Dr. Sameer Shah 
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Date : 21/08/23
MRNO : SPUN. 44401
Name : Mr. Suhlas Nanivadekar
Age/Gender : 59/M
Mobile No :

Department : G.P
Consultant : Dr. Samrat Shah
Reg. No :
Qualification :
Consultation Timing :

SPO2 - 97%

Pulse : 70/min	B.P : 130/90	Resp : 18/min	Temp : 98°F
Weight : 64.8kg	Height : 160cm	BMI : 25.3	Waist Circum : -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

→ H/O of DM ⊕
S/P PTCA = Stenting

LDL : 75

2D Echo : Mild Conc LH

→ Ah
Tab bisoprolol 2.5
1-0-0 (30)

Follow up date:

Doctor Signature
Dr. Samrat Shah

Date : 21/08/23
MRNO : SPUN. 44401
Name : Mr. Suhas Narivadekar
Age/Gender : 59/M
Mobile No :

Department : ENT
Consultant : Dr. Sushrut Deshmukh
Reg. No :
Qualification :
Consultation Timing :

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Advice
VIDEO LARYNGOSCOPY
PTA

S/B DR. SUSHRUT
DESHMUKH

(M.S. (ENT))

Pt for routine health
check up

O/E

Ear - B/L TM Retracted

Nose - DNS (CD) to left

Throat - Mild granulations

Imp - GERD WITH
TINNITUS

Follow up date:

 Doctor Signature

Patient Name:	MR.SUHAS NANIVADEKAR 59Y	MR No:	SPUN.00004440
Age:	59 Years	Location:	Apollo Spectra Hospital Pune (Swargate)
Gender:	M	Physician:	SELF
Image Count:	1	Date of Exam:	21-Aug-2023
Arrival Time:	21-Aug-2023 11:06	Date of Report:	21-Aug-2023 11:21

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

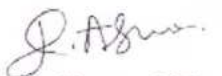
No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.


Dr. Aswin Kumar, MD.
Consultant Radiologist
REG NO: 113870

CONFIDENTIALITY:

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

PLEASE NOTE:

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

2D ECHO / COLOUR DOPPLER

Name : Mr. Suhas Nanivadekar
Referred By : Health Check

Age : 59YRS/M
Date :21/08/2023

LA – 36 AO – 27 IVS – 14 PW – 10
LVIDD – 42 LVIDS - 30
EF 60 %

Mild concentric LVH.
Grade I diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Normal valves. Mild mitral regurgitation.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
Minmial tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :

MILD CONCENTRIC LVH.
NORMAL LV SYSTOLIC FUNCTION. EF 60 %
GRADE I DIASTOLIC DYSFUNCTION.NO RWMA.
MINIMAL TR, MILD MR



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Patient's Name :- Mr. Suhas Nanivadekar
MRN:SPUN.0000044401
Ref Doctor :- Health Checkup -

AGE : 59 Yrs/M.
DATE: 21/08/2023

USG ABDOMEN & PELVIS

Liver : appears normal in size and 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 either side.

Urinary Bladder :- 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:-

No significant abnormality detected.



Dr. Prashant Lagdive
Consultant Radiologist.

Nanivadekar, Suhas

160 cm Male
64.0 kg

21.08.2023 10:51:14 AM
Apollo Specra Hospital
SWARGATE
PUNE-4110

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

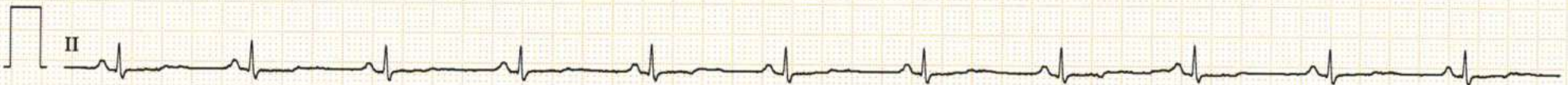
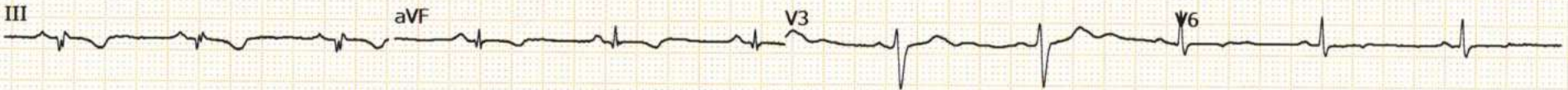
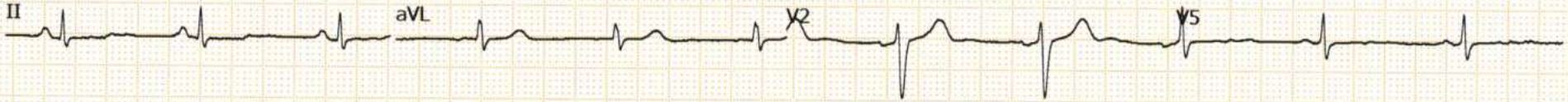
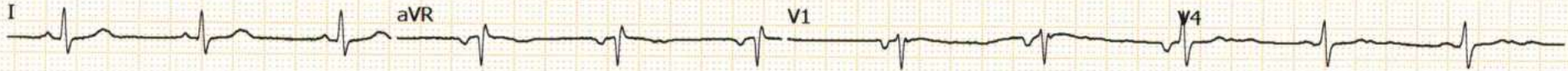
Room:

67 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 92 ms
QT / QTcBaz : 398 / 420 ms
PR : 130 ms
P : 98 ms
RR / PP : 898 / 895 ms
P / QRS / T : 59 / 23 / -8 degrees

Normal sinus rhythm
Possible Left atrial enlargement
Possible Inferior infarct , age undetermined
Abnormal ECG



ApollO Clinic

CONSENT FORM

Patient Name: Suhas Navivadekar Age: 59 yrs.
UHID Number: Company Name: Bank of Baroda

I Mr/ Mrs/ Ms Suhas Navivadekar Employee of Bank of Baroda.
(Company) Want to inform you that I am not interested in getting Dental Treatment
Tests done which is a part of my routine health check package. Service Not available ENT
And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 21/08/2023

EYE REPORT

ASH/PUN/OPHTH/06/02-0216

Name: Mr. suhas Namivadekar

Date: 21/08/23

Age / Sex: 59 y / M

Ref No.:

Complaint: No complaints

Examination

NO DM

NO HTN

Spectacle Rx

Unaided Vision
R 6/6 @ Ng
L 6/6 Ng

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	±	-0.50	80°	6/6	Plano	—	—
Add Near	2.50	—	—	Ng	2.50	—	—	Ng
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:


WNL

PGP
At Home
R
L

Medications: ∴ BE colour vision normal.

Trade Name	Frequency	Duration

Follow up: 1 yrs

Consultant: 

TOUCHING LIVES Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485	Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 12:56PM Reported : 21/Aug/2023 02:13PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	46.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.86	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.8	fL	83-101	Calculated
MCH	32.2	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,420	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.4	%	40-80	Electrical Impedance
LYMPHOCYTES	37.7	%	20-40	Electrical Impedance
EOSINOPHILS	9.4	%	1-6	Electrical Impedance
MONOCYTES	9.4	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2298.08	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2043.34	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	509.48	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	509.48	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	59.62	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	215000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC WBC MILD EOSINOPHILIA PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN.				



TOUCHING LIVES Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485		Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 12:56PM Reported : 21/Aug/2023 02:13PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF HAEMATOLOGY

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

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



Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485	Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:50AM Reported : 21/Aug/2023 02:30PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA 105 mg/dL 70-100 HEXOKINASE

Comment:
As per American Diabetes Guidelines

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:
1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) 107 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.
Ref: Marks medical biochemistry and clinical approach

TOUCHING LIVES Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485	Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:50AM Reported : 21/Aug/2023 02:30PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	134	mg/dL		Calculated

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

REFERENCE GROUP	HBA1C IN %
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)

TOUCHING LIVES Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485		Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:50AM Reported : 21/Aug/2023 02:30PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485		Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:59AM Reported : 21/Aug/2023 01:25PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL	143	mg/dL	<200	CHO-POD
TRIGLYCERIDES	138	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.09	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.58	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.53		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

TOUCHING LIVES

Patient Name : Mr.SUHAS D NANIVADEKAR	Collected : 21/Aug/2023 09:23AM
Age/Gender : 59 Y 3 M 28 D/M	Received : 21/Aug/2023 11:59AM
UHID/MR No : SPUN.0000044401	Reported : 21/Aug/2023 01:25PM
Visit ID : SPUNOPV57811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153485	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485	Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:59AM Reported : 21/Aug/2023 01:35PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	1.21	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.99	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.76	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	64.34	U/L	30-120	IFCC
PROTEIN, TOTAL	6.83	g/dL	6.6-8.3	Biuret
ALBUMIN	3.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.96	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated



TOUCHING LIVES Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485	Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:59AM Reported : 21/Aug/2023 01:25PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.92	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	18.74	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.28	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.57	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.39	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.9	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.11	mmol/L	101-109	ISE (Indirect)



TOUCHING LIVES Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485		Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:59AM Reported : 21/Aug/2023 01:25PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.90	U/L	<55	IFCC



TOUCHING LIVES Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485		Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:59AM Reported : 21/Aug/2023 01:07PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	0.91	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.15	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.228	µIU/mL	0.34-5.60	CLIA

Comment:
Note:

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

TOUCHING LIVES Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485	Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:59AM Reported : 21/Aug/2023 01:07PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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



TOUCHING LIVES

Patient Name : Mr.SUHAS D NANIVADEKAR	Collected : 21/Aug/2023 09:23AM
Age/Gender : 59 Y 3 M 28 D/M	Received : 21/Aug/2023 11:59AM
UHID/MR No : SPUN.0000044401	Reported : 21/Aug/2023 12:55PM
Visit ID : SPUNOPV57811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 153485	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.730	ng/mL	0-4	CLIA



Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485	Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:19AM Reported : 21/Aug/2023 12:17PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.



TOUCHING LIVES Patient Name : Mr.SUHAS D NANIVADEKAR Age/Gender : 59 Y 3 M 28 D/M UHID/MR No : SPUN.0000044401 Visit ID : SPUNOPV57811 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 153485	Collected : 21/Aug/2023 09:23AM Received : 21/Aug/2023 11:19AM Reported : 21/Aug/2023 12:17PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

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

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





बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम
Name : **Suhas D Nanivadekar**
कर्मचारी कूट क्र.
E.C.No. : **153485**



जारीकर्ता प्राधिकारी
Issuing Authority
Chief Manager (Security)
Pune Zone

धारक के हस्ताक्षर
Signature of Holder