

Patient Name : Mr.ARPIT SINGH SISODIYA  
Age/Gender : 32 Y 7 M 1 D/M  
UHID/MR No : STAR.0000062655  
Visit ID : STAROPV69117  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
Received : 20/Apr/2024 12:07PM  
Reported : 20/Apr/2024 01:29PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic


WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

  
**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



SIN No:BED240106300

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

**Address:**

190, Patanjali Care Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4552 4500

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**DEPARTMENT OF HAEMATOLOGY**


**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.3	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.86	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.5	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,530	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66	%	40-80	Electrical Impedence
LYMPHOCYTES	24	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	08	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4969.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1807.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	150.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	602.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.75		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	330000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

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Platelets : Adequate in Number

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**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	GOD - POD


**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:**

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



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Patient Name : Mr.ARPIT SINGH SISODIYA	Collected : 20/Apr/2024 04:03PM
Age/Gender : 32 Y 7 M 1 D/M	Received : 20/Apr/2024 04:21PM
UHID/MR No : STAR.0000062655	Reported : 20/Apr/2024 06:24PM
Visit ID : STAROPV69117	Status : Final Report
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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	74	mg/dL	70-140	GOD - POD

**Comment:**

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

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



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Age/Gender : 32 Y 7 M 1 D/M	Received : 20/Apr/2024 03:28PM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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



Dr.Sandip Kumar Banerjee  
M.B.B.S.,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist



SIN No:EDT240048499

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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	129	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>194</b>	mg/dL	<150	
HDL CHOLESTEROL	<b>36</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	93	mg/dL	<130	Calculated
LDL CHOLESTEROL	54.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>38.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.37</b>		<0.11	Calculated

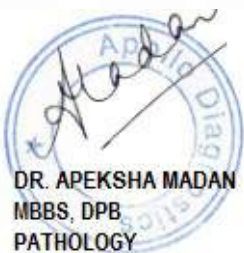
**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 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



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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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	<b>1.50</b>	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	<b>0.70</b>	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	90.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	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 > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's'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.



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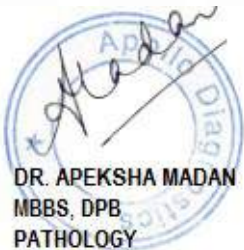
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.85	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	24.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	4.0-7.0	URICASE
CALCIUM	<b>10.40</b>	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	90.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , <i>SERUM</i>	10.40	mg/dL	8.4-10.2	CPC

**Comments:-**

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	23.00	U/L	16-73	Glycylglycine Kinetic method



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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.26	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<b>6.040</b>	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

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

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

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:SPL24071720



Patient Name : Mr.ARPIT SINGH SISODIYA	Collected : 20/Apr/2024 08:46AM
Age/Gender : 32 Y 7 M 1 D/M	Received : 20/Apr/2024 11:01AM
UHID/MR No : STAR.0000062655	Reported : 20/Apr/2024 02:34PM
Visit ID : STAROPV69117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 740	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	32	ng/mL		ELFA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.


Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY





Patient Name : Mr.ARPIT SINGH SISODIYA	Collected : 20/Apr/2024 08:46AM
Age/Gender : 32 Y 7 M 1 D/M	Received : 20/Apr/2024 03:28PM
UHID/MR No : STAR.0000062655	Reported : 20/Apr/2024 05:06PM
Visit ID : STAROPV69117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 740	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	51	pg/mL	120-914	CLIA

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



Dr.Sandip Kumar Banerjee  
M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist




SIN No:IM07369930

Patient Name : Mr.ARPIT SINGH SISODIYA	Collected : 20/Apr/2024 08:46AM
Age/Gender : 32 Y 7 M 1 D/M	Received : 20/Apr/2024 11:01AM
UHID/MR No : STAR.0000062655	Reported : 20/Apr/2024 03:15PM
Visit ID : STAROPV69117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 740	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.430	ng/mL	0-4	ELFA

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No: SPL24071720

**Apollo Speciality Hospitals Private Limited**  
(Formerly known as a Nova Speciality Hospitals Private Limited)  
CIN- U85100TG2009PTC099414  
Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**  
190, Parnax One Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4552 4500


Patient Name : Mr.ARPIT SINGH SISODIYA	Collected : 20/Apr/2024 08:46AM
Age/Gender : 32 Y 7 M 1 D/M	Received : 20/Apr/2024 02:12PM
UHID/MR No : STAR.0000062655	Reported : 20/Apr/2024 03:16PM
Visit ID : STAROPV69117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 740	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

\*\*\* End Of Report \*\*\*



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



SIN No:UR2334038

**OUT-PATIENT RECORD**

Date  
MRNO  
Name  
Age/Gender  
Mobile No.  
Passport No.  
Aadhar number

20/4/2024  
62655  
MR. Arpit Srisodhan  
32y / male

Pulse: 84 / min	B.P: 120/80	Resp: 18 / min	Temp: (2)
Weight: 79.7	Height: 180	BMI: 24.6	Waist Circum: 90 cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian  
Sleep/BFB@ Dust Allergy.  
No addiction  
FH: Nil ← from maternal side.  
Wt B12 15  
T. & B12 → X 2 months  
Physically fit

Dr. (Mrs.) CHHAYA P. VAJA  
M.D. (MUM)  
Physician & Cardiologist  
Reg. No. 56942



Doctor Signature

Follow up date:

Patient Name	: Mr.ARPIT SINGH SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 32 Y 7 M 1 DM	Received	: 20/Apr/2024 12:07PM
UHID/MR No.	: STAR.0000062655	Reported	: 20/Apr/2024 01:29PM
Visit ID	: STAROPV69117	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 740		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

Page 1 of 17



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:BED240106300





Patient Name : Mr.ARPIT SINGH SISODIYA  
Age/Gender : 32 Y 7 M 1 DM  
UHID/MR No : STAR.0000062855  
Visit ID : STAROPV69117  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
Received : 20/Apr/2024 12:07PM  
Reported : 20/Apr/2024 01:29PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.3	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.86	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.5	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,530	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4969.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1807.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	150.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	602.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.75		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	330000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

Methodology : Microscopic

RBC : Normocytic normochromic

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240106300





Patient Name : Mr.ARPIT SINGH SISODIYA  
Age/Gender : 32 Y 7 M 1 D/M  
UHID/MR No : STAR.0000062655  
Visit ID : STAROPV69117  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 06:46AM  
Received : 20/Apr/2024 12:07PM  
Reported : 20/Apr/2024 01:29PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

Page 3 of 17



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:BED240106300



Patient Name	: Mr.ARPIT SINGH SISODIYA	Collected	: 20/Apr/2024 08:46AM
Age/Gender	: 32 Y 7 M 1 D/M	Received	: 20/Apr/2024 12:07PM
UHID/MR No	: STAR.0000062655	Reported	: 20/Apr/2024 01:29PM
Visit ID	: STAROPV69117	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 740		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , <i>WHOLE BLOOD EDTA</i>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:BED240106300



Patient Name	: Mr.ARPIT SINGH SISODIYA	Collected	: 20/Apr/2024 08:46AM
Age/Gender	: 32 Y 7 M 1 D/M	Received	: 20/Apr/2024 11:24AM
UHID/MR No	: STAR.0000062855	Reported	: 20/Apr/2024 12:24PM
Visit ID	: STAROPV69117	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 740		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	GOD - POD

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:

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




DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:PLF02147546

Patient Name	: Mr.ARPIT SINGH SISODIYA	Collected	: 20/Apr/2024 04:03PM
Age/Gender	: 32 Y 7 M 1 D/M	Received	: 20/Apr/2024 04:21PM
UHID/MR No	: STAR.0000062655	Reported	: 20/Apr/2024 06:24PM
Visit ID	: STAROPV69117	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 740		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	74	mg/dL	70-140	GOD - POD

**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. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:PLP1447348

Patient Name : Mr.ARPIT SINGH SISODIYA  
 Age/Gender : 32 Y 7 M 1 DM  
 UHID/MR No : STAR.0000082655  
 Visit ID : STAROPV69117  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
 Received : 20/Apr/2024 03:28PM  
 Reported : 20/Apr/2024 04:17PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

**Comment:**

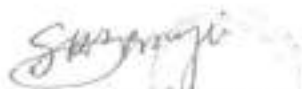
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

Note: Dietary preparation or fasting is not required.

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

Page 3 of 17

Dr. Sandip Kumar Banerjee  
 M.B.B.S,M.D(PATHOLOGY),D.P.B  
 Consultant Pathologist

SIN No: EDT240048499



Patient Name : Mr.ARPIT SINGH SISODIYA  
 Age/Gender : 32 Y 7 M 1 DIM  
 UHIDMR No : STAR.0000062855  
 Visit ID : STAROPV89117  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
 Received : 20/Apr/2024 12:11PM  
 Reported : 20/Apr/2024 02:33PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	129	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	194	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	93	mg/dL	<130	Calculated
LDL CHOLESTEROL	54.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.37	--	<0.11	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

**Note:**

- 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

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DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SED4700451





TOUCHING LIVES

Patient Name : Mr.ARPIT SINGH SISODIYA  
 Age/Gender : 32 Y 7 M 1 D/M  
 UHID/MR No : STAR.0000062655  
 Visit ID : STAROPV69117  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 06:46AM  
 Received : 20/Apr/2024 12:11PM  
 Reported : 20/Apr/2024 02:33PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DR. APEKSHA MADAN  
 MBBS, DPG  
 PATHOLOGY

SIN No:SE04700451



Patient Name : Mr.ARPIT SINGH SISODIYA  
 Age/Gender : 32 Y 7 M 1 D/M  
 UHID/IR No : STAR.0000082855  
 Visit ID : STARCPV69117  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
 Received : 20/Apr/2024 12:11PM  
 Reported : 20/Apr/2024 02:33PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.70	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	90.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	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), cholesterol (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 > 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 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.



  
 DR. APEKSHA MADAN  
 MBBS, DPG  
 PATHOLOGY  
 SIN No:SE04700451

Patient Name : Mr.ARPIT SINGH SISODIYA  
 Age/Gender : 32 Y 7 M 1 D/M  
 UHID/MR No : STAR.0000062855  
 Visit ID : STARCPV68117  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
 Received : 20/Apr/2024 12:11PM  
 Reported : 20/Apr/2024 03:14PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.85	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	24.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.2	mg/dL	6.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	4.0-7.0	URICASE
CALCIUM	10.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		0.9-2.0	Calculated




DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04700451

Patient Name : Mr.ARPIT SINGH SISODIYA  
Age/Gender : 32 Y 7 M 1 D/M  
UHID/MR No : STAR.0000062655  
Visit ID : STAROPV69117  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
Received : 20/Apr/2024 12:11PM  
Reported : 20/Apr/2024 02:33PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	90.00	U/L	32-111	IFCC


Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	10.40	mg/dL	8.4-10.2	CPC

**Comments:-**

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	16-73	Glycylglycine Kinetic method



  
DR. APEKSHA MADAN  
MBBS, DPE  
PATHOLOGY  
SIN No:SEB4700451



Patient Name : Mr.ARPIT SINGH SISODIYA  
 Age/Gender : 32 Y 7 M 1 D/M  
 UHID/IMR No : STAR.0000062655  
 Visit ID : STARCPV69117  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
 Received : 20/Apr/2024 11:01AM  
 Reported : 20/Apr/2024 04:23PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOETHYRONINE (T3, TOTAL)	1.07	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.26	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	6.040	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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



  
 DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY  
 S/N No: SPL24071720

**Patient Name** : Mr.ARPIT SINGH SISODIYA  
**Age/Gender** : 32 Y 7 M 1 D/M  
**UHID/IR No** : STAR.0000062855  
**Visit ID** : STAR0PV68117  
**Ref Doctor** : Dr.SELF  
**Emp/Auth/TPA ID** : 740

**Collected** : 20/Apr/2024 08:46AM  
**Received** : 20/Apr/2024 11:01AM  
**Reported** : 20/Apr/2024 02:34PM  
**Status** : Final Report  
**Sponsor Name** : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	32	ng/mL		ELFA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.



  
**DR. APEKSHA MADAN**  
 MBBS, DPM  
 PATHOLOGY

SIN No: SPL24071720



Patient Name : Mr.ARPIT SINGH SISODIYA  
 Age/Gender : 32 Y 7 M 1 DM  
 UHID/MR No : STAR.0000062655  
 Visit ID : STAROPV69117  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
 Received : 20/Apr/2024 03:28PM  
 Reported : 20/Apr/2024 05:06PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

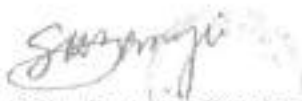
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	51	pg/mL	120-914	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Page 15 of 17



Dr. Sandip Kumar Banerjee  
 M.B.B.S.,M.D(PATHOLOGY),D.P.B  
 Consultant Pathologist

SIN No:IM07369930



Patient Name : Mr ARPIT SINGH SISODIYA  
 Age/Gender : 32 Y 7 M 1 D/M  
 UHID/MR No : STAR.0000062855  
 Visit ID : STAROPV68117  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 08:46AM  
 Received : 20/Apr/2024 11:01AM  
 Reported : 20/Apr/2024 03:15PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (IPSA) , SERUM	0.430	ng/mL	0-4	ELFA




DR. APEKSHA MADAN  
 MBBS, DPE  
 PATHOLOGY

SIN No: SPL24071720

Patient Name : Mr.ARPIT SINGH SISODIYA  
 Age/Gender : 32 Y 7 M 1 DM  
 UHID/MR No : STAR.0000062655  
 Visit ID : STAROPV69117  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 740

Collected : 20/Apr/2024 05:46AM  
 Received : 20/Apr/2024 02:12PM  
 Reported : 20/Apr/2024 03:16PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

\*\*\* End Of Report \*\*\*

Page 17 of 17

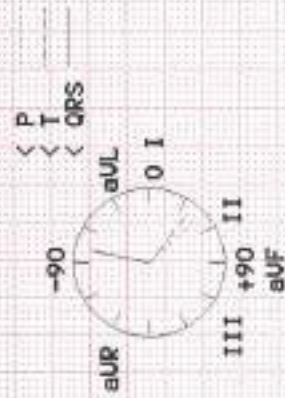


  
 DR. APEKSHA MADAN  
 MBBS, DPE  
 PATHOLOGY

SIN No:UR2334038



Measurement Results:  
 QRS 110 ms  
 QT/QTcB 392 / 407 ms  
 PR 126 ms  
 P 928 / 920 ms  
 P/QRS/T 46 / -77 / 38 degrees



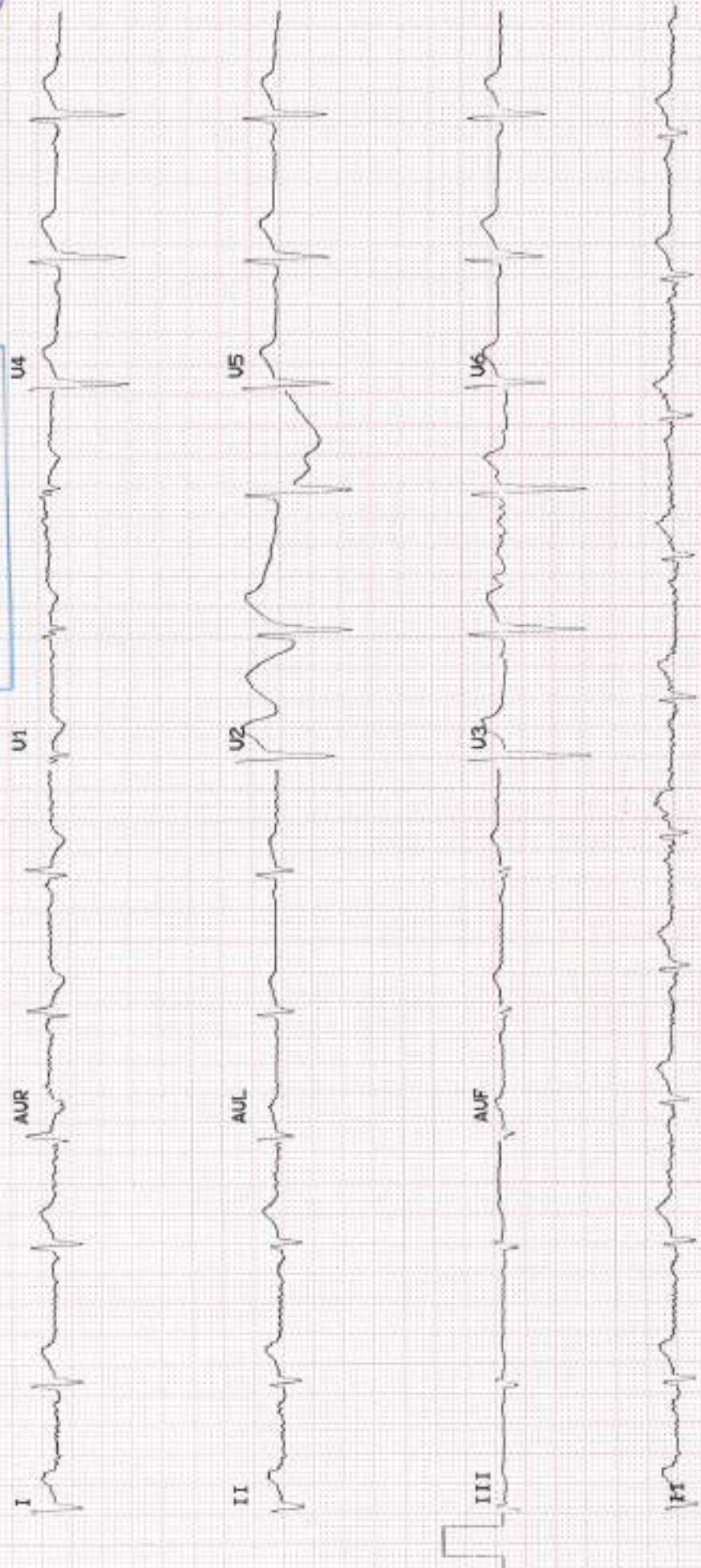
Interpretation:  
 12SL - Interpretation:  
 Sinus rhythm with AU dissociation and junctional rhythm  
 Left axis deviation  
 Possible inferior infarct, age undetermined  
 Abnormal ECG

*Mrs. Namal Limb*



Dr. (Mrs.) CHHAYA P. VAJA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg No. 56942

Unconfirmed report.





Name : Mr.Arpit Sisodiya  
Age : 32 Year(s)

Date : 20/04/2024  
Sex : Male  
Visit Type : OPD

### ECHO Cardiography

#### Comments:

Normal cardiac dimensions.  
Structurally normal valves.  
No evidence of LVH.  
Intact IAS/IVS.  
No evidence of regional wall motion abnormality.  
Normal LV systolic function (LVEF 60%).  
No diastolic dysfunction.  
Normal RV systolic function.  
No intracardiac clots / vegetation/ pericardial effusion.  
No evidence of pulmonary hypertension.PASP=30mmHg.  
IVC 12 mm collapsing with respiration.

#### Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.

  
**DR.CHHAYA P.VAJA. M. D.(MUM)**  
**NONINVASIVE CARDIOLOGIST**

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No:022 - 4332 4500 | www.apollospectra.com

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)  
(Formerly known as Nova Specialty Hospital Pvt.Ltd.)

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No:040 - 4904 7777 | www.apolloh.com



Name : Mr.Arpit Sisodiya  
Age : 32 Year(s)

Date : 20/04/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	70mm/sec
EPSS	06mm
LA	32mm
AO	26mm
LVID (d)	40mm
LVID(s)	21mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

  
**DR.CHHAYA P.VAJA. M. D.(MUM)**  
**NONINVASIVE CARDIOLOGIST**

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

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Ph No: 040 - 4904 7777 | [www.apollohi.com](http://www.apollohi.com)

Patient Name	: Mr. ARPIT SINGH SISODIYA	Age	: 32 Y M
UHID	: STAR.0000062655	OP Visit No	: STAROPV69117
Reported on	: 20-04-2024 18:27	Printed on	: 20-04-2024 18:27
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:20-04-2024 18:27

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

**EYE REPORT**

Name: Arpit Sisodiya

Date: 20/4/24

Age / Sex: 32 / M

Ref No.:

Complaint: Ant & post seg wNL  
Unk 6/6 No

Exami

**Apollo Spectra Hospitals**  
156, Famous Cine Labs, Behind  
Everest Building, Tardeo,  
Mumbai, Maharashtra 400034  
Ph. No.: 022 4332 4500  
E:doctorrinal@gmail.com



Specta



Distance Patient Name: Arpit Sisodiya Age: 32  
Read Address: Tardeo Date: 20/4/2024

Remark

↳  
- scaling

Medica



Follow

Consult

Signature  
Dr. Rinal Modi B.D.S (Mumbai)  
Dental Surgeon  
Reg. No. : A -28591  
M: 87792 56365 / 98922 90876  
E:doctorrinal@gmail.com

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ALIST)  
114  
3



ID 0 *Arpit Sisodia*  
Age 32

Height 180cm  
Gender Male

Date 20.4.2024  
Time 09:28:42

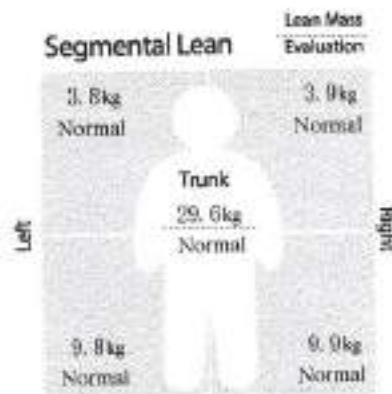
APOLLO SPECTRA HOSPITAL

## Body Composition

	Under	Normal	Over	Normal Range
Weight	79.7 kg			60.6 ~ 82.0
Muscle Mass <small>Skeletal Muscle Mass</small>	35.5 kg			30.6 ~ 37.4
Body Fat Mass	17.5 kg			8.6 ~ 17.1
TBW <small>Total Body Water</small>	45.7 kg (40.1 ~ 49.0)		FFM <small>Fat Free Mass</small>	62.2 kg (52.0 ~ 64.9)
Protein	12.5 kg (10.7 ~ 13.1)		Mineral*	4.03 kg (3.71 ~ 4.53)

\* Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m<sup>2</sup>)</small>	24.6	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	21.9	10.0 ~ 20.0
WHR <small>Waist-Hip Ratio</small>	0.98	0.80 ~ 0.90
BMR <small>Basal Metabolic Rate (kcal)</small>	1714	1687 ~ 1980

## Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

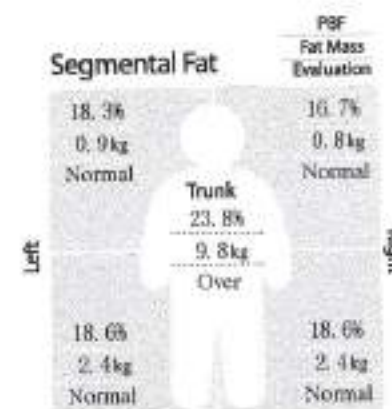
## Weight Management

Weight	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

## Obesity Diagnosis

BMI	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
WHR	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

## Segmental Fat



\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 6.5 kg	Fitness Score	75
----------------	--------	-------------	----------	---------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20Hz	279.9	290.1	28.6	277.1	280.1
100Hz	245.6	257.6	24.5	244.3	247.7

\* Use your results as reference when consulting with your physician or fitness trainer.

## Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 79.7 kg / Duration: 30min. / unit: kcal)											
Walking	159	Jogging	279	Bicycle	239	Swim	279	Mountain Climbing	260	Aerobic	279
Table tennis	180	Tennis	239	Football	279	Oriental Fencing	399	Gate ball	151	Badminton	180
Racket ball	399	Tae-kwon-do	399	Squash	399	Basketball	239	Rope jumping	279	Golf	140
Push-ups (movement of upper body)		Sit-ups (abdominal muscle training)		Weight training (backstrengthening)		Dumbbell exercise (muscle strength)		Elastic band (muscle strength)		Squats (maintenance of lower body muscle)	

### • How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

### • Recommended calorie intake per day

2200 kcal

\* Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4 weeks ÷ 7700**

Patient name : MR. ARPIT SISODIYA  
Ref. By : HEALTH CHECK UP

Date : 20-04-2024  
Age : 32 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER** : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER** : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

**PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.8 x 3.9 cms and the **LEFT KIDNEY** measures 11.0 x 4.9 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.


The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 3.2 x 2.3 x 2.1 cms and weighs 8.7 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**IMPRESSION** : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.

  
DR. VINOD V. SHETTY  
MD, D.M.R.D.  
CONSULTANT SONOLOGIST.

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)  
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)





## भारतीय साधारण बीमा निगम

प्लॉट 170, नै. टाटा रोड, इन्डिया, एनए. 400 020  
(भारत सरकार की कंपनी)

GENERAL INSURANCE CORPORATION OF INDIA

\*SARAKSHA TOWER, Taty Road, Churchgate, Mumbai - 400 020

Tel: 22340000 Fax: 22320535 Website: www.gicre.co.in

(A Government of India Company)



सहभागी का संकेत

I.D. No. 740

नाम अमित विजय सिन्धीया

Name: AMIT SINDHIA

SINDIYA

प्रदाता के द्वारा

Sign. of Employee

सैनस नं.

S. No. No.: 1766

जन्मतिथि

Date of Birth: 18-09-1991

रक्त समूह

Blood Group: A+

आपूर्तिकर्ता द्वारा

Issuing authority

Customer Pending Tests

Ent consultation pending as consultant was in some medical emergency, appointment rescheduled for 27/04/2024 at 11am.

## Arpit Singh Sisodiya

**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** 19 April 2024 12:00  
**To:** Arpit Singh Sisodiya  
**Cc:** customercare@mediwheel.in  
**Subject:** Health Check up Booking Confirmed Request(GICE1040),Package Code-  
PKG10000441, Beneficiary Code-312428

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

चेतावनी: यह ईमेल मूल रूप से साबीनि से बाहर की है. जब तक आप प्रेषक को जानते न हों और आपको पता न हो कि सामग्री सुरक्षित है तब तक संलग्नक को ना तो खोलें या ना ही लिंक पर क्लिक करें

CAUTION: This email originated from outside of GIC. Do not open attachments or click links unless you recognize the sender and are aware that the content is safe.



011-41195959

Dear **Mr Arpit Singh Sisodiya,**

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Plus Comprehensive Advanced Male

**Patient Package Name** : Mediwheel Full Body Health Checkup 31-40 Male

**Name of Diagnostic/Hospital** : Apollo Spectra - Tardeo

**Address of Diagnostic/Hospital** : Famous Cine Labs, 156, Pt.M.M.Malviya Raod, Tardeo, Mumbai - 400034

**City** : Mumbai

**State** : Maharashtra

**Pincode** : 400034

**Appointment Date** : 20-04-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 9:00am-12:00am

**Booking Status** : Booking Confirmed

**Member Information**

Booked Member Name	Age	Gender
Mr Arpit Singh Sisodiya	32 year	Male

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,  
Mediwheel Team

Please Download Mediwheel App



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Please visit to our **Terms & Conditions** for more informaion. **Click here** to unsubscribe.

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<b>Patient Name</b>	: Mr. ARPIT SINGH SISODIYA	<b>Age/Gender</b>	: 32 Y/M
<b>UHID/MR No.</b>	: STAR.0000062655	<b>OP Visit No</b>	: STAROPV69117
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 20-04-2024 18:27
<b>LRN#</b>	: RAD2305236	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 740		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. VINOD SHETTY**  
Radiology



<b>Patient Name</b>	: Mr. ARPIT SINGH SISODIYA	<b>Age/Gender</b>	: 32 Y/M
<b>UHID/MR No.</b>	: STAR.0000062655	<b>OP Visit No</b>	: STAROPV69117
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 20-04-2024 11:45
<b>LRN#</b>	: RAD2305236	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 740		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER** :The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

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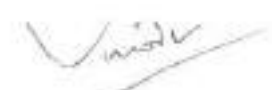
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**URINARY** : The urinary bladder is well distended and is normal in shape and contour.

**BLADDER** No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

-

**IMPRESSION** : **Normal Ultrasound examination of the Abdomen and Pelvis.**



**Dr. VINOD SHETTY**  
Radiology