

Patient Name : Mr.SATISH V VANARE	Collected : 24/Mar/2024 08:41AM
Age/Gender : 33 Y 9 M 10 D/M	Received : 24/Mar/2024 01:35PM
UHID/MR No : CPIM.0000052049	Reported : 24/Mar/2024 02:47PM
Visit ID : CPIMOPV158877	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384726	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240081037

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.2	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.72	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.1	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,910	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	47.5	%	40-80	Electrical Impedance
LYMPHOCYTES	40.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	9.6	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2807.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2387.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	106.38	Cells/cu.mm	20-500	Calculated
MONOCYTES	567.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.37	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.18		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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Platelets are Adequate
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DEPARTMENT OF HAEMATOLOGY

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


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DEPARTMENT OF HAEMATOLOGY

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

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

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

SIN No:BED240081037

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



Patient Name : Mr.SATISH V VANARE	Collected : 24/Mar/2024 10:59AM
Age/Gender : 33 Y 9 M 10 D/M	Received : 24/Mar/2024 04:45PM
UHID/MR No : CPIM.0000052049	Reported : 24/Mar/2024 05:14PM
Visit ID : CPIMOPV158877	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	101	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	mg/dL	70-140	HEXOKINASE

Comment:

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

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLP1436896

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



Patient Name	: Mr.SATISH V VANARE	Collected	: 24/Mar/2024 08:41AM
Age/Gender	: 33 Y 9 M 10 D/M	Received	: 25/Mar/2024 12:52PM
UHID/MR No	: CPIM.0000052049	Reported	: 25/Mar/2024 02:58PM
Visit ID	: CPIMOPV158877	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384726		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)



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SIN No:EDT240037216

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UHID/MR No : CPIM.0000052049	Reported : 24/Mar/2024 04:05PM
Visit ID : CPIMOPV158877	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384726	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	256	mg/dL	<200	CHO-POD
TRIGLYCERIDES	109	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	208	mg/dL	<130	Calculated
LDL CHOLESTEROL	186.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.72	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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 eligibility of drug therapy.


 Dr Sneha Shah
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SIN No:SE04674220

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DEPARTMENT OF BIOCHEMISTRY

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

- 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.38	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.68	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	71.75	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	3.98	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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.

Sneha Shah

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.53	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.25	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.47	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.26	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.88	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	3.98	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.72	U/L	<55	IFCC

Sneha Shah

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SIN No:SE04674220

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Age/Gender : 33 Y 9 M 10 D/M	Received : 24/Mar/2024 02:14PM
UHID/MR No : CPIM.0000052049	Reported : 24/Mar/2024 03:04PM
Visit ID : CPIMOPV158877	Status : Final Report
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Emp/Auth/TPA ID : 384726	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.09	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.521	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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SIN No:SPL24054543

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Emp/Auth/TPA ID : 384726	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr Sneha Shah
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SIN No:UR2315133

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

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

SIN No:UF011436

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



Patient Name	: Mr. SATISH V VANARE	Age/Gender	: 33 Y/M
UHID/MR No.	: CPIM.0000052049	OP Visit No	: CPIMOPV158877
Sample Collected on	:	Reported on	: 17-04-2024 11:36
LRN#	: RAD2280004	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 384726		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echo texture. 24X19mm and 11x9mm hemangiomas noted in right lobe. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. 4.9mm polyp noted. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of peri-pancreatic free fluid or collection. Pancreatic duct appears normal.

Both Kidneys are normal in size, location and echo texture. The cortico medullary differentiation is maintained bilaterally. No evidence of calculus / hydronephrosis seen on either side.

Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

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

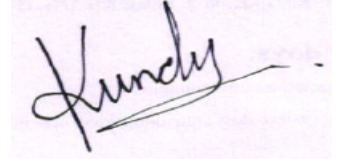
IMPRESSION: -
LIVER-HEMANGIOMAS
GB POLYPS

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for

Patient Name : Mr. SATISH V VANARE

Age/Gender : 33 Y/M

medico legal purpose.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mr. SATISH V VANARE
UHID : CPIM.0000052049
Conducted By: :
Referred By : SELF

Age : 33 Y/M
OP Visit No : CPIMOPV158877
Conducted Date : 27-03-2024 16:48

NOT DONE.

Patient Name : Mr. SATISH V VANARE
UHID : CPIM.0000052049
Conducted By: :
Referred By : SELF

Age : 33 Y/M
OP Visit No : CPIMOPV158877
Conducted Date :

Patient Name : Mr. SATISH V VANARE
UHID : CPIM.0000052049
Conducted By :
Referred By : SELF

Age : 33 Y/M
OP Visit No : CPIMOPV158877
Conducted Date :

Patient Name : Mr. SATISH V VANARE

Age/Gender : 33 Y/M

UHID/MR No. : CPIM.0000052049

OP Visit No : CPIMOPV158877

Sample Collected on :

Reported on : 24-03-2024 11:20

LRN# : RAD2280004

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 384726

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Name: Mr. SATISH V VANARE
Age/Gender: 33 Y/M
Address: FLAT NO - 06, HEERA PANNA SOCIETY, PREM LOK PARK ,
CHINCHWAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.000052049
Visit ID: CPIMOPV158877
Visit Date: 24-03-2024 08:34
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. SATISH V VANARE
Age/Gender: 33 Y/M
Address: FLAT NO - 06, HEERA PANNA SOCIETY, PREM LOK PARK ,
CHINCHWAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.000052049
Visit ID: CPIMOPV158877
Visit Date: 24-03-2024 08:34
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. SATISH V VANARE
Age/Gender: 33 Y/M
Address: FLAT NO - 06, HEERA PANNA SOCIETY, PREM LOK PARK ,
CHINCHWAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRANALI PUNDLIK NIKALJE

MR No: CPIM.000052049
Visit ID: CPIMOPV158877
Visit Date: 24-03-2024 08:34
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. SATISH V VANARE
Age/Gender: 33 Y/M
Address: FLAT NO - 06, HEERA PANNA SOCIETY, PREM LOK PARK ,
CHINCHWAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.000052049
Visit ID: CPIMOPV158877
Visit Date: 24-03-2024 08:34
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
26-03-2024 14:28	74 Beats/min	120/70 mmHg	18 Rate/min	98 F	166 cms	80.7 Kgs	%	%	Years	29.29	cms	cms	cms		AHLL03446

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
26-03-2024 14:28	74 Beats/min	120/70 mmHg	18 Rate/min	98 F	166 cms	80.7 Kgs	%	%	Years	29.29	cms	cms	cms		AHLL03446

Established Patient: Yes

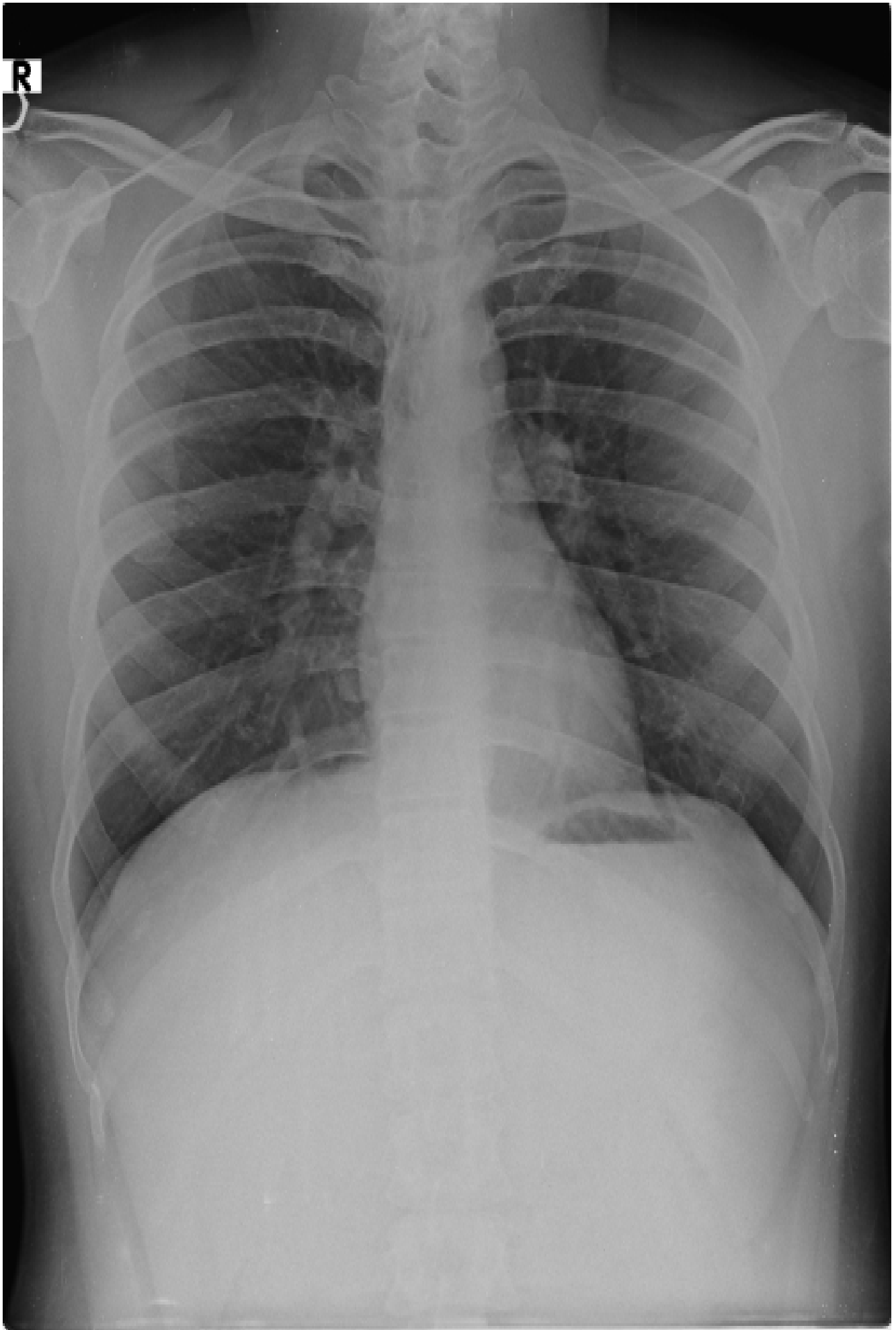
Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
26-03-2024 14:28	74 Beats/min	120/70 mmHg	18 Rate/min	98 F	166 cms	80.7 Kgs	%	%	Years	29.29	cms	cms	cms		AHLL03446

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
26-03-2024 14:28	74 Beats/min	120/70 mmHg	18 Rate/min	98 F	166 cms	80.7 Kgs	%	%	Years	29.29	cms	cms	cms		AHLL03446





To,

The Coordinator,
Medhwheel (Aroofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SATISH VISHNU VANARE
DATE OF BIRTH	14-08-1990
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	30-03-2024
BOOKING REFERENCE NO.	23M1794851000968168
SPOUSE DETAILS	
EMPLOYEE NAME	MS. VANARE SHRUTI SATISH
EMPLOYEE EC NO.	179485
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	PIMPRI CHINCHWA,MIDC PIMPRI
EMPLOYEE BIRTHDATE	09-10-1990

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **05-03-2024** till **31-03-2024**.The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Medhwheel (Aroofemi Healthcare Limited))





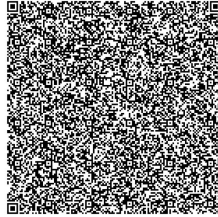
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00204/13506

To
सतीश विष्णु वानरे
Satish Vishnu Vanare
Satish Vishnu Vanare
Flat 06 C43 Heera Panna society
Premlok Park chinchwad
Ganesh temple
Premlok Park chinchwad
Pune City
Pune Maharashtra - 411033
9766925831

Signature Not Verified
Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA GS
Date: 2023.10.27 09:41:49
UTC



आपका **आधार** क्रमांक / Your **Aadhaar** No. :

5133 3684 5611
VID : 9146 2739 8198 9904

मेरा **आधार**, मेरी पहचान



भारत सरकार
Government of India



सतीश विष्णु वानरे
Satish Vishnu Vanare
जन्म तिथि/DOB: 14/06/1990
पुरुष/ MALE

5133 3684 5611
VID : 9146 2739 8198 9904

मेरा **आधार**, मेरी पहचान



Government of India



सूचना / INFORMATION

- **आधार** पहचान का प्रमाण है, नागरिकता का नहीं।
- **आधार** विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- **आधार** के सभी रूप जैसे **आधार** पत्र, पीवीसी कार्ड, **ई-आधार** और **एम-आधार** समान रूप से मान्य हैं। १२ अंकों की **आधार** संख्या के स्थान पर आभासी (वर्चुअल) **आधार** पहचान (VID) का भी उपयोग किया जा सकता है।
- १० साल में कम से कम एक बार **आधार** अपडेट जरूर करें।
- **आधार** आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं /सेवाओं का लाभ उठाने में मदद करता है।
- **आधार** में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।
- **आधार** सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर **mAadhaar** ऐप डाउनलोड करें।
- **आधार**/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।
- **आधार** (पत्र/ नंबर) चाहने वाली संस्थायों को उचित सहमति लेने के लिए बाध्य किया गया है।
- **Aadhaar** is a proof of identity, not of citizenship.
- **Aadhaar** is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of **Aadhaar** like **Aadhaar** letter, PVC Cards, **eAadhaar** and **mAadhaar** are equally valid. Virtual **Aadhaar** Identity (VID) can also be used in place of 12 digit **Aadhaar** number.
- Update **Aadhaar** at least once in 10 years.
- **Aadhaar** helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in **Aadhaar**.
- Download **mAadhaar** app on smart phones to avail **Aadhaar** Services.
- Use the feature of lock/unlock **Aadhaar**/biometrics to ensure security.
- Entities seeking **Aadhaar** are obligated to seek due consent.

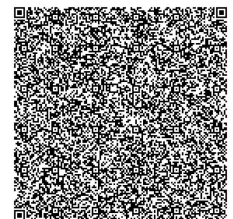


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
सतीश विष्णु वानरे, फ्लैट ०६ स४३ हीरा पन्ना सोसाइटी,
प्रेमलोक पार्क चिंचवड, गणेश टेम्पल, प्रेमलोक पार्क चिंचवड,
पुणे सिटी, पुणे,
महाराष्ट्र - 411033

Address:
Satish Vishnu Vanare, Flat 06 C43 Heera
Panna society, Premlok Park chinchwad,
Ganesh temple, Premlok Park chinchwad,
Pune City, Pune,
Maharashtra - 411033



5133 3684 5611
VID : 9146 2739 8198 9904



1947



help@uidai.gov.in



www.uidai.gov.in

Date : 24-03-2024

Department : GENERAL

MR NO : CPIM.0000052049

Doctor :

Name : Mr. SATISH V VANARE

Registration No : H+ 166

Age/ Gender : 33 Y / Male

Qualification : Wt 80.7

Consultation Timing: 08:34

BP 120/70
BMI -

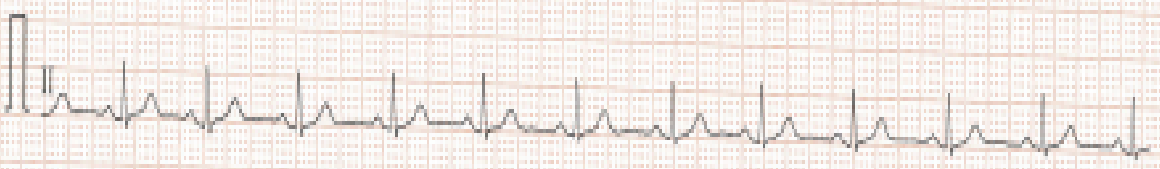
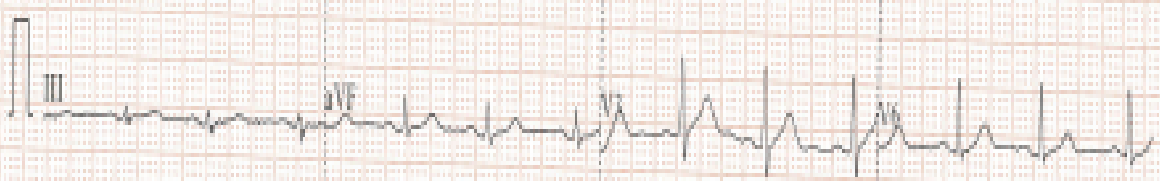
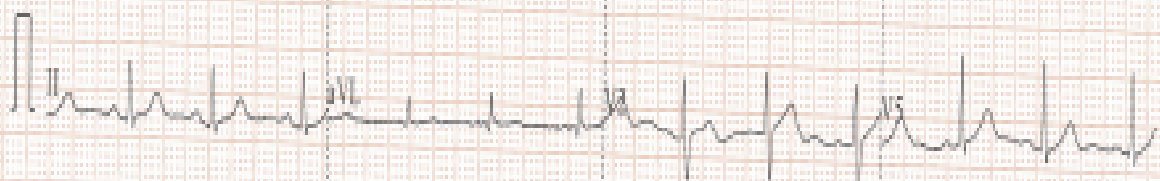
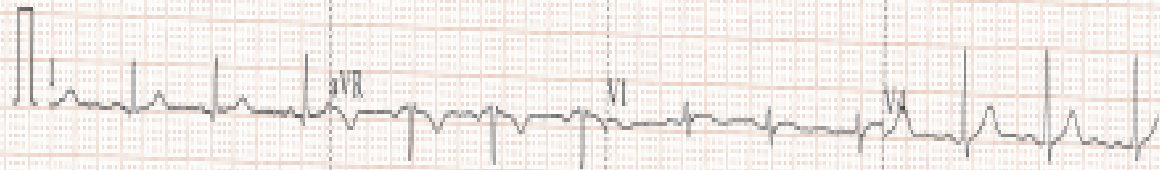
PATIENT
SATISH VANARE
Male 33Years

24-03-2024 10:14:25 AM
HR : 71 bpm
P : 127 ms
PR : 167 ms
QRS : 79 ms
QT/QTc : 373/407 ms
P/QRS/T : 62/31/47 °
RV5/SV1 : 0.86/0.209 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

12/18

Report Confirmed by:



Patient Name	: Mr.SATISH V VANARE	Collected	: 24/Mar/2024 08:41AM
Age/Gender	: 33 Y 9 M 10 D/M	Received	: 24/Mar/2024 01:35PM
UHID/MR No	: CPIM.0000052049	Reported	: 24/Mar/2024 02:47PM
Visit ID	: CPIMOPV158877	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384726		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.2	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.72	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.1	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,910	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	47.5	%	40-80	Electrical Impedence
LYMPHOCYTES	40.4	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	9.6	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2807.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2387.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	106.38	Cells/cu.mm	20-500	Calculated
MONOCYTES	567.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.37	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.18		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic
 WBC's are normal in number and morphology
 Platelets are Adequate
 No hemoparasite seen.



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

SIN No:BED240081037

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

Certificate No: MC-5697

Patient Name	: Mr.SATISH V VANARE	Collected	: 24/Mar/2024 08:41AM
Age/Gender	: 33 Y 9 M 10 D/M	Received	: 24/Mar/2024 01:35PM
UHID/MR No	: CPIM.0000052049	Reported	: 24/Mar/2024 02:47PM
Visit ID	: CPIMOPV158877	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384726		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240081037

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





Certificate No: MC-5697

Patient Name	: Mr.SATISH V VANARE	Collected	: 24/Mar/2024 08:41AM
Age/Gender	: 33 Y 9 M 10 D/M	Received	: 24/Mar/2024 01:35PM
UHID/MR No	: CPIM.0000052049	Reported	: 24/Mar/2024 02:47PM
Visit ID	: CPIMOPV158877	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384726		

DEPARTMENT OF HAEMATOLOGY

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



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

SIN No:BED240081037

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



Certificate No: MC-5697

Patient Name : Mr.SATISH V VANARE	Collected : 24/Mar/2024 08:41AM
Age/Gender : 33 Y 9 M 10 D/M	Received : 24/Mar/2024 01:35PM
UHID/MR No : CPIM.0000052049	Reported : 24/Mar/2024 04:24PM
Visit ID : CPIMOPV158877	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384726	

DEPARTMENT OF HAEMATOLOGY

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

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



Patient Name	: Mr.SATISH V VANARE	Collected	: 24/Mar/2024 08:41AM
Age/Gender	: 33 Y 9 M 10 D/M	Received	: 24/Mar/2024 01:45PM
UHID/MR No	: CPIM.0000052049	Reported	: 24/Mar/2024 04:19PM
Visit ID	: CPIMOPV158877	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384726		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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

SIN No:UF011436

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

Patient Name : Mr. SATISH V VANARE
UHID : CPIM.0000052049
Reported on : 24-03-2024 11:12
Adm/Consult Doctor :

Age : 33 Y M
OP Visit No : CPIMOPV158877
Printed on : 24-03-2024 11:20
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on:24-03-2024 11:12

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Date : 24-03-2024

MR NO : CPIM.0000052049

Name : Mr. SATISH V VANARE

Age/ Gender : 33 Y / Male

Consultation Timing: 08:34

Department : GENERAL

Doctor :

Registration No : H+ 166

Qualification : MBBS

BP 120/70

BMI -

CONCENT FORM


Name of the patient : Mr. Satish Vanane

Company Name: Arcofemi Mediwheel

Test name : 2 echo, diet, ent, fitness, opthal, usg

Reason: Not done

Signature & date

Name : Mr. SATISH V VANARE Address : FLAT NO - 06, HEERA PANNA SOCIETY, PREM LOK PARK , CHINCHWAD Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 33 Y Sex: M	UHID: CPIM.0000052049  <small>*CPIM.0000052049*</small> OP Number: CPIMOPV158877 Bill No :CPIM-OCR-77043 Date : 24.03.2024 08:34
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
✓ 1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
* 2	D ECHO	
✓ 3	LIVER FUNCTION TEST (LFT)	
✓ 4	GLUCOSE, FASTING	
✓ 5	HEMOGRAM + PERIPHERAL SMEAR	
* 6	DIET CONSULTATION	
✓ 7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
✓ 9	PERIPHERAL SMEAR	
✓ 10	ECG	
✓ 11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
* 12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
✓ 14	URINE GLUCOSE(FASTING)	
✓ 15	HbA1c, GLYCATED HEMOGLOBIN	
✓ 16	X-RAY CHEST PA	
* 17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
✓ 19	BLOOD GROUP ABO AND RH FACTOR	
✓ 20	LIPID PROFILE	
✓ 21	BODY MASS INDEX (BMI)	
* 22	OPHTHAL BY GENERAL PHYSICIAN	
* 23	ULTRASOUND - WHOLE ABDOMEN	
✓ 24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

80.7

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