

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:28PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 01:55PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF HAEMATOLOGY

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

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

SIN No:BED240062943

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014

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Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16	g/dL	13-17	Spectrophotometer
PCV	46.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.5	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83.6	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.9	%	40-80	Electrical Impedence
LYMPHOCYTES	28.9	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	9	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5031.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2427.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	151.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	756	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
PLATELET COUNT	330000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	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

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Certificate No: MC-5697

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Visit ID : CVIMOPV595220	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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

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Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240062943

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



Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 12:01PM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 03:21PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 04:00PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	109	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)	132	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.

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DR.Sanjay Ingle
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SIN No:PLP1428996

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240028622

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Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:29PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:56PM
Visit ID : CVIMOPV595220	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	94.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.56	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.39		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.



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Consultant Pathologist

SIN No:SE04655517

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Certificate No: MC- 5697

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.81	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	74.72	U/L	30-120	IFCC
PROTEIN, TOTAL	7.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.85	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	14.76	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.77	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.68	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.83	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.67	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.12	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.85	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.35	U/L	<55	IFCC



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Visit ID : CVIMOPV595220	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.09	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.960	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

Page 11 of 14



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

SIN No: SPL24041784

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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1860 500 7788
www.apolloclinic.com

Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:22PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:07PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	3.840	ng/mL	0-4	CLIA



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

SIN No:SPL24041784

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Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 03:06PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 03:22PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



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

SIN No: UR2301178

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

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APOLLO CLINICS NETWORK

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Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 03:06PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 03:25PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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

SIN No: UF011054

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

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NAME : TAPAS SEVAIT
AGE : 48 YRS /M

DATE : 11/03/2024

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : Normal trileaflets,. normal subvalvular apparatus . Trivial MR.

AORTIC VALVE : Normal trileaflets, normal gradients across the valve. Trivial AR.

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients . Trivial tricuspid regurgitation. Rvsp- 30 mm hg.No pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. Good LV systolic function. LVEF 60%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact with normal thickness.


No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:27MM
LEFT ATRIUM	32MM
IVSd	:10 MM
PWd	:09MM
LVIDd	:45 MM
LVIDs	:25MM
LVEF	: 60 %

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION, LVEF 60%
NO PAH


DR.PRAMOD NARKEDE
DNB(Medicine), DNB(Cardiology)
Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

T. Ag

Name : Mr. Tapas Sevait

Age: 48 Y

UHID:CVIM.0000093749

Address : Pune

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CVIMOPV595220

Bill No :CVIM-OCR-63395

Date : 09.03.2024 09:06

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
✓ 1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION <i>12pm</i>	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG <i>(S)</i>	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION <i>(S)</i>	
14	GLUCOSE, POST PRANDIAL (PP, 2 HOURS (POST MEAL))	
15	URINE GLUCOSE(FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
18	ENT CONSULTATION <i>FF (u)</i>	
19	FITNESS BY GENERAL PHYSICIAN <i>(1)</i>	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Fapas Sevait on 09/03/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">• Medically Fit	<input type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>FBST - HBACT. P.</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. Archana V.
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes **Dr. Archana V. MBBS**
Registration No. 103429

MR. Tapas. Serrin.
45yr male.

09/03/2024

Height : 175cm.	Weight : 72kg.	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80mmHg.

General Examination / Allergies History

Op
Pb cis / RS / NAD

PIA - soft (+) grade reflex.

CNS - NAD.

Clinical Diagnosis & Management Plan

No specific complaints.
- Kiketo on/HRN
- family hb - all.

Follow up date:

Dr. Archana V. MBBS
Registration No. 103429



Doctor Signature

Date : 09-03-2024
 MR NO : CVIM.0000093749
 Name : Mr. Tapas Sevait
 Age/ Gender : 48 Y / Male

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:05

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

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

GFC +ms

D:- MPNL

Radw:-

- T. Follichair

100 x 1 month

- Anaswe F lotion

5 spray

100 x 1 month
 morning

S
 Swat JNAB

I. C. Choudhary

Follow up date:

Doctor Signature

EYE EXAMINATION

DATE: 9/8/22

MOBILE NO: 9

NAME: G. Anand Srinivas

AGE: 78 years

CORPORATE: Arcogen

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Normal Eye for 78 years

Impression - Normal Eye Check Up.

(Ophthalmology)

The Apollo Clinic
DR. M. D. ALAVAND
MBBS, D.C.M.S.
Cor: Eye Surgeon
Reg. no.: 50318



POWER PRESCRIPTION

NAME: Pradeep

GENDER: M/F

DATE: 9/8/20

AGE: 28

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		-1.00		
NEAR	+0.75	—		20

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		-1.00		
NEAR	+0.75	—		20

INSTRUCTIONS:

Wear spectacles

The Apollo Clinic
DR. M. D. ALVAND
MBBS, DC.MS.
Consulting Eye Surgeon
Reg. No.:- 36319

SIGNATURE

93749
48 Years

TAPAS SEVAIT (v n)
Male

09-Mar-24 10:23:14 AM

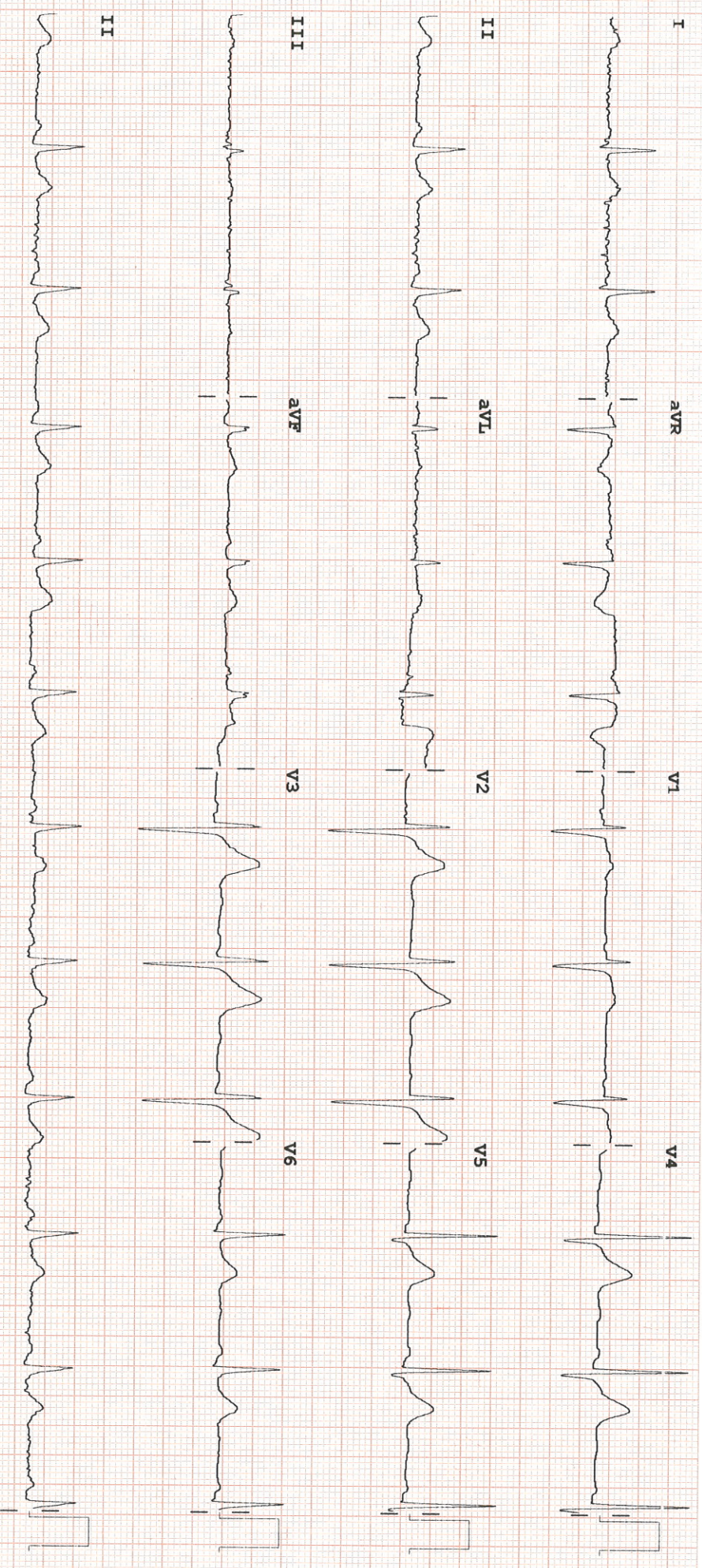
Rate 66 Sinus rhythm
PR 151 ST elev, probable normal early repol pattern
QRSD 92 Baseline wander in lead(s) V5
QT 398
QTc 417

--AXIS--
P 55
QRS 44
T 38

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec
Limb: 10 mm/mV
Chest: 10.0 mm/mV

PHILIPS

REORDER M3709A

F 50~ 0.50~ 40 Hz W

PH100B CL

P?



Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:28PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 01:55PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF HAEMATOLOGY

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

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

SIN No:BED240062943

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16	g/dL	13-17	Spectrophotometer
PCV	46.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.5	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83.6	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.9	%	40-80	Electrical Impedence
LYMPHOCYTES	28.9	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	9	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5031.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2427.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	151.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	756	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
PLATELET COUNT	330000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	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



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

SIN No: BED240062943

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

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Certificate No: MC-5697

Patient Name	: Mr.TAPAS SEVAIT	Collected	: 09/Mar/2024 09:29AM
Age/Gender	: 48 Y 9 M 8 D/M	Received	: 09/Mar/2024 01:28PM
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Visit ID	: CVIMOPV595220	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

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

No hemoparasite seen.

Page 3 of 14

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

SIN No: BED240062943

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

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Certificate No: MC- 5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:28PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:44PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF HAEMATOLOGY

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

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

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240062943

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



Certificate No: MC- 5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 12:01PM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 03:21PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 04:00PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	109	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)	132	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.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:PLP1428996

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:30PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:15PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240028622

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





Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:29PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:56PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	94.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.56	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.39		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE0465517

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





Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:29PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:56PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.81	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	74.72	U/L	30-120	IFCC
PROTEIN, TOTAL	7.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.85	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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:

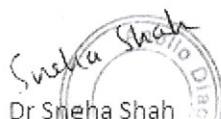
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04655517

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





Certificate No: MC-5697

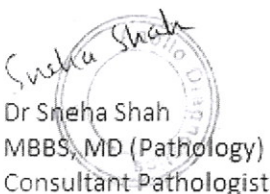
Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:29PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:56PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	14.76	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.77	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.68	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.83	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.67	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101.12	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.85	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04655517

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



Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:29PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:56PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.35	U/L	<55	IFCC

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

SIN No:SE04655517

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



Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:22PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:13PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.09	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.96	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



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

SIN No: SPL24041784

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 01:22PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 02:07PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	3.840	ng/mL	0-4	CLIA

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

SIN No:SPL24041784

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 03:06PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 03:22PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



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

SIN No:UR2301178

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

Nyati Millenium Premises, Cooperative Society Limited, Shop No.51 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014





Certificate No: MC-5697

Patient Name : Mr.TAPAS SEVAIT	Collected : 09/Mar/2024 09:29AM
Age/Gender : 48 Y 9 M 8 D/M	Received : 09/Mar/2024 03:06PM
UHID/MR No : CVIM.0000093749	Reported : 09/Mar/2024 03:25PM
Visit ID : CVIMOPV595220	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13747	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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

SIN No:UF011054

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



Patient Name	: Mr. Tapas Sevait	Age	: 48 Y M
UHID	: CVIM.0000093749	OP Visit No	: CVIMOPV595220
Reported on	: 09-03-2024 09:38	Printed on	: 11-03-2024 14:22
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity.

Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is over distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Prostate grossly unremarkable

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present. Excessive bowel gases noted.

Colons are loaded with excessive gas and fecal matter

Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF t present/. Follow up is advised

IMPRESSION:

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

Patient Name	: Mr. Tapas Sevait	Age	: 48 Y M
UHID	: CVIM.0000093749	OP Visit No	: CVIMOPV595220
Reported on	: 09-03-2024 09:38	Printed on	: 11-03-2024 14:22
Adm/Consult Doctor	:	Ref Doctor	: SELF

- No significant abnormality detected at present scan

Suggest : clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable.
Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

Printed on:09-03-2024 09:38

---End of the Report---



Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
Radiology

Patient Name : Mr. Tapas Sevait Age : 48 Y M
UHID : CVIM.0000093749 OP Visit No : CVIMOPV595220
Reported on : 09-03-2024 10:55 Printed on : 11-03-2024 14:22
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:09-03-2024 10:55

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mr. Tapas Sevait

Age/Gender : 48 Y/M

UHID/MR No. : CVIM.0000093749

OP Visit No : CVIMOPV595220

Sample Collected on :

Reported on : 09-03-2024 10:55

LRN# : RAD2261430

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE13747

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.



Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name	: Mr. Tapas Sevait	Age/Gender	: 48 Y/M
UHID/MR No.	: CVIM.0000093749	OP Visit No	: CVIMOPV595220
Sample Collected on	:	Reported on	: 09-03-2024 09:39
LRN#	: RAD2261430	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE13747		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity.

Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is over distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Prostate grossly unremarkable

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present. Excessive bowel gases noted. Colons are loaded with excessive gas and fecal matter

Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF t present/. Follow up is advised

IMPRESSION:

- **No significant abnormality detected at present scan**

Suggest : clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.



Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
Radiology