



Certificate No: MC-5697

Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:25PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 12:58PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	40.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.86	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>82.7</b>	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,240	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	48.2	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	<b>10.8</b>	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3489.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2505.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>781.92</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	419.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.44	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.39		0.78- 3.53	Calculated
PLATELET COUNT	258000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC Mild Eosinophilia**  
**Platelets are Adequate**  
**No hemoparasite seen.**

Page 1 of 14

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

SIN No:BED240063652



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

**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

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**DEPARTMENT OF HAEMATOLOGY**

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

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

SIN No:BED240063652



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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	80	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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	107	mg/dL	70-140	HEXOKINASE

**Comment:**

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

**Comment:**

Page 4 of 14

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:EDT240029040



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**DEPARTMENT OF BIOCHEMISTRY**

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

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)

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

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>209</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	89	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>160</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>142.52</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.76	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.26		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.

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

SIN No:SE04656257



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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.26	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.18	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	92.01	U/L	30-120	IFCC
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		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.

Page 7 of 14

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.94	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	17.18	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.25</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.58	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.48	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.36	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	25.61	U/L	<55	IFCC

*Sneha Shah*  
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.19	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.12	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.050	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

TSH	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: SPL24042341

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



Certificate No: MC-5697

Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 01:22PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

**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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.880	ng/mL	0-4	CLIA

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

SIN No:SPL24042341



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

**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:

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



Certificate No: MC-5697

Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:08PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 12:42PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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 12 of 14

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

SIN No:UR2301830



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

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Certificate No: MC-5697

Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 02:09PM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 02:49PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 02:53PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

**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

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



SIN No:UPP017070

**Apollo Speciality Hospitals Private Limited**  
This test has been performed at Apollo Health and Lifestyle Rd- Sadashiv Peth Pune, Diagnostics Lab

(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

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



Certificate No: MC-5697

Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:08PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 12:39PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

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

SIN No:UF011120



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

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Begumpet, Hyderabad, Telangana - 500016

Address:

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

Customer Pending Tests  
Doctor Not Available For Dental

Name : Mr. Vikas Keshav Bhosale

Age: 46 Y

UHD:SPUN.0000046719



OP Number:SPUNOPV61936

Bill No :SPUN-OCR-10439

Date : 09.03.2024 09:57

Address : Koregaon Satara

Sex: M

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

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



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

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

Dr. Samrat Shah   
**General Physician**  
**Apollo Spectra Hospital Pune**

*This certificate is not meant for medico-legal purposes*

**Dr. Samrat Shah**  
 MBBS MD  
 Reg No. 2021097302  
 Consultant Internal Medicine  
 Apollo Speciality Hospital

Date : 09/03/24  
MRNO :  
Name : Vikas Bhosale  
Age/Gender :  
Mobile No : 46 17

Department : Gen Physician  
Consultant :  
Reg. No : Dr. Samrat Shah  
Qualification :  
Consultation Timing : Shah

SpO2 98%

Pulse: 70/min	B.P: 130/70	Resp: 18/min	Temp: 98°F
Weight: 80.9kg	Height: 169cm	BMI: 28.3	Waist Circum: -

General Examination / Allergies History

Clinical Diagnosis & Management Plan

found fit joins duty

Follow up date:

**Dr. Samrat Shah**  
MBBS MD  
Reg No. 2021027302  
Consultant Internal Medicine  
Apollo Spectra Hospital  
Signature

Date : 09/03/2024  
MRNO :  
Name : Vikas Bhosale  
Age/Gender :  
Mobile No : 461M

Department : ENT  
Consultant :  
Reg. No : Dr. Shiv Prakash  
Qualification : Mehta  
Consultation Timing :

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

ENT examination - N.A.S.

  
**Dr. Shiv Mehta**  
MBBS, MS (ENT), Head & Neck Surgeon  
Reg. No. 2010030364 (MMC)  
Mob.: 9890250205

Follow up date:

Doctor Signature

Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:25PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 12:58PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

DEPARTMENT OF HAEMATOLOGY

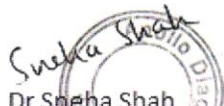
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	40.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.86	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>82.7</b>	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,240	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	48.2	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	<b>10.8</b>	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3489.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2505.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>781.92</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	419.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.44	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.39		0.78- 3.53	Calculated
PLATELET COUNT	258000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC Predominantly Normocytic Normochromic with Microcytes+  
WBC Mild Eosinophilia  
Platelets are Adequate  
No hemoparasite seen.

Page 1 of 14



  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240063652


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

Patient Name : Mr.VIKAS KESHAV BHOSALE  
Age/Gender : 46 Y 7 M 17 D/M  
UHID/MR No : SPUN.0000046719  
Visit ID : SPUNOPV61936  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 158762

Collected : 09/Mar/2024 11:25AM  
Received : 09/Mar/2024 12:25PM  
Reported : 09/Mar/2024 12:58PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240063652

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



Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:25PM
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Visit ID : SPUNOPV61936	Status : Final Report
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Emp/Auth/TPA ID : 158762	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination




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

SIN No:BED240063652

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

Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:25PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 01:04PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

**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	80	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  $> \text{ or } = 126 \text{ mg/dL}$  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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	mg/dL	70-140	HEXOKINASE

**Comment:**

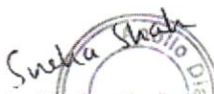
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

**Comment:**

Page 4 of 14

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:EDT240029040

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



Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:25PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 01:04PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

**DEPARTMENT OF BIOCHEMISTRY**

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

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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

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:EDT240029040

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





Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
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UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 02:21PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>209</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	89	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>160</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>142.52</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.76	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.26		0-4.97	Calculated

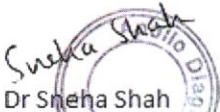
**Comment:**

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.

Page 6 of 14

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04656257

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



Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 02:21PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.26	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.18	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	92.01	U/L	30-120	IFCC
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		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 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*  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04656257

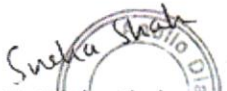
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 02:21PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.94	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	17.18	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.25</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.58	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.48	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.36	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04656257

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




Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:36PM
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Emp/Auth/TPA ID : 158762	

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) , <i>SERUM</i>	25.61	U/L	<55	IFCC

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04656257

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



Patient Name : Mr.VIKAS KESHAV BHOSALE  
 Age/Gender : 46 Y 7 M 17 D/M  
 UHID/MR No : SPUN.0000046719  
 Visit ID : SPUNOPV61936  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 158762

Collected : 09/Mar/2024 11:25AM  
 Received : 09/Mar/2024 12:36PM  
 Reported : 09/Mar/2024 01:37PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.19	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.12	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.05	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:SPL24042341

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

Patient Name : Mr.VIKAS KESHAV BHOSALE  
 Age/Gender : 46 Y 7 M 17 D/M  
 UHID/MR No : SPUN.0000046719  
 Visit ID : SPUNOPV61936  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 158762

Collected : 09/Mar/2024 11:25AM  
 Received : 09/Mar/2024 12:36PM  
 Reported : 09/Mar/2024 01:22PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.880	ng/mL	0-4	CLIA



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

SIN No: SPL24042341

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

Patient Name : Mr.VIKAS KESHAV BHOSALE  
 Age/Gender : 46 Y 7 M 17 D/M  
 UHID/MR No : SPUN.0000046719  
 Visit ID : SPUNOPV61936  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 158762

Collected : 09/Mar/2024 11:25AM  
 Received : 09/Mar/2024 12:08PM  
 Reported : 09/Mar/2024 12:42PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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



Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist



SIN No:UR2301830

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

Patient Name : Mr.VIKAS KESHAV BHOSALE  
 Age/Gender : 46 Y 7 M 17 D/M  
 UHID/MR No : SPUN.0000046719  
 Visit ID : SPUNOPV61936  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 158762

Collected : 09/Mar/2024 02:09PM  
 Received : 09/Mar/2024 02:49PM  
 Reported : 09/Mar/2024 02:53PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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



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

SIN No:UPP017070



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



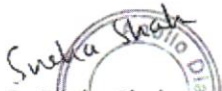
Patient Name : Mr.VIKAS KESHAV BHOSALE	Collected : 09/Mar/2024 11:25AM
Age/Gender : 46 Y 7 M 17 D/M	Received : 09/Mar/2024 12:08PM
UHID/MR No : SPUN.0000046719	Reported : 09/Mar/2024 12:39PM
Visit ID : SPUNOPV61936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158762	

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UF011120

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



MR.VIKAS BHOSALE 46Y  
46 Years

MR No:  
Location:

SPUN.000046719

Apollo Spectra Hospital Pune  
(Swargate)

Gender: M  
Image Count: 1  
Arrival Time: 09-Mar-2024 11:48

Physician: SELF  
Date of Exam: 09-Mar-2024  
Date of Report: 09-Mar-2024 19:53

### X-RAY CHEST PA VIEW

#### FINDINGS

Normal heart and mediastinum.  
There is no focal pulmonary mass lesion is seen.  
No collapse or consolidation is evident.  
The apices, costo and cardiophrenic angles are free.  
No hilar or mediastinal lymphadenopathy is demonstrated.  
There is no pleural or pericardial effusion.  
No destructive osseous pathology is evident.

#### IMPRESSION:

No significant abnormality is seen.



**Dr.Santhosh Kumar DMRD,DNB**  
**Consultant Radiologist**  
Reg.No: 59248

#### CONFIDENTIALITY:

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

#### PLEASE NOTE:

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

# Apollo Clinic

## CONSENT FORM

Patient Name: Vikas Keshav Bhosale Age: 46 107

UHID Number: ..... Company Name: Arcobemi

Mr/Mrs/Ms Vikas Bhosale Employee of Arcobemi

(Company) Want to inform you that I am not interested in getting .....

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Duty Doctor not available for Dental

Patient Signature: [Signature]

Date: 09/03/24

Name	Mr Vikas K Bhosale	Age	46 Years
Patient ID	DD/93/2023-2024/1521	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**The liver** appears normal in size, shape and shows mild fatty echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

**The gall bladder** is normal in size with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

**The pancreas** appear normal in size and echotexture.

**The spleen** appears normal in size and echotexture.

**The right kidney** measures 11.2x5.0cms and **the left kidney** measures 9.6x5.2cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

**The urinary bladder** distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

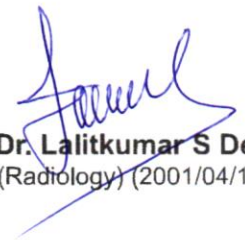
**The prostate** is normal in size, shape and echotexture. No focal lesion is seen.

There is no free fluid or paraaortic lymphadenopathy seen.

### IMPRESSION:

**Mild fatty Liver.**

**No other significant abnormality is seen.**



**Dr. Lalitkumar S Deore**  
 MD(Radiology) (2001/04/1871)

# EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mr. Vikas Bhosale

Date: 09/03/24

Age/Sex: 46 y | M

Ref No.:

Complaint: No complaints

Examination

No DM

HTN on Rx - 2 yrs

aided Vision   
 R 6/6 N6   
 L 6/6 N6

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	+0.50	—	—	6/6	±	+0.25	70°
Add (Read)	+1.75	—	—	N6	+1.75	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: change glasses.

WNL

PGP   
 R +0.50   
 L +0.50   
 Add +1.50 (BE)

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant: *[Signature]*

**Apollo Spectra Hospitals**

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

Bhosale, Vikas  
ID: 46719

169 cm Male  
80.0 kg

09.03.2024 10:35:27 AM  
Apollo Spectra Hospital  
SWARGATE  
PUNE-4110



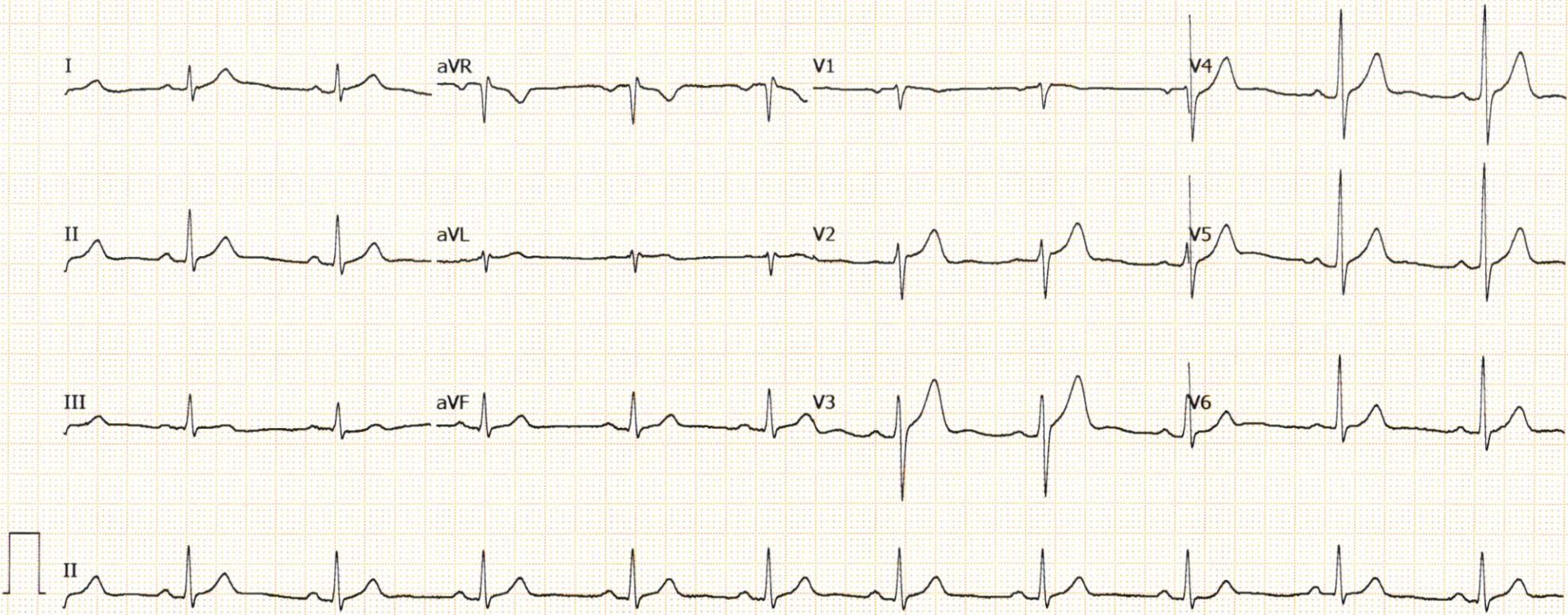
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

63 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 90 ms      Normal sinus rhythm  
QT / QTcBaz : 384 / 392 ms      Normal ECG  
PR : 168 ms  
P : 112 ms  
RR / PP : 956 / 952 ms  
P / QRS / T : 51 / 65 / 50 degrees



**2D ECHO / COLOUR DOPPLER**

**Name : Mr. Vikas Bhosale**  
**Ref by : HEALTH CHECKUP**

**Age : 46YRS / M**  
**Date : 09/03/2024**

LA – 32            AO – 26            IVS – 10            PW – 10  
LVIDD – 37        LVIDS - 25  
EF 60 %

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

**IMPRESSION :**  
**NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.**  
**NO RWMA. NO PULMONARY HTN**  
**NO CLOTS/VEGETATIONS**



**DR.SAMRAT SHAH**  
**MD, CONSULTANT PHYSICIAN**



सत्यमेव जयोते  
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1218/18022/06222

To.  
विक्रम केशव भोसले  
Vikas Keshav Bhosle  
madhvapurwadi po.kinhal  
Ambawade S. Koregaon  
Ambawade S Koregaon Satara  
Maharashtra 415021

09/04/2012

Ref: 65 / 30E / 16679 / 16911 / P



UE528284717IN



आपला आधार क्रमांक / Your Aadhaar No. :

**7729 7809 3300**

आधार — सामान्य माणसाचा अधिकार



भारत सरकार  
GOVERNMENT OF INDIA



विक्रम केशव भोसले  
Vikas Keshav Bhosle  
जन्म वर्ष / Year of Birth : 1977  
पुरुष / Male



**7729 7809 3300**

आधार — सामान्य माणसाचा अधिकार



Appointment Id	Corporate Name	Name	Email id	Mobile	Agree	Action
106463	ACCENTURE SOLUTIONS PRIVATE LI...	Harshit Pandey	harshit.g.pandey@accenture.com	7348313151	ACCENTURE SOLUTI	  
105561	CONNECT AND HEAL PRIMARY CARE ...	Mayur Kshirsagar	reports@connectandheal.com	8007459009	CONNECT AND HEAL	  
105556	CONNECT AND HEAL PRIMARY CARE ...	Sangeeta	reports@connectandheal.com	9380029882	CONNECT AND HEAL	  
105302	ARCOFEMI HEALTHCARE LIMITED...	sarika bhosale	vikas.jydp@gmail.com	9552018920	ARCOFEMI MEDIWHE	  
105220	ARCOFEMI HEALTHCARE LIMITED...	MR. BHOSALE VIKAS	vikas.jydp@gmail.com	9552018920	ARCOFEMI MEDIWHE	  
104664	VISIT HEALTH PRIVATE LIMITED...	Vikas Mane	vikas.mane@bentley.com	7350976666	VISIT HEALTH VH001	  
104243	CIPLA LIMITED...	Vivek Kumar	Nitin Jog <providersupport1@bajajfinservhealth.in>	9316756546	CIPLA BAJAJ FINSE	  
104130	ARCOFEMI HEALTHCARE LIMITED...	Rupali Maroti Mahore	maroti_mahore@rediffmail.com	9423109863	ARCOFEMI MEDIWHE	  
104076	ARCOFEMI HEALTHCARE LIMITED...	MR. MAHORE MAROTI	maroti_mahore@rediffmail.com	9423109863	ARCOFEMI MEDIWHE	  
103937	PHASORZ TECHNOLOGIES PRIVATE L...	Bharat Pandharinath Pawar	Bharat.Pawar@Cognizant.Com	9372271975	PHASORZ COGNIZAT	  