



Certificate No: MC-5697

Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 11:57AM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 12:36PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.2	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	45.5	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>40.8</b>	%	20-40	Electrical Impedance
EOSINOPHILS	<b>7.1</b>	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4004	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3590.4</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>624.8</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	563.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.12		0.78- 3.53	Calculated
PLATELET COUNT	311000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	<b>16</b>	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's are Normocytic Normochromic**  
**WBC's Lymphocytosis with Eosinophilia**  
**Platelets are Adequate**  
**No Abnormal cells/hemoparasite seen.**

Page 1 of 14

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240048115



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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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

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Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:33PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 01:04PM
Visit ID : SPUNOPV61563	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>101</b>	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.

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

SIN No:PLF02112051



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Certificate No: MC-5697

Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 11:55AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:52PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 01:25PM
Visit ID : SPUNOPV61563	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	93	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: PLPT1423195

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UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 02:08PM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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)

*Sneha Shah*  
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SIN No:EDT240021563



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	161	mg/dL	<200	CHO-POD
TRIGLYCERIDES	110	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>27</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>134</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>112.16</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.91	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.91</b>		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.



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



SIN No:SE04639987

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.64	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	94.21	U/L	30-120	IFCC
PROTEIN, TOTAL	7.22	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.89	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>14.98</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.0</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.67	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.51	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.57	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.33	mmol/L	101–109	ISE (Indirect)

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	25.02	U/L	<55	IFCC

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



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.71	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.04	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.643	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

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

SIN No:SPL24031676



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.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 11:42AM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 12:08PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	2 - 3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

SIN No:UR2290235



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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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.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:34PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 12:38PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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:UPP016669

**Apollo Speciality Hospitals Private Limited**  
This test has been performed at Apollo Health and Lifestyle Ltd- 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.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 11:46AM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 12:07PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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

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

Page 14 of 14

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

SIN No:UF010726



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

Customer Pending Tests  
ENT AND DENTAL SERVICE NOT AVAILABLE

Name : Mr. Rupeshit Patekar

Age: 36 Y

UHID:SPUN.0000019905

Address : pune

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Sex: M



OP Number:SPUNOPV61563

Bill No :SPUN-OCR-10337

Date : 24.02.2024 09:12

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>3</del>	<del>GLUCOSE, FASTING</del>	
<del>4</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>5</del>	<del>DIET CONSULTATION</del>	
<del>6</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>7</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	11.50
<del>8</del>	<del>PERIPHERAL SMEAR</del>	
<del>9</del>	<del>ECG</del>	
<del>10</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>11</del>	<del>DENTAL CONSULTATION</del>	
<del>12</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	11.50
<del>13</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>14</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>15</del>	<del>X-RAY CHEST PA</del>	
<del>16</del>	<del>ENT CONSULTATION</del>	
<del>17</del>	<del>CARDIAC STRESS TEST(TMT)</del>	
<del>18</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>19</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>20</del>	<del>LIPID PROFILE</del>	
<del>21</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>22</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
<del>23</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>24</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	




## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rupeshit Datar on 24/2/24

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> <li>• Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</li> <li>1.....</li> <li>2.....</li> <li>3.....</li> <li>However the employee should follow the advice/medication that has been communicated to him/her.</li> <li>Review after _____</li> </ul>	
<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 :  
MRNO :  
Name : Rupeshit Patelkar  
Age/Gender : 36/M  
Mobile No :

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

Pulse: 78/min	B.P: 120/80	Resp: 18/m	Temp: Afebrile
Weight: 79.9.	Height: 163	BMI: 29.7	Waist Circum:

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

found fit to join duty

Follow up date:

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

Patient Name : Mr.RUPESHIT PATEKAR  
Age/Gender : 36 Y 8 M 30 D/M  
UHID/MR No : SPUN.0000019905  
Visit ID : SPUNOPV61563  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9797979

Collected : 24/Feb/2024 09:17AM  
Received : 24/Feb/2024 11:57AM  
Reported : 24/Feb/2024 12:36PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

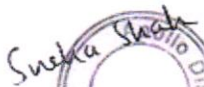
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92.2	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	45.5	%	40-80	Electrical Impedance
LYMPHOCYTES	40.8	%	20-40	Electrical Impedance
EOSINOPHILS	7.1	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4004	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3590.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	624.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	563.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.12		0.78- 3.53	Calculated
PLATELET COUNT	311000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic  
WBC's Lymphocytosis with Eosinophilia  
Platelets are Adequate  
No Abnormal cells/hemoparasite seen.

Page 1 of 14



  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240048115

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

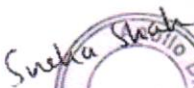
www.apollohl.com | Email ID:enquiry@apollohl.com

[www.apolldiagnostics.in](http://www.apolldiagnostics.in)

Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 11:57AM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 12:36PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist  
SIN No:BED240048115



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

**Apollo Health and Lifestyle Limited**


(CIN - U85110TG2000PLC115819)  
Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana  
Ph No: 040-4904 7777  
www.apollohl.com | Email ID:enquiry@apollohl.com

Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 11:57AM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 01:10PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

SIN No:BED240048115

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



Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:33PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 01:04PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**


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

**Comment:**

As per American Diabetes Guidelines, 2023

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

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:PLF02112051

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



TOUCHING LIVES

Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 11:55AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:52PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 01:25PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	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, sulfonyleureas, amylin analogues, or conditions such as overproduction of insulin.



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

SIN No:PLP1423195

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



Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 11:57AM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 02:08PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

**Comment:**

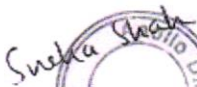
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)



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

SIN No:EDT240021563

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



Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:31PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 03:23PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	161	mg/dL	<200	CHO-POD
TRIGLYCERIDES	110	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	27	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.16	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.91	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.91		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.



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



SIN No:SE04639987

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

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Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:31PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 03:23PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.64	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	94.21	U/L	30-120	IFCC
PROTEIN, TOTAL	7.22	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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.



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

SIN No:SE04639987

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohl.com | Email ID:enquiry@apollohl.com



Patient Name : Mr.RUPESHIT PATEKAR  
Age/Gender : 36 Y 8 M 30 D/M  
UHID/MR No. : SPUN.0000019905  
Visit ID : SPUNOPV61563  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9797979

Collected : 24/Feb/2024 09:17AM  
Received : 24/Feb/2024 12:31PM  
Reported : 24/Feb/2024 03:23PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.89	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>14.98</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.0</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.67	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.51	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.57	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.33	mmol/L	101–109	ISE (Indirect)



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



SIN No:SE04639987

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

[www.apolldiagnostics.in](http://www.apolldiagnostics.in)

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

[www.apollohl.com](http://www.apollohl.com) | Email ID:enquiry@apollohl.com

TOUCHING LIVES

Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:31PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 03:23PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.02	U/L	<55	IFCC



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

SIN No:SE04639987

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



Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:31PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 01:55PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.71	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.04	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.643	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



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

SIN No:SPL24031676

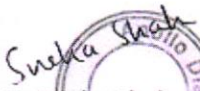
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 11:42AM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 12:08PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	2 - 3	/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:UR2290235

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



Patient Name : Mr.RUPESHIT PATEKAR	Collected : 24/Feb/2024 09:17AM
Age/Gender : 36 Y 8 M 30 D/M	Received : 24/Feb/2024 12:34PM
UHID/MR No : SPUN.0000019905	Reported : 24/Feb/2024 12:38PM
Visit ID : SPUNOPV61563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9797979	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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:UPP016669

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

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TOUCHING LIVES



Certificate No: MC-5697



Patient Name : Mr.RUPESHIT PATEKAR  
 Age/Gender : 36 Y 8 M 30 D/M  
 UHID/MR No : SPUN.0000019905  
 Visit ID : SPUNOPV61563  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9797979

Collected : 24/Feb/2024 09:17AM  
 Received : 24/Feb/2024 11:46AM  
 Reported : 24/Feb/2024 12:07PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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:UF010726

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



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)  
 Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana  
 Ph No: 040-4904 7777  
 www.apollohl.com | Email ID:enquiry@apollohl.com



## Apollo Clinic

### CONSENT FORM

Patient Name: Rupeshit Patekar Age: 36 / m  
UHID Number: ..... Company Name: Arcolchem

Mr/Mrs/MS Rupeshit Patekar Employee of Arcolchem  
(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.

ENT & Dental service not available

Patient Signature: [Signature] Date: 24/2/24

ms. Rupeshit patekar

24.02.2024 9:54:12 AM

Apollo Spectra Hospital  
SWARGATE  
PUNE-4110

ARROW CE

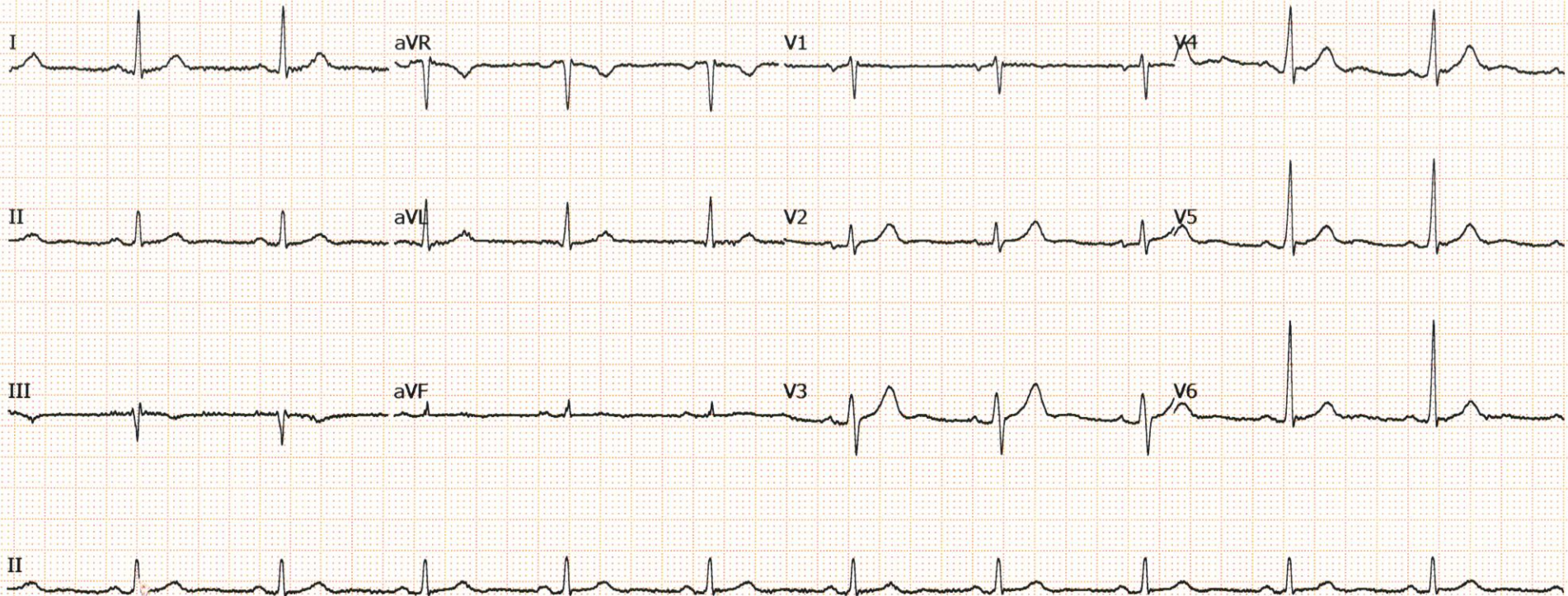
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

65 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS :	76 ms	Normal sinus rhythm
QT / QTcBaz :	384 / 399 ms	Normal ECG
PR :	154 ms	
P :	94 ms	
RR / PP :	924 / 923 ms	
P / QRS / T :	48 / 3 / 11 degrees	



# EYE REPORT



ASH/PUN/OPHT/06/02-0216

Name: Mr. Rupeshit Patekar

Date: 24/02/24

Age / Sex: 36 y / M

Ref No.:

Complaint: NO complaints

**Examination**

NO DM

NO HTN

Unaided 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	Plano	←	←	6/6	Plano	←	←
Read	←	←	←	N6	←	←	←	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

**Remarks:**

WNL

PGP   
 R   
 L

**Medications:**

∴ BE colour vision Normal

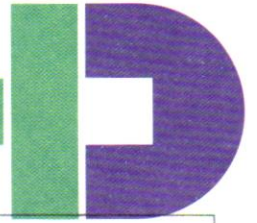
Trade Name	Frequency	Duration

Follow up: 1 Yrs

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



Name	Mr Rupeshit Kalpesh Patekar	Age	36 Years
Patient ID	DD/242/2023-2024/1436	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	24/02/2024

## 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 9.4x5.7cms and **the left kidney** measures 10x5.0cms. 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.

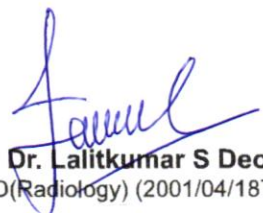
**The prostate** is normal in size, shape and echotexture. No focal lesion is seen.

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)

TABULAR SUMMARY REPORT

patekar, rupeshit  
ID: 000019905

24-Feb-2024 13:02:47  
36years 163cm  
Asian 79kg  
Male  
Meds: no

BRUCE  
Max HR: 167bpm 90% of max predicted 184bpm  
Max BP: 160/80  
Reason for Termination:  
Comments:

Total Exercise time: 9:01  
25.0 mm/s  
10.0 mm/mV  
100hz  
Maximum workload: 10.1METS

Referred by: self  
Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	STANDING	1:11	***	***	1.0	72	130/80	94
	HYPERVENT	1:02	***	***	1.0	68	130/80	88
	SUPINE	1:13	***	***	1.0	68	130/80	88
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	106	130/80	138
	STAGE 2	3:00	2.5	12.0	7.0	124	140/80	174
	STAGE 3	3:00	3.4	14.0	10.1	167	160/80	267
	STAGE 4	0:01	3.4	14.0	10.1	167	160/80	267
RECOVERY	Post	0:08	1.7	11.7	9.8	165	160/80	264

*Normal*  
*Rupesh Patekar*  
*D. S. Patekar*

**Patient Name:** MR.RUPESHIT PATEKAR 36Y  
**Age:** 36 Years  
**Gender:** M  
**Image Count:** 1  
**Arrival Time:** 24-Feb-2024 10:22

**MR No:**  
**Location:**  
**Physician:**  
**Date of Exam:**  
**Date of Report:**

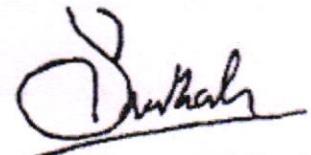
### X-RAY CHEST PA VIEW

#### 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:

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#### 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.

Appointment Id	Corporate Name	Name	Email id	Mobile	Action
87949	GUDEL INDIA PRIVATE LIMITED...	Neeta Bodas	Neeta.Bodas@in.gudel.com	9552579988	
86426	BURCKHARDT COMPRESSION INDIA P...	Mr. Pranav Rajhans	Mayura.Kodlikar@burckhardtcompression.com	9421003838	
84635	AAYUV TECHNOLOGIES PRIVATE LIM...	Tejraj Prasad ghorpade	no-reply@ekincare.com	8669266757	
81654	CONNECT AND HEAL PRIMARY CARE ...	Sharwari Bhagwat (Sharwari Bhagwat)	reports@connectandheal.com	9860001276	
78863	ARCOFEMI HEALTHCARE LIMITED	MS PATEKAR MEGHA	megharpatekar@gmail.com	9921008330	
78843	ARCOFEMI HEALTHCARE LIMITED	RUPESH	megharpatekar@gmail.com	9921008330	

भारत सरकार  
GOVERNMENT OF INDIA

रुपेशित कल्पेश पाटेकर  
Rupeshit Kalpesh Patekar  
DOB: 25-05-1987  
Gender: Male

6269 0668 4148

आधार - आम आदमी का अधिकार

आधार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:  
Flat No A8-206 Manjari Green  
Annex, Pune Solapur Road,  
Sidhivinayak Petrol Pump, Taluka  
Haveli Manjari Budruk, Manjari  
Khurd., Manjari Farm, Haveli,  
Pune, Maharashtra, 412307

फ्लैट न ए8-206 मांजरी ग्रीन अॅनेक्स,  
पुणे सोलापुर रोड, सिद्धिविनायक पेट्रोल  
पंप, तालुका हवेली मांजरी बुद्रुक,  
मांजरी खुर्द., मांजरी फार्म, हवेली, पुणे,  
महाराष्ट्र, 412307

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