

Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
Age/Gender : 30 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064945  
Visit ID : STAROPV72645  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E30656

Collected : 24/Aug/2024 09:10AM  
Received : 24/Aug/2024 11:12AM  
Reported : 24/Aug/2024 01:01PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

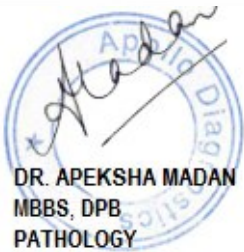
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically



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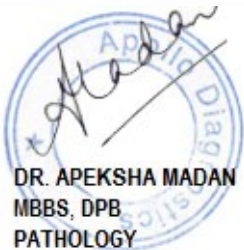
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.38	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.8	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,680	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3408	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1590.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	113.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	568	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	171000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

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

SIN No:BED240217398

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(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:**

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Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

  
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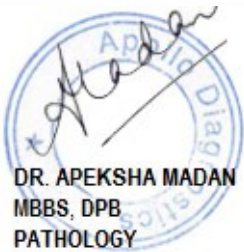


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**DEPARTMENT OF HAEMATOLOGY**

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

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



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Patient Name : Mr.PRASHIK ASHOK BHUTANGE	Collected : 24/Aug/2024 05:00PM
Age/Gender : 30 Y 6 M 0 D/M	Received : 24/Aug/2024 05:40PM
UHID/MR No : STAR.0000064945	Reported : 24/Aug/2024 05:48PM
Visit ID : STAROPV72645	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	84	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

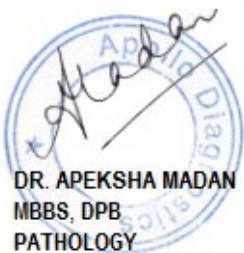
**Note:**

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Patient Name : Mr.PRASHIK ASHOK BHUTANGE	Collected : 24/Aug/2024 09:10AM
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UHID/MR No : STAR.0000064945	Reported : 24/Aug/2024 06:49PM
Visit ID : STAROPV72645	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

**Comment:**

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

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

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

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



Dr. Pratibha Kadam  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist



SIN No: EDT240087965

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	113	mg/dL	<150	
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.16		<0.11	Calculated


**Comment:**

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.00	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	<b>1.3</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	65.00	U/L	32-111	IFCC
PROTEIN, TOTAL	<b>8.40</b>	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.10</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

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

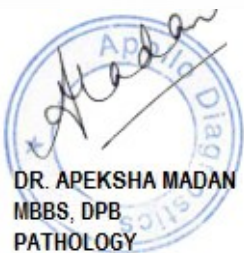
2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.  
\*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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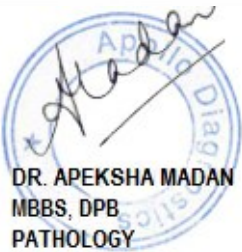
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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



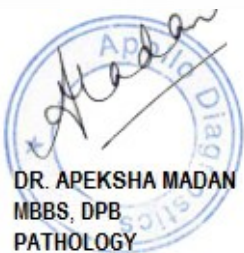
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.95	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.80</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	<b>8.40</b>	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.10</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



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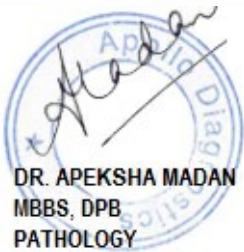
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	16-73	Glycylglycine Kinetic method



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.79	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.400	µIU/mL	0.25-5.0	ELFA


**Comment:**

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

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

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

**Address:**

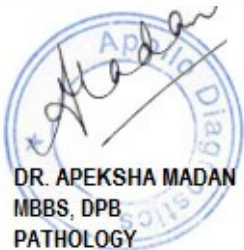
156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name	: Mr.PRASHIK ASHOK BHUTANGE	Collected	: 24/Aug/2024 09:10AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 24/Aug/2024 11:21AM
UHID/MR No	: STAR.0000064945	Reported	: 24/Aug/2024 05:29PM
Visit ID	: STAROPV72645	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30656		

**DEPARTMENT OF IMMUNOLOGY**

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:SPL24134905

**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:**  
156, Famous Cine Labs, Behind Everest Building,  
Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name : Mr.PRASHIK ASHOK BHUTANGE	Collected : 24/Aug/2024 09:10AM
Age/Gender : 30 Y 6 M 0 D/M	Received : 24/Aug/2024 01:33PM
UHID/MR No : STAR.0000064945	Reported : 24/Aug/2024 03:42PM
Visit ID : STAROPV72645	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30656	

**DEPARTMENT OF CLINICAL PATHOLOGY**

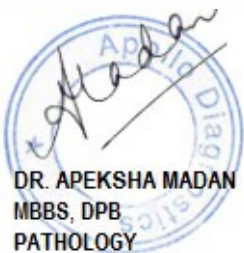
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Refractometric
<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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	3-5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



SIN No:UR2407043

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

Page 15 of 15

  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



SIN No:UR2407043

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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

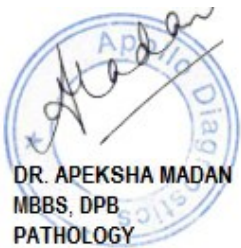
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



SIN No:UR2407043



**OUT- PATIENT RECORD**

Date: 24/8/24  
 MRNO: 64945  
 Name: Mr. Prashik Bhudange  
 Age/Gender: Boy 1m  
 Mobile No:  
 Passport No:  
 Aadhar number:

Pulse: 62 men	B.P: 120/70	Resp: 20/num	Temp: Afebrile
Weight: 59.2 kg	Height: 170.5 kg	BMI: 20.5	Waist Circum: 76cm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian  
 Sacc: (w) No Allergy.  
 No addictions  
 FH: Mother / Father: HT  
 UA 7-8.  
 Avoid high protein diet  
 Repeat UA after 2 months

MD (k)S - 0

Follow up date

Physician  
 Reg. No. 36113

Doctor Sign



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

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

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



TOUCHING LIVES



Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
Age/Gender : 30 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064945  
Visit ID : STAROPV72645  
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Emp/Auth/TPA ID : 22E30656

Collected : 24/Aug/2024 09:10AM  
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Reported : 24/Aug/2024 01:01PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF HAEMATOLOGY

#### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

Page 1 of 15



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240217398

Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
Age/Gender : 30 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064945  
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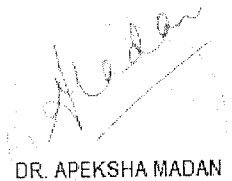
**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.38	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.8	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,680	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3408	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1590.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	113.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	568	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	171000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

Methodology : Microscopic

RBC : Normocytic normochromic

DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240217398

Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
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**DEPARTMENT OF HAEMATOLOGY**

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


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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically



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PATHOLOGY

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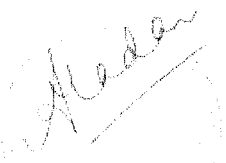
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**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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



  
 DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY  
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Collected : 24/Aug/2024 05:00PM  
 Received : 24/Aug/2024 05:40PM  
 Reported : 24/Aug/2024 05:48PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	84	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

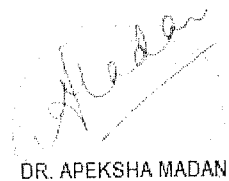
**Note:**

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:PLP1483688

Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
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Emp/Auth/TPA ID : 22E30656

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Status : Final Report  
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**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

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

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Dr. Pratibha Kadam  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: EDT240087965



Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
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Collected : 24/Aug/2024 09:10AM  
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**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	113	mg/dL	<150	
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.16		<0.11	Calculated

**Comment:**


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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



  
 DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY  
 SIN No:SE04814218



Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.00	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	65.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.40	g/dL	6.7-8.3	BIURET
ALBUMIN	5.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.  
\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04814218



TOUCHING LIVES

Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
Age/Gender : 30 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064945  
Visit ID : STAROPV72645  
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DEPARTMENT OF BIOCHEMISTRY

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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*Apeksha Madan*

DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04814218

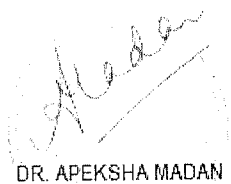
Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
 Age/Gender : 30 Y 6 M 0 D/M  
 UHID/MR No : STAR.0000064945  
 Visit ID : STAROPV72645  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 22E30656

Collected : 24/Aug/2024 09:10AM  
 Received : 24/Aug/2024 11:57AM  
 Reported : 24/Aug/2024 04:53PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.95	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.40	g/dL	6.7-8.3	BIURET
ALBUMIN	5.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04814218



TOUCHING LIVES

Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
Age/Gender : 30 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064945  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	26.00	U/L	16-73	Glycylglycine Kinetic method

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04814218

Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
 Age/Gender : 30 Y 6 M 0 D/M  
 UHID/MR No : STAR.0000064945  
 Visit ID : STAROPV72645  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 22E30656

Collected : 24/Aug/2024 09:10AM  
 Received : 24/Aug/2024 11:21AM  
 Reported : 24/Aug/2024 05:29PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.79	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.400	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

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

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



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

SIN No:SPL24134905



Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
 Age/Gender : 30 Y 6 M 0 D/M  
 UHID/MR No : STAR.0000064945  
 Visit ID : STAROPV72645  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 22E30656

Collected : 24/Aug/2024 09:10AM  
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**DEPARTMENT OF IMMUNOLOGY**

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SPL24134905

Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
Age/Gender : 30 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064945  
Visit ID : STAROPV72645  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E30656

Collected : 24/Aug/2024 09:10AM  
Received : 24/Aug/2024 01:33PM  
Reported : 24/Aug/2024 03:42PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

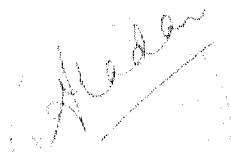
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Refractometric
<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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	3-5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.  
Microscopy findings are reported as an average of 10 high power fields.

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2407043



TOUCHING LIVES

Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
Age/Gender : 30 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064945  
Visit ID : STAROPV72645  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E30656



Collected : 24/Aug/2024 09:10AM  
Received : 24/Aug/2024 01:33PM  
Reported : 24/Aug/2024 03:42PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY  
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

Page 15 of 15



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2407043

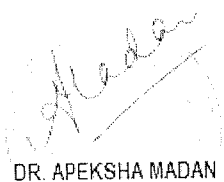


Patient Name : Mr.PRASHIK ASHOK BHUTANGE  
Age/Gender : 30 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064945  
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2407043



Patient Name	: Mr. PRASHIK ASHOK BHUTANGE	Age	: 30 Y M
UHID	: STAR.0000064945	OP Visit No	: STAROPV72645
Reported on	: 24-08-2024 11:18	Printed on	: 24-08-2024 11:18
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**


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

**CONCLUSION :**

No obvious abnormality seen.

Printed on:24-08-2024 11:18

---End of the Report---

  
**Dr. VINOD SHETTY**  
Radiology

Patient name : MR.PRASHIK BHUTANGE  
Ref. By : HEALTH CHECK UP

Date : 24-08-2024  
Age : 30 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

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

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

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

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

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.3 x 4.0 cms and the **LEFT KIDNEY** measures 10.7 x 4.0 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

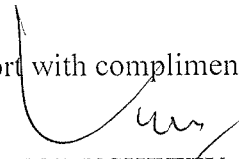
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 3.2 x 2.8 x 2.5 cms and weighs 12.5 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

Report with compliments.

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

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

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

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

Name : Mr.Prashik Bhutange  
Age : 30 Year(s)

Date : 24/08/2024  
Sex : Male  
Visit Type : OPD

## **ECHO Cardiography**

### **Comments:**

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

### **Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.



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

Name : Mr.Prashik Bhutange  
Age : 30 Year(s)

Date : 24/08/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	70mm/sec
EPSS	04mm
LA	26mm
AO	28mm
LVID (d)	35mm
LVID(s)	18mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

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

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

Female

30Years

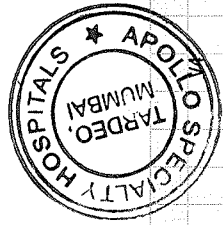
Rate: 62 Sinus rhythm  
PR 147 Baseline wander in lead(s) I III aVL aVF V1 V2 V4 V5 V6

QRSD 89  
QT 370  
QTcB 376

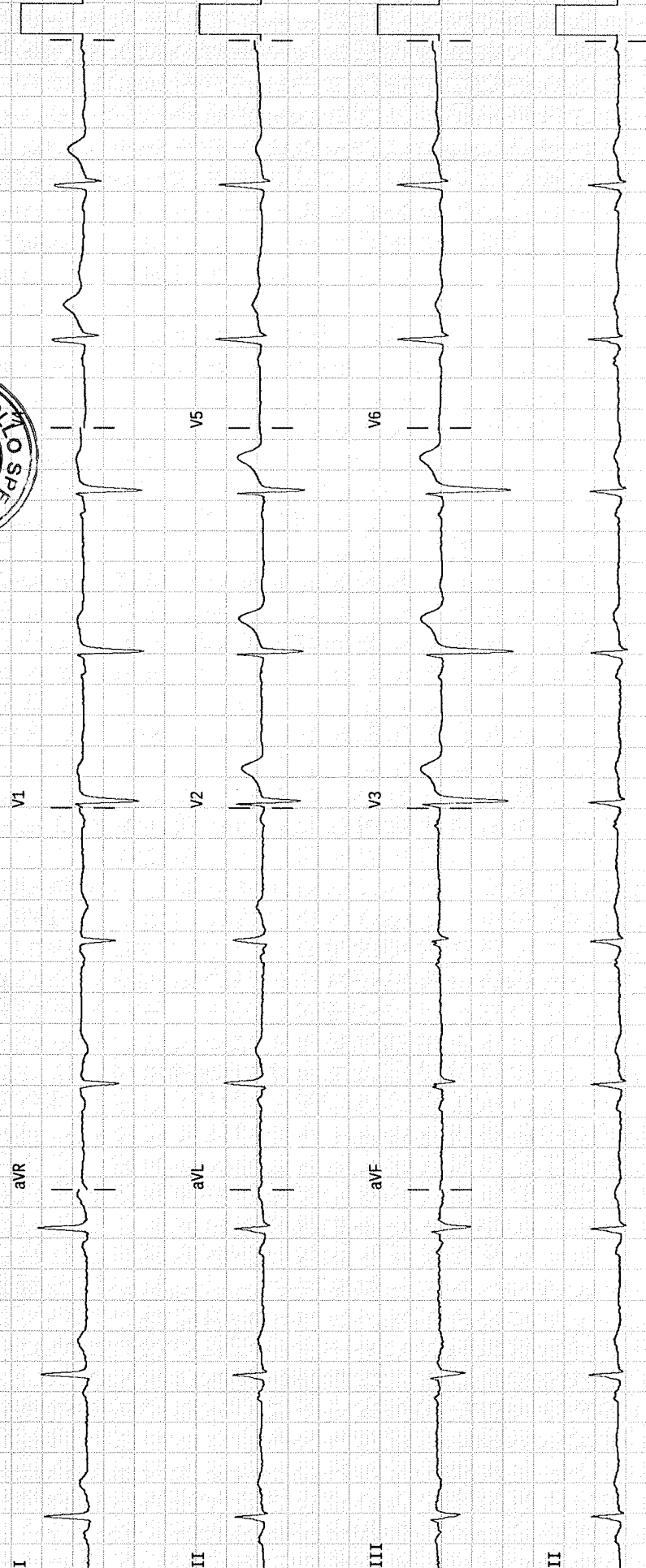
--AXIS--  
P 26  
QRS 3  
T 10

12 Leads; Standard Placement

*Madien Namal Link*



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



Device: Speed: 25mm/sec Limb: 10.0mm/mv Chest: 10.00mm/mv

F 50- 0.50-40 HZ W

110C CL

P?

**EYE REPORT**

Name: Prashik Bhutange

Date: 24/8/24

Age / Sex: 30 / M

Ref No.:

Complaint: Nil.

Aut - Seg: WNL

Examination

O. 7:1

HNRK

FR+

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-1.75	—	—	6/6	-1.50	—	—
Read	Nb				Nb			

Remarks:

Medications:

Trade Name	Frequency	Duration

Follow up:



Consultant:

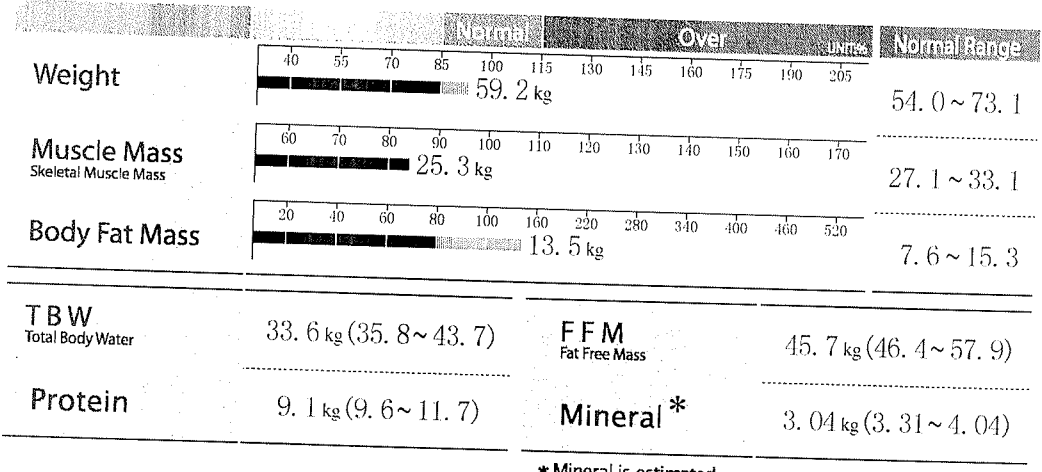
Prashant Bhatnagar

ID 00  
Age 30

Height 170cm | Date 24. 8. 2024  
Gender Male | Time 11:27:32

APOLLO SPECTRA HOSPITAL

## Body Composition



Segmental Lean		Lean Mass Evaluation
2.5 kg	Normal	2.5 kg Normal
Trunk		
21.5 kg	Normal	
7.3 kg	Normal	7.2 kg Normal

\* Mineral is estimated.

## Obesity Diagnosis

BMI Body Mass Index (kg/m <sup>2</sup> )	20.5	Normal Range	18.5 ~ 25.0
PBF Percent Body Fat (%)	22.7	Normal Range	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.92	Normal Range	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1358	Normal Range	1348 ~ 1566

Nutritional Evaluation	
Protein	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Deficient
Mineral	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Deficient
Fat	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient <input type="checkbox"/> Excessive
Weight Management	
Weight	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over
SMM	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Under <input type="checkbox"/> Strong
Fat	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over
Obesity Diagnosis	
BMI	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over <input type="checkbox"/> Extremely Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
WHR	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over

Segmental Fat		PBF Fat Mass Evaluation
22.5%	0.8 kg	21.4% 0.7 kg Normal
Trunk		
23.1%	6.8 kg	Over
21.0%	2.1 kg	21.0% 2.0 kg Normal

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control + 8.3 kg    Fat Control - 3.9 kg    Fitness Score 68

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	371.8	379.2	30.3	332.3	327.3
100kHz	328.9	338.2	25.4	301.2	294.3

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

## Exercise Planner

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

Energy expenditure of each activity (base weight: 59.2 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
118	207	178	207	193	207	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
134	178	207	296	112	134	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
296	296	296	178	207	104	
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle	

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

**Recommended calorie intake per day**  
1800 kcal

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



## Customer Care

---

**From:** noreply@apolloclinics.info  
**Sent:** 09 August 2024 14:18  
**To:** PKSID7@GMAIL.COM  
**Cc:** cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com  
**Subject:** Your appointment is confirmed



**Dear MR. BHUTANGE PRASHIK ASHOK,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO** clinic on **2024-08-10** at **09:00-09:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

### **For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: FAMOUS CINE LABS,156, PT.M.M.MALVIYA RAOD,TARDEO,MUMBAI,400034 .**

**Contact No: 022 - 4332 4500.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic



बैंक ऑफ़ बड़ोदा  
Bank of Baroda



नाम  
Name PRASHIK ASHOK BHUTANGE

कर्मचारी कूट क्र.  
E. C. No. 127227

निर्वाह  
जारीकर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder

<b>Patient Name</b>	: Mr. PRASHIK ASHOK BHUTANGE	<b>Age/Gender</b>	: 30 Y/M
<b>UHID/MR No.</b>	: STAR.0000064945	<b>OP Visit No</b>	: STAROPV72645
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-08-2024 12:11
<b>LRN#</b>	: RAD2407443	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E30656		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.3 x 4.0 cms and the **LEFT KIDNEY** measures 10.7 x 4.0 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

**PROSTATE** : The prostate measures 3.2 x 2.8 x 2.5 cms and weighs 12.5 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

**Patient Name** : Mr. PRASHIK ASHOK BHUTANGE

**Age/Gender** : 30 Y/M

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**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mr. PRASHIK ASHOK BHUTANGE	<b>Age/Gender</b>	: 30 Y/M
<b>UHID/MR No.</b>	: STAR.0000064945	<b>OP Visit No</b>	: STAROPV72645
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-08-2024 11:18
<b>LRN#</b>	: RAD2407443	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E30656		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



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