

Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



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

SIN No:PPR240901217

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



Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.8	g/dL	13-17	Spectrophotometer
PCV	51.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.91	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.7	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.7	%	40-80	Electrical Impedance
LYMPHOCYTES	36.1	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4642.87	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3180.41	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	766.47	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.05	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.46		0.78- 3.53	Calculated
PLATELET COUNT	288000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

**RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**

Page 2 of 16



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



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DEPARTMENT OF HAEMATOLOGY

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



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DEPARTMENT OF HAEMATOLOGY

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

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



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Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:37PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 09:57PM
Visit ID : CPIMOPV167313	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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	110	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:

- 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.



DR.Sanjay Ingle
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SIN No:PPR240901220

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Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 11:36AM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 04:14PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 04:41PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	167	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.

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

SIN No:PPR240901133

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Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000121567	Reported : 15/Sep/2024 01:52PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

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

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

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

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

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

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Sneha Shah
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Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 09:38PM
UHID/MR No : CPIM.0000121567	Reported : 15/Sep/2024 07:17AM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	229	mg/dL	<200	CHO-POD
TRIGLYCERIDES	161	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	176	mg/dL	<130	Calculated
LDL CHOLESTEROL	143.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.13		<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.Sanjay Ingle
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Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.24	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.26	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.98	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	73.64	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	42.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	75.90	U/L	30-120	IFCC
PROTEIN, TOTAL	7.56	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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.

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.85	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.04	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.29	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.92	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.64	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.62	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.56	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	97.31	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.48	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.841	µIU/mL	0.34-5.60	CLIA


Comment:

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

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

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SIN No:PPR240901222


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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR. MANISH T. AKARE
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UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 10:01PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	AMBER		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.026		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE+		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	POSITIVE+		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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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SIN No:PPR240901219

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Patient Name	: Mr.SACHIN BHUJBAL	Collected	: 14/Sep/2024 11:36AM
Age/Gender	: 33 Y 1 M 19 D/M	Received	: 14/Sep/2024 05:32PM
UHID/MR No	: CPIM.0000121567	Reported	: 14/Sep/2024 06:36PM
Visit ID	: CPIMOPV167313	Status	: Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PPR240901132

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Patient Name	: Mr.SACHIN BHUJBAL	Collected	: 14/Sep/2024 12:48PM
Age/Gender	: 33 Y 1 M 19 D/M	Received	: 14/Sep/2024 08:20PM
UHID/MR No	: CPIM.0000121567	Reported	: 14/Sep/2024 09:55PM
Visit ID	: CPIMOPV167313	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32426		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



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

SIN No: PPR240901221

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



Patient Name : Mr.SACHIN BHUJBAL
Age/Gender : 33 Y 1 M 19 D/M
UHID/MR No : CPIM.0000121567
Visit ID : CPIMOPV167313
Ref Doctor : Self
Emp/Auth/TPA ID : 22E32426

Collected : 14/Sep/2024 12:48PM
Received : 14/Sep/2024 08:20PM
Reported : 14/Sep/2024 09:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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



SIN No:PPR240901221

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

SAMRUDHI VILAS JADHAV
Doctor's Signature

Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Name	: Mr. SACHIN BHUJBAL	Age	: 33Yrs 1Mths 20Days
UHID	: CPIM.0000121567	OP Visit No.	: CPIMOPV167313
Printed On	: 14-09-2024 01:56 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E32426		

DEPARTMENT OF RADIOLOGY

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

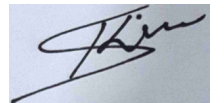
Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

---End Of The Report---



Dr. KIRAN SUDHARE
MBBS, DMRD
2016/06/1313
Radiology

Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Mr. SACHIN BHUJBAL
Age/Gender 33Y | Male
UHID CPIM.0000121567

Appt ID CPIMAPT396
Consult Date 17 Sep 2024
Order Bill ID CPIM-OCR-81994
Visit Display ID CPIMOPV167313

VITALS

Weight : 101.3Kgs
Pulse : 74 BPM
BP : 140 / 82 MmHg
Temperature : 98 °F

Height : 181Cms
Spo2 : 98%
Respiratory Rate : 18 BPM

Patient Name	: Mr. SACHIN BHUJBAL	Age	: 33Yrs 1Mths 22Days
UHID	: CPIM.0000121567	OP Visit No.	: CPIMOPV167313
Printed On	: 16-09-2024 06:56 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E32426		

DEPARTMENT OF RADIOLOGY

Liver Muldly enlarged in size(17 cms.) and **bright** echo texture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

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

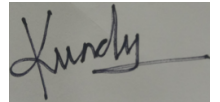
Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

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

**IMPRESSION: -
GRADE II FATTY LIVER**

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

---End Of The Report---



Dr.KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
2010/10/3031
Radiology

MR. SACHIN, BHUJAL

Patient ID: 121567

14.09.2024

9:15:02

Male 181 cm 101 kg

33 yrs

Exercise Test / 12SL Report

APOLLO CLINIC

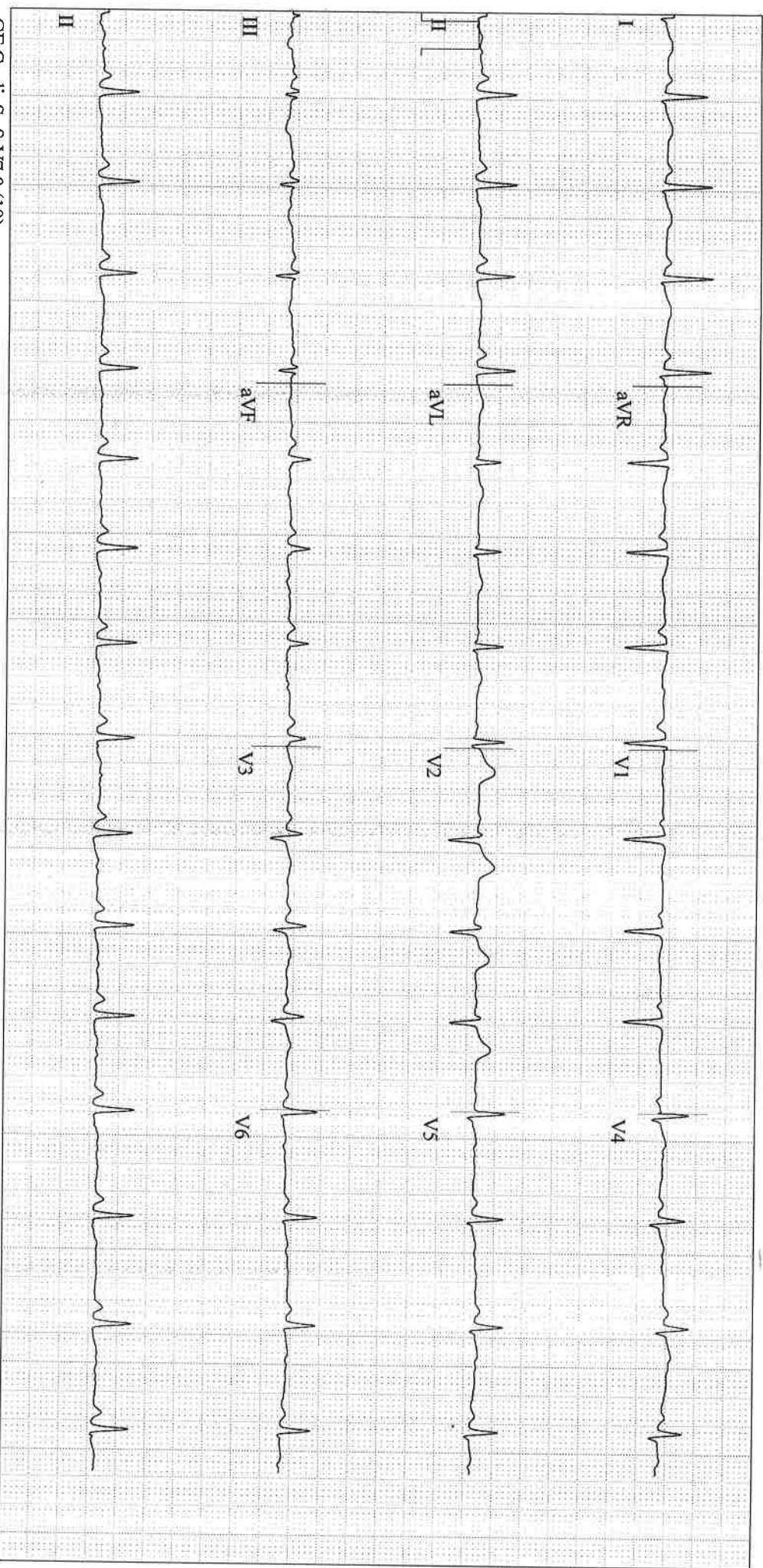
140/80 mmHg

Normal sinus rhythm with sinus arrhythmia
Nonspecific T wave abnormality
Abnormal ECG

Vent. Rate	92 bpm
PR interval	132 ms
QRS duration	76 ms
QT / QTc	350 / 432 ms
P-R-T axes	56 / 20 / 3°
P duration	100 ms
RR interval	652 ms

Technician MOHINI
Medication:

Dr. Anand Kalaskar
 MBBS, MD, PGDEDM,
 Reg. No. 2017051576
 General Physician & Diabetologist



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ 12SL V23

Patient ID: 121567
 14.09.2024 Male 181 cm 101 kg
 9:15:02 33 yrs
 Meds:

Test Reason:
 Medical History:

Ref MD: Ordering MD:
 Technician: MOHINI Test Type:
 Comment:

BRUCE: Exercise Time 08:01
 Max HR: 169 bpm 90% of max predicted 187 bpm HR at rest: 90
 Max BP: 160/90 mmHg BP at rest: 140/80 Max RPP: 23660 mmHg*bpm
 Maximum Workload: 10.00 METS
 Max ST: -0.19 mV, 0.14 mV/s in ~~ft~~ EXERCISE STAGE 3 6:59
 Arrhythmia: A:10, PSVC:1
 ST/HR index: 2.50 μ V/bpm
 ST/HR slope: 2.13 μ V/bpm (II)
 HR reserve used: 78 %
 HR recovery: 35 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: 0.009 mV (V2)
 QRS duration: BASELINE: 86 ms, PEAK EX: 80 ms, REC: 82 ms
 Room:
 Location: * 0 *

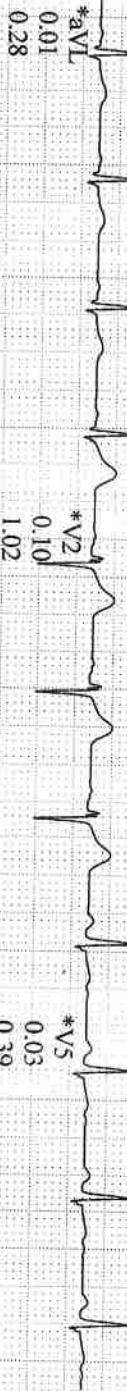
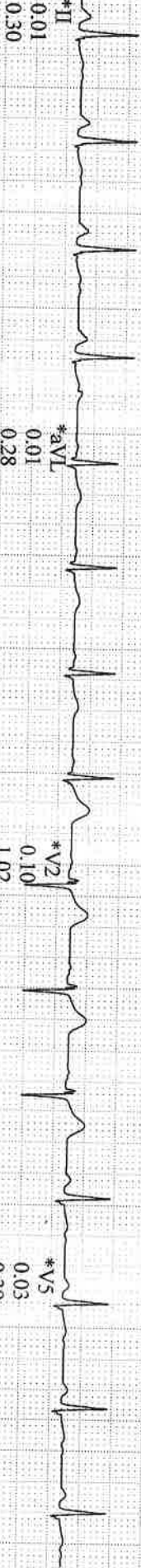
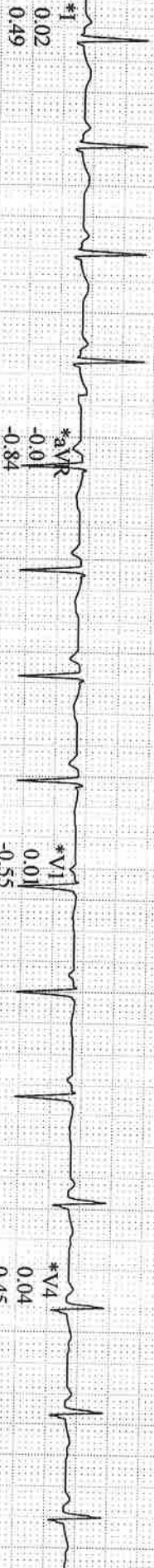
Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bpm]	VE [/min]	ST Level II [mV]	Comment
PRETEST	SUPINE	00:04	0.00	0.00	1.0	88	140/80	12320	0	0.02	
	STANDING	00:06	0.00	0.00	1.0	86	140/80	12040	0	0.01	
	HYPERV.	00:03	0.00	0.00	1.0	88	140/80	12320	0	0.01	
EXERCISE	WARM-UP	00:16	0.00	0.00	1.0	109	140/80	15260	0	0.01	
	STAGE 1	03:00	2.70	10.00	4.6	127	140/80	17780	0	0.00	
	STAGE 2	03:00	4.00	12.00	7.0	153	140/80	21420	0	-0.10	
RECOVERY	STAGE 3	02:01	5.40	14.00	10.0	166	140/80	23240	0	-0.19	
		02:05	0.00	0.00	1.0	123	160/90	19680	0	-0.04	

Negative
NO ST-T changes

kg

Dr. Anand Kalaskar
 MBBS, MD, PGDEDM,
 Reg. No. 2017051576
 General Physician & Diabetologist

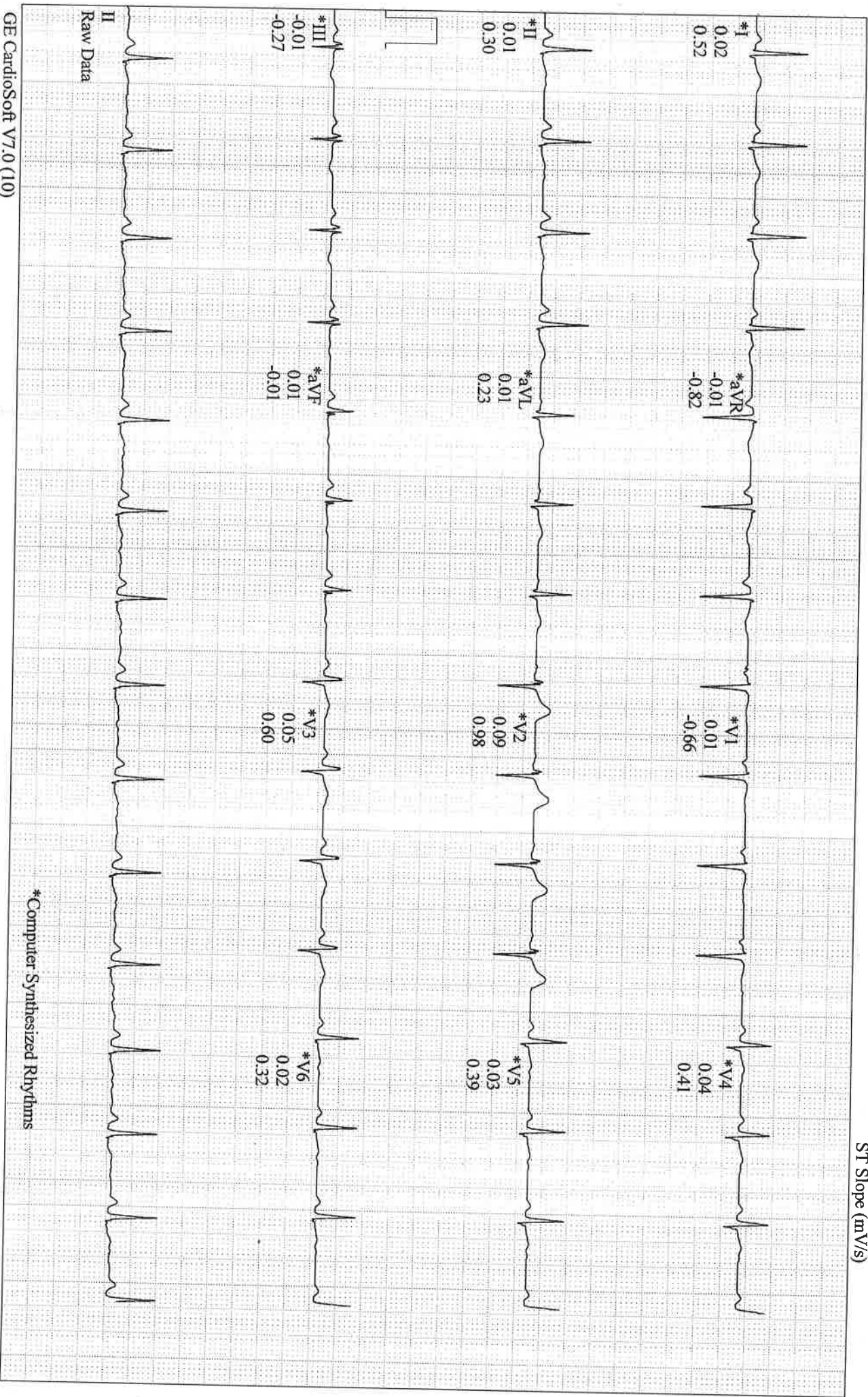
Lead
ST Level (mV)
ST Slope (mV/s)



*Computer Synthesized Rhythms

86 bpm
140/80 mmHg

Lead
ST Level (mV)
ST Slope (mV/s)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRR+ HR(Q,V2)

Start of Test: 9:15:02

M.R. SACHIN, BHUJBAL

Patient ID: 121567

14.09.2024

9:15:14

Male 181 cm 101 kg

33 yrs

Exercise Test / Linked Medians

PRETEST

HYPERV.

00:11

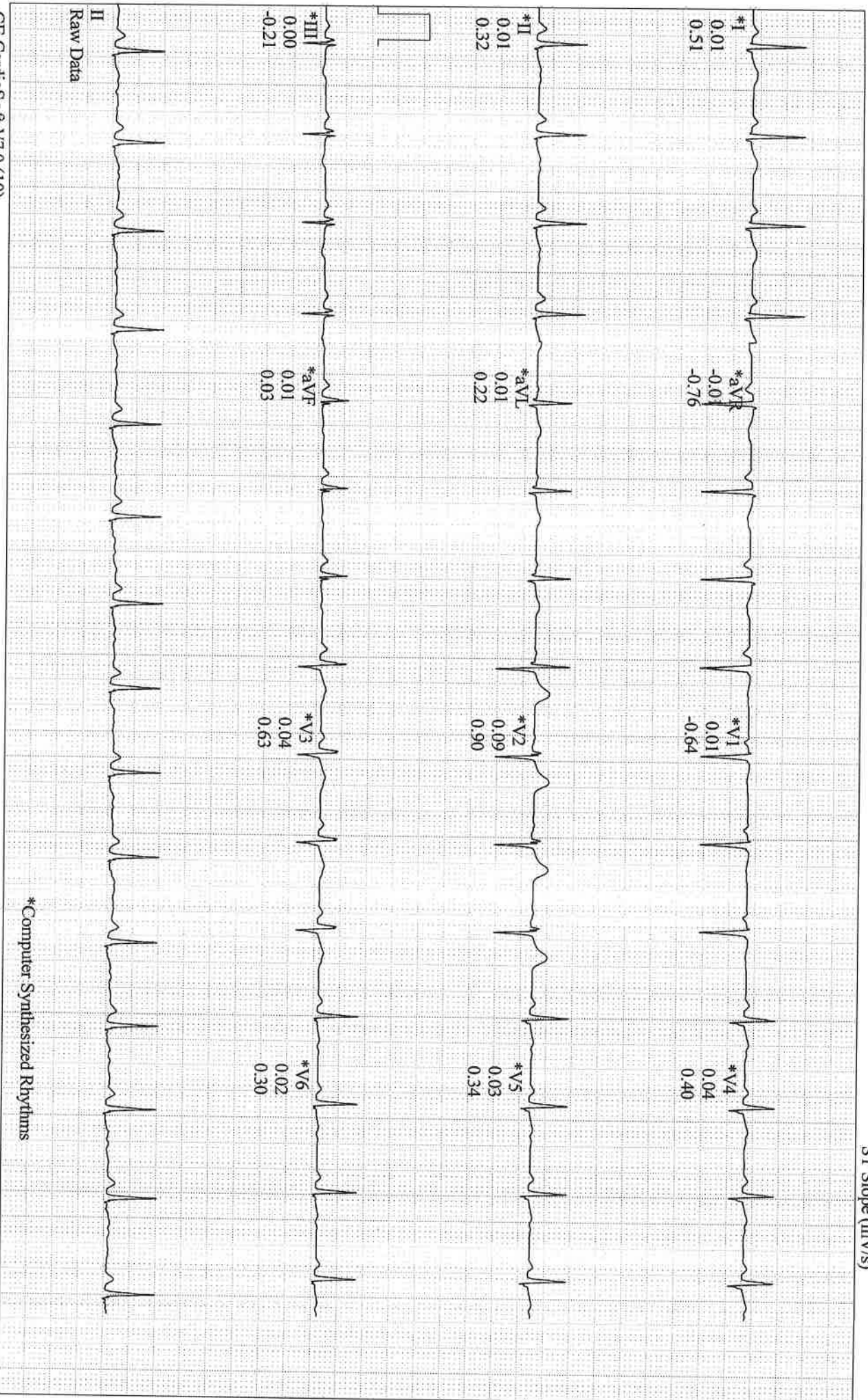
BRUCE

0.0 km/h

0.0 %

APOLLO CLINIC

Lead
ST Level (mV)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Raw Data

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(Q, V2)

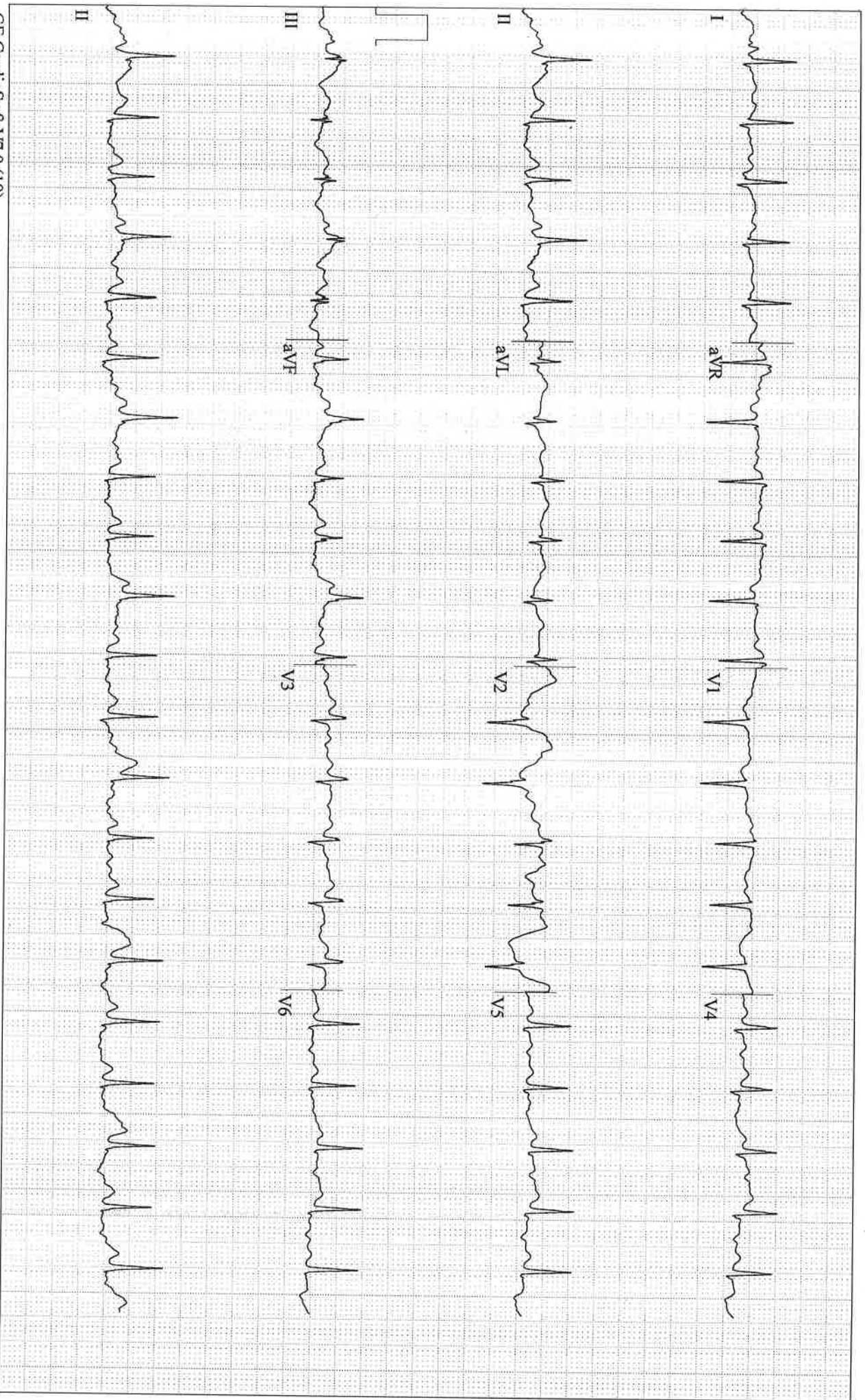
Start of Test: 9:15:02

M.R. SACHIN , BHUJBAL
Patient ID: 121567
14.09.2024 Male 181 cm 101 kg
9:18:26 33 yrs

Exercise Test / 12-Lead Report
EXERCISE
STAGE 1
133 bpm
140/80 mmHg
02:50

BRUCE
2.7 km/h
10.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(Q, V2)

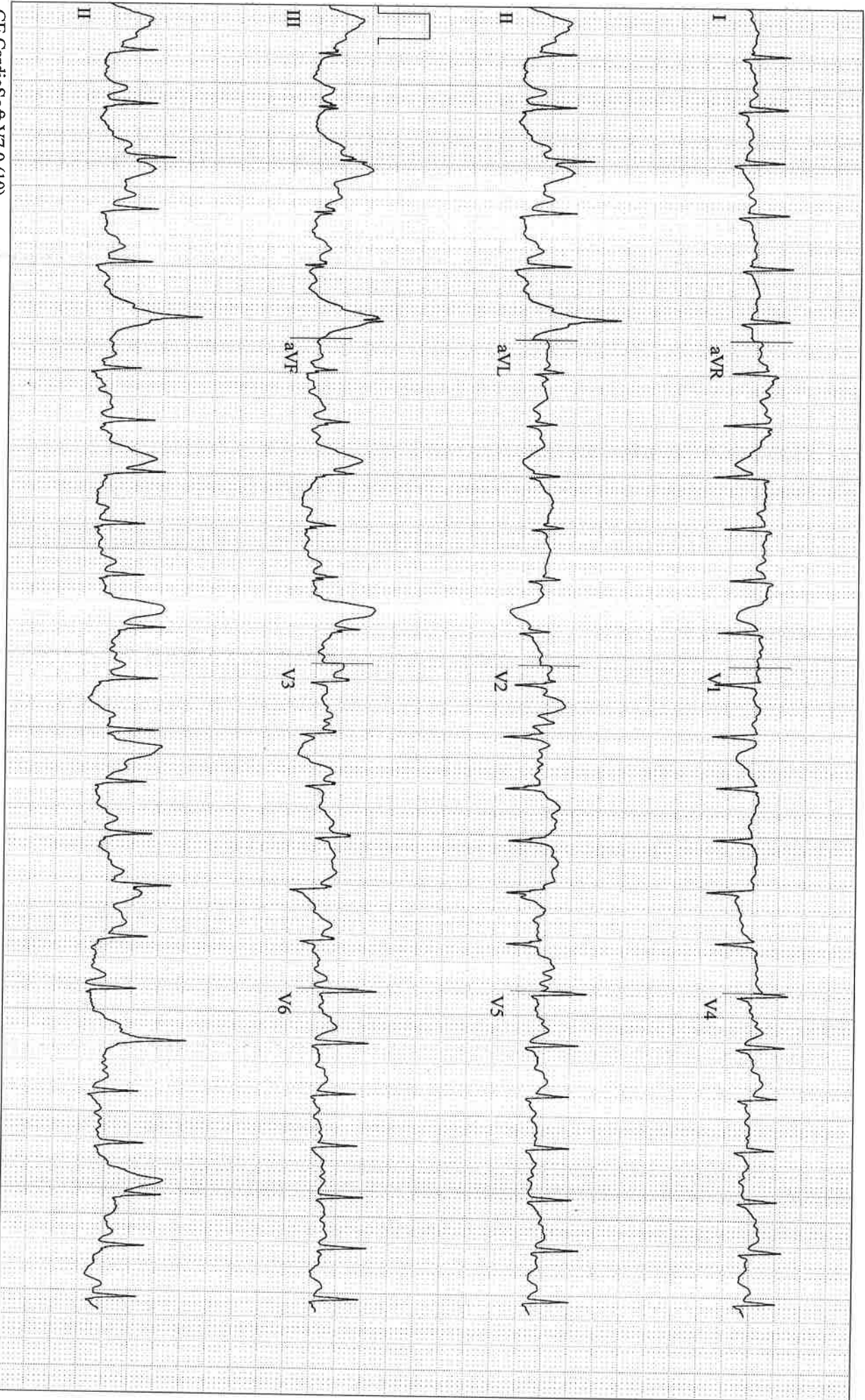
Start of Test: 9:15:02

MIR SACHIN, BHUJAL
Patient ID: 121567
14.09.2024 Male 181 cm 101 kg
9:21:26 33 yrs

Exercise Test / 12-Lead Report
EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(Q,V2)

Start of Test: 9:15:02

MR. SACHIN, BHUBAL

Patient ID: 121567

14.09.2024

9:23:32

Male 181 cm 101 kg

33 yrs

Exercise Test / Linked Medians (PEAK EXERCISE)

EXERCISE

STAGE 3

08:01

BRUCE

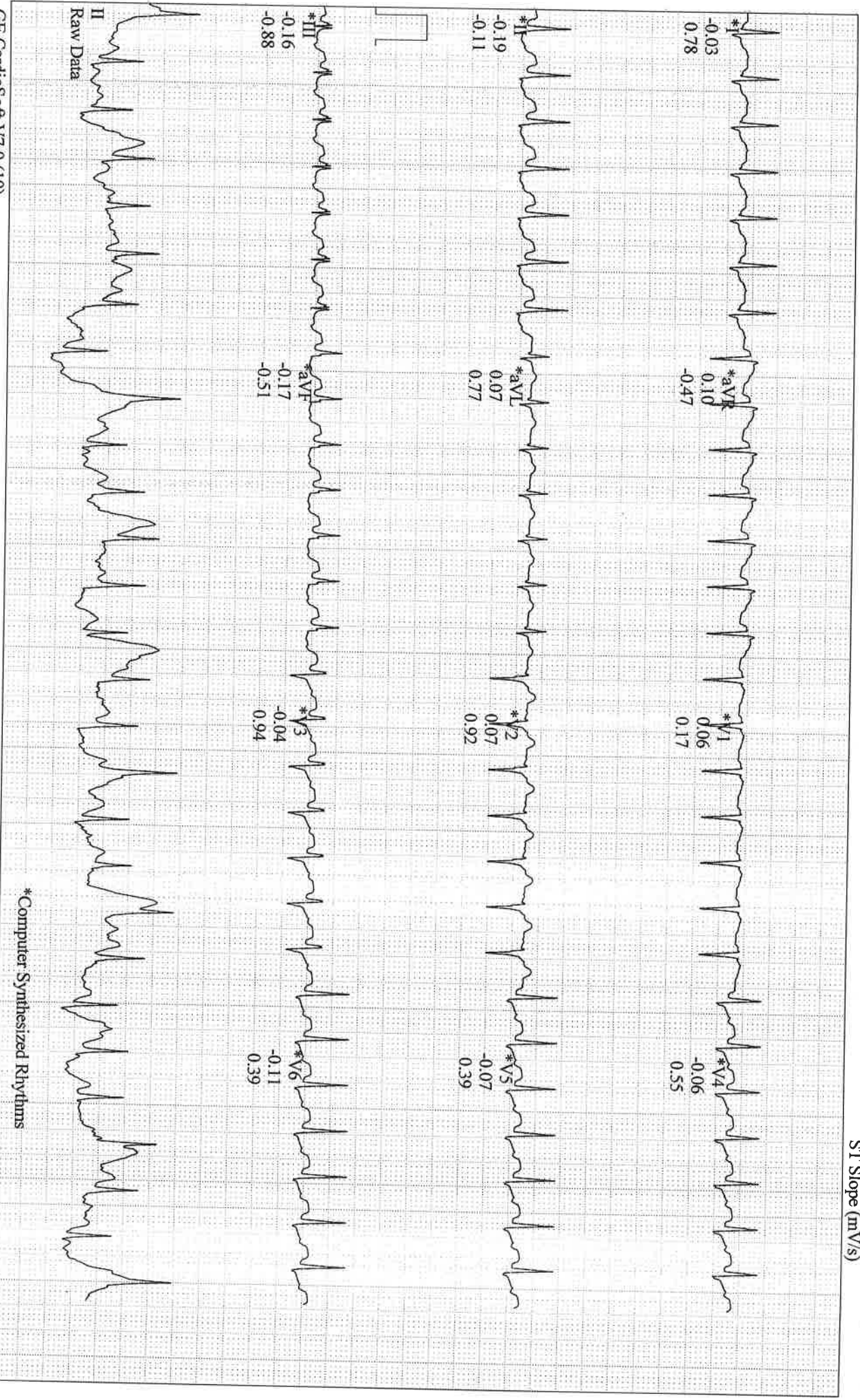
5.4 km/h

14.0 %

APOLLO CLINIC

166 bpm
140/80 mmHg

Lead
ST Level (mV)
ST Slope (mV/s)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(Q,V2)

*Computer Synthesized Rhythms

Start of Test: 9:15:02

M.R. SACHIN, BHUJBAL

Patient ID: 121567

14.09.2024

9:24:27

Male 181 cm 101 kg

33 yrs

Exercise Test / 12-Lead Report

RECOVERY

#1

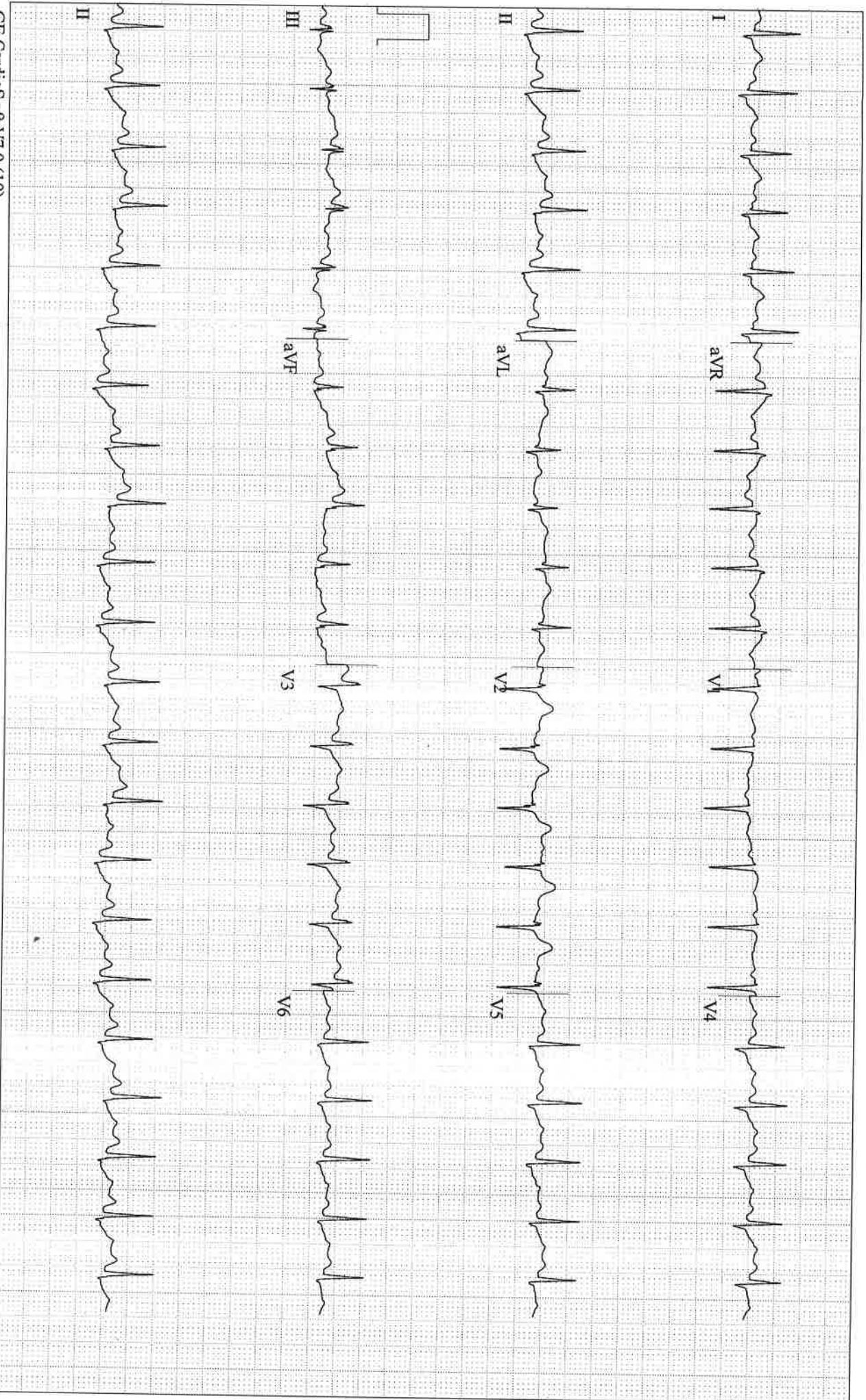
00:50

BRUCE

0.0 km/h

0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(Q, V2)

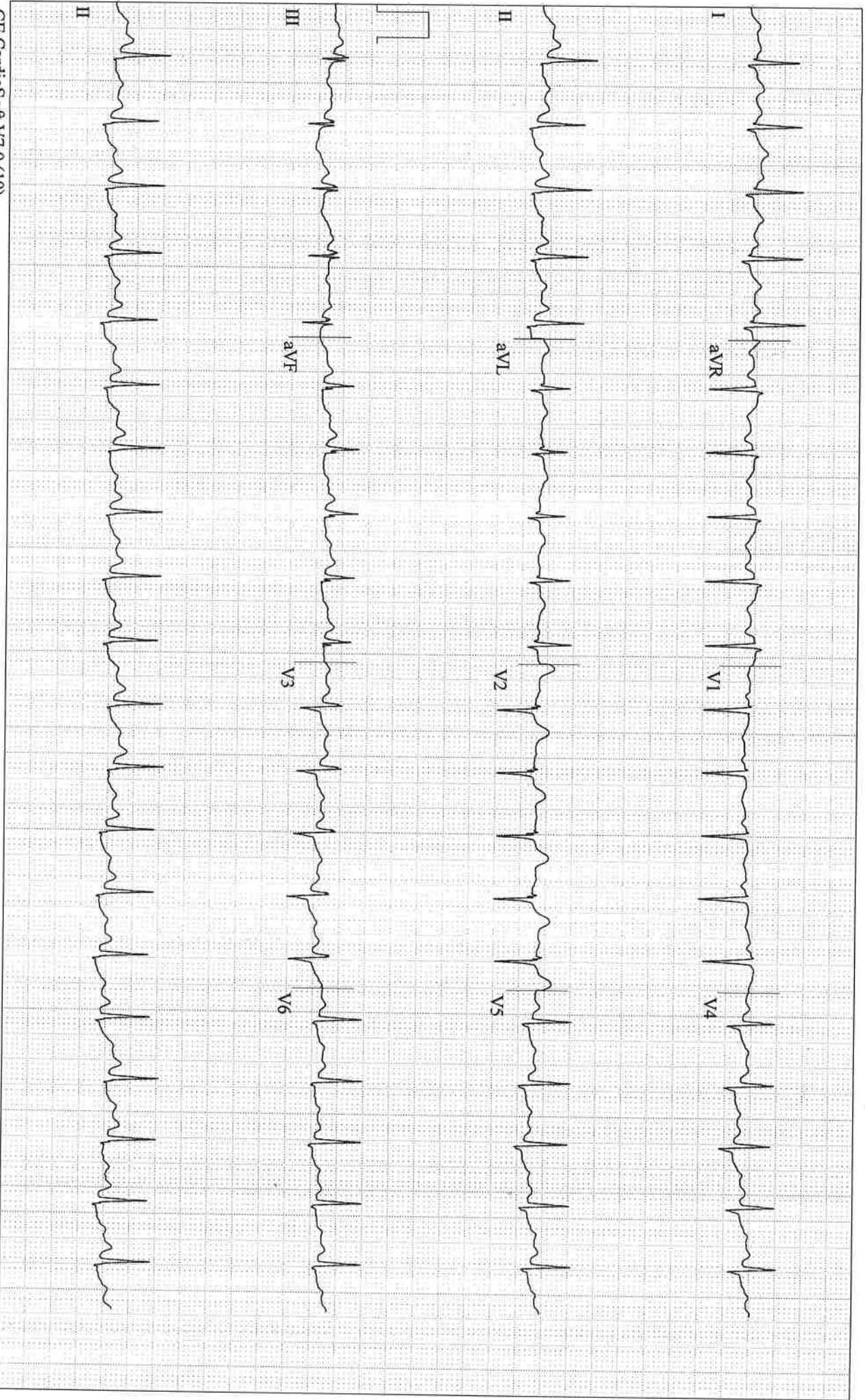
Start of Test: 9:15:02

MIR. SACHIN, BHUJBAL
Patient ID: 121567
14.09.2024 Male 181 cm 101 kg
9:25:27 33 yrs

Exercise Test / 12-Lead Report
RECOVERY #1
125 bpm
160/90 mmHg
01:50

BRUCE
0.0 km/h
0.0 %

APOLLO CLINIC

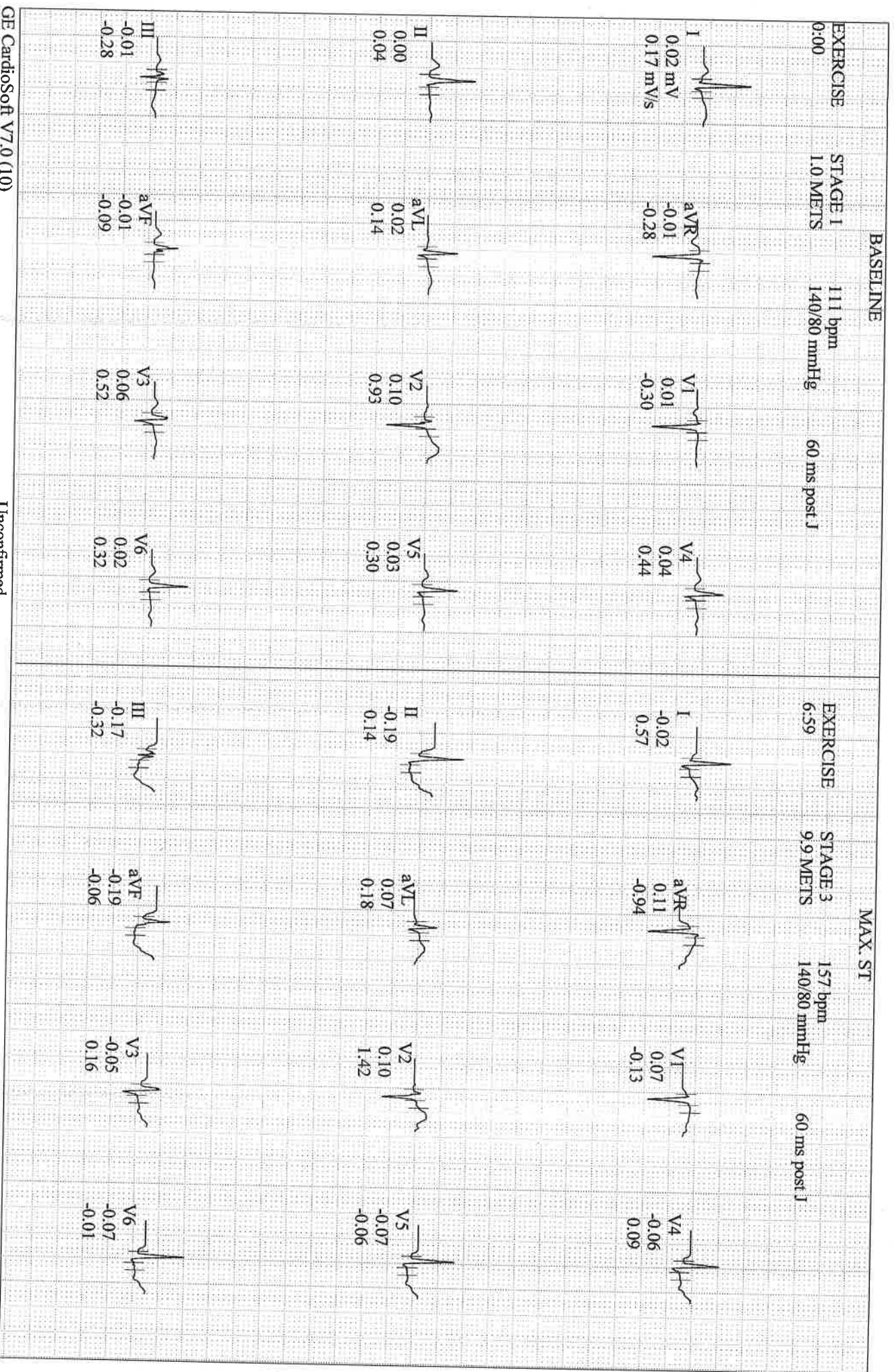


GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(I,V2)

Start of Test: 9:15:02

MR. SACHIN , BHUJAL
 Patient ID: 121567
 14.09.2024 Male 181 cm 101 kg
 9-15-02 33 yrs

Exercise Test / Graded Exercise Summary Report



GE CardioSoft V7.0 (10)
 25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1

Unconfirmed

Attending MD:

Patient ID: 121567

14.09.2024

Male 181 cm 101 kg

9:15:02

33 yrs

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 111 bpm 140/80 mmHg	6:59 157 bpm 140/80 mmHg	8:01 166 bpm 140/80 mmHg	1:58 126 bpm 160/90 mmHg	0:00 111 bpm 140/80 mmHg	6:59 157 bpm 140/80 mmHg	8:01 166 bpm 140/80 mmHg	1:58 126 bpm 160/90 mmHg
I 0.02 mV 0.17 mV/s	I -0.02 0.57	I -0.01 0.68	I -0.02 0.38	V1 0.01 -0.30	V1 0.07 -0.13	V1 0.06 0.32	V1 0.03 -0.26
II 0.00 0.04	II -0.19 0.14	II -0.19 -0.38	II -0.06 0.32	V2 0.10 0.93	V2 0.10 1.42	V2 0.06 1.26	V2 0.03 0.91
III -0.01 -0.28	III -0.17 -0.32	III -0.17 -1.11	III -0.04 -0.16	V3 0.06 0.52	V3 -0.05 0.16	V3 -0.04 0.85	V3 -0.01 0.60
aVR -0.01 -0.28	aVR 0.11 -0.94	aVR 0.10 -0.22	aVR 0.04 -0.53	V4 0.04 0.44	V4 -0.06 0.09	V4 -0.06 0.53	V4 -0.03 0.33
aVL 0.02 0.14	aVL 0.07 0.18	aVL 0.08 0.86	aVL 0.01 0.23	V5 0.03 0.30	V5 -0.07 -0.06	V5 -0.07 0.39	V5 -0.03 0.25
aVF -0.01 -0.09	aVF -0.19 -0.06	aVF -0.18 -0.69	aVF -0.04 0.07	V6 0.02 0.32	V6 -0.07 -0.01	V6 -0.11 0.17	V6 -0.04 0.11

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1

Unconfirmed

Attending MD:



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम
Name : **Mr. Sachin A Bhujbal**
कर्मचारी कूट क्र.
E.C.No. : **163777**



जारीकर्ता प्राधिकारी
Issuing Authority
Chief Manager (HRM)
Pune Zone

धारक के हस्ताक्षर
Signature of Holder

Nigdi Apolloclinic

From: noreply@apolloclinics.info
Sent: 02 September 2024 01:54 PM
To: Sbhujbal26@rediffmail.com
Cc: Nigdi Apolloclinic; Prachi Deore; Syamsunder M
Subject: Your appointment is confirmed



Dear MR. BHUJBAL SACHIN ASHOK,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **NIGDI(PIMPRI) clinic** on **2024-09-03** at **08:15-08:30**.

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

"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.

MR. Sachin Bhuiyal

Age. 331m

Date. 13/10/24

Height : 181	Weight : 101.3	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 140/82

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

A/P: ~~A~~ joint pain

Δ- plantar fasciitis.

F/H:- Mother & father - DM.

P/H: N/A

Allergies :- Not known

Ady

W/D, B12,
Sz cat.

O/G

RS
C/CB
P/A
CNS } NAD

Singh

Follow up date:

Doctor Signature

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mr. Sachin Bhujbal on 16/09/2024

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

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

Dr. Sanrudhi Jadhav
Medical Officer *Dr. Sanrudhi Jadhav*
Apollo Clinic, (NIGDI) M.B.S.

This certificate is not meant for medico-legal purposes Reg. No 201901014.

Apollo Health and Lifestyle Limited

Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.8	g/dL	13-17	Spectrophotometer
PCV	51.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.91	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.7	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.7	%	40-80	Electrical Impedance
LYMPHOCYTES	36.1	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4642.87	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3180.41	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	766.47	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.05	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.46		0.78- 3.53	Calculated
PLATELET COUNT	288000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC Predominantly Normocytic Normochromic with Microcytes+

WBC are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.



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



SIN No: PPR240901217

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

Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



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

SIN No:PPR240901217

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



Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF HAEMATOLOGY

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



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

SIN No: PPR240901217

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



Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF HAEMATOLOGY

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

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



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

SIN No: PPR240901217

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



Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:37PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 09:57PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	110	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:

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.



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

SIN No: PPR240901220

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



Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 11:36AM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 04:14PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 04:41PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	167	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.

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No: PPR240901133

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

Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000121567	Reported : 15/Sep/2024 01:52PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: PPR240901217

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



Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 09:38PM
UHID/MR No : CPIM.0000121567	Reported : 15/Sep/2024 07:17AM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	229	mg/dL	<200	CHO-POD
TRIGLYCERIDES	161	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	176	mg/dL	<130	Calculated
LDL CHOLESTEROL	143.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.13		<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. Sanjay Ingle
M.B.B.S.M.D(Pathology)
Consultant Pathologist

SIN No: PPR240901218

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



Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 09:38PM
UHID/MR No : CPIM.0000121567	Reported : 15/Sep/2024 07:17AM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.24	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.26	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.98	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	73.64	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	42.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	75.90	U/L	30-120	IFCC
PROTEIN, TOTAL	7.56	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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.

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



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



SIN No: PPR240901218

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

Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 09:38PM
UHID/MR No : CPIM.0000121567	Reported : 15/Sep/2024 07:17AM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.85	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.04	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.29	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.92	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.64	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.62	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.56	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
AVG RATIO	1.44		0.9-2.0	Calculated



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

SIN No: PPR240901218

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



Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 09:38PM
UHID/MR No : CPIM.0000121567	Reported : 15/Sep/2024 07:17AM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	97.31	U/L	<55	IFCC



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



SIN No: PPR240901218

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

Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:06PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 08:49PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.48	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.841	µIU/mL	0.34-5.60	CLIA

Comment:

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

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


DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist



SIN No:PPR240901222


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

Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:06PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 08:49PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist



SIN No:PPR240901222

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

Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:20PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 10:01PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	AMBER		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.026		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE+		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	POSITIVE+		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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.



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

SIN No: PPR240901219

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



Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 11:36AM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 05:32PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 06:36PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No: PPR240901132

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

Patient Name : Mr.SACHIN BHUJBAL	Collected : 14/Sep/2024 12:48PM
Age/Gender : 33 Y 1 M 19 D/M	Received : 14/Sep/2024 08:20PM
UHID/MR No : CPIM.0000121567	Reported : 14/Sep/2024 09:55PM
Visit ID : CPIMOPV167313	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32426	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



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



SIN No: PPR240901221

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name	: Mr. SACHIN BHUJBAL	Age	: 33Yrs 1Mths 21Days
UHID	: CPIM.0000121567	OP Visit No.	: CPIMOPV167313
Printed On	: 16-09-2024 12:26 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E32426		

DEPARTMENT OF RADIOLOGY

Liver Muldly enlarged in size(17 cms.) and **bright** echo texture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

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

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

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

IMPRESSION: -
GRADE II FATTY LIVER

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

---End Of The Report---



Dr.KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
2010/10/3031
Radiology

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 14.09.24

Patient Name *Sechin Bhujbal*

UHID:

Age / Sex: *33y 01M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N16</i>	<i>N16</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>—</i>	<i>—</i>

Plano BE

IMPRESSION: -

[Signature]
OPTOMETRIST

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointment: www.apolloclinic.com

MR. Sachin Bhuiwal

Age. 331m

Date. 13/10/24

Height : 181	Weight : 101.3	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 140/82

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

A/P: ~~A~~ joint pain

Δ. plantar fasciitis.

F/H:- Mother. & father - DM.

P/H: NS.

Allergies :- Not known

O/E

RS
C/Cs
P/A
CNS } NAD

Sachin

Ady

WAD, B12,
S2 cat.

Follow up date:

Doctor Signature

Name : Mr. SACHIN BHUJBAL

Age : 33Y 1M 19D

UHID : CPIM.0000121567

Address : P.C.N.T. Pune Maharashtra INDIA 411044

sex : Male



CPIM.0000121567

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT
PAN INDIA OP AGREEMENT

OP No: CPIMOPV167313

Bill No: CPIM-OCR-81994

Date: Sep 14th, 2024, 8:43 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324		
1	COMPLETE URINE EXAMINATION	Clinical Pathology	<input checked="" type="checkbox"/>
2	LIPID PROFILE	Biochemistry	<input checked="" type="checkbox"/>
3	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input checked="" type="checkbox"/>
4	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
5	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input checked="" type="checkbox"/>
6	URINE GLUCOSE(FASTING)	Clinical Pathology	<input checked="" type="checkbox"/>
7	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input checked="" type="checkbox"/>
8	CARDIAC STRESS TEST(TMT)	Cardiology	<input type="checkbox"/>
9	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
10	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
11	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
12	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
13	DIET CONSULTATION	General	<input type="checkbox"/>
14	LIVER FUNCTION TEST (LFT)	Biochemistry	<input checked="" type="checkbox"/>
15	DENTAL CONSULTATION	Consultation	<input type="checkbox"/>
16	ECG	Cardiology	<input type="checkbox"/>
17	ENT CONSULTATION	Consultation	<input type="checkbox"/>
18	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:00am	Biochemistry	<input type="checkbox"/>
19	GLUCOSE, FASTING	Biochemistry	<input checked="" type="checkbox"/>
20	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input checked="" type="checkbox"/>
21	PERIPHERAL SMEAR	Haematology	<input checked="" type="checkbox"/>
22	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input checked="" type="checkbox"/>
23	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	<input checked="" type="checkbox"/>
24	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>

Vit D } 2599/-
Vit B12 }

vit D
vit B12
Se Ca+

done

Physio - 500 - 2000

101.3
48
140/82

129/92

BMI - 30.9