

Patient Name : Mr.BALWANT KUMAR	Collected : 14/Sep/2024 10:35AM
Age/Gender : 48 Y 0 M 15 D/M	Received : 14/Sep/2024 03:05PM
UHID/MR No : CAUN.0000145657	Reported : 14/Sep/2024 04:04PM
Visit ID : CAUNOPV176825	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



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

SIN No:AUH240900987

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



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	48.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.39	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.4	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,160	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.5	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	0.9	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2863.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1806	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	46.44	Cells/cu.mm	20-500	Calculated
MONOCYTES	433.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.59		0.78- 3.53	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324


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DEPARTMENT OF HAEMATOLOGY

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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

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

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Patient Name : Mr.BALWANT KUMAR	Collected : 14/Sep/2024 10:35AM
Age/Gender : 48 Y 0 M 15 D/M	Received : 14/Sep/2024 02:10PM
UHID/MR No : CAUN.0000145657	Reported : 14/Sep/2024 03:07PM
Visit ID : CAUNOPV176825	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	142	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.


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SIN No:AUH240900983

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Patient Name : Mr.BALWANT KUMAR	Collected : 14/Sep/2024 12:59PM
Age/Gender : 48 Y 0 M 15 D/M	Received : 14/Sep/2024 04:49PM
UHID/MR No : CAUN.0000145657	Reported : 14/Sep/2024 06:55PM
Visit ID : CAUNOPV176825	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	210	mg/dL	70-140	HEXOKINASE

Comment:

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



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SIN No:AUH240901066

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UHID/MR No : CAUN.0000145657	Reported : 15/Sep/2024 02:14PM
Visit ID : CAUNOPV176825	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	163	mg/dL		Calculated


Comment:

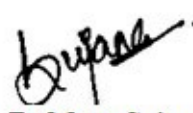
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

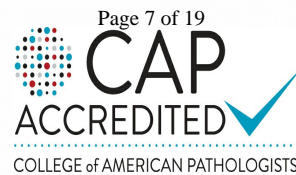
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


 Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

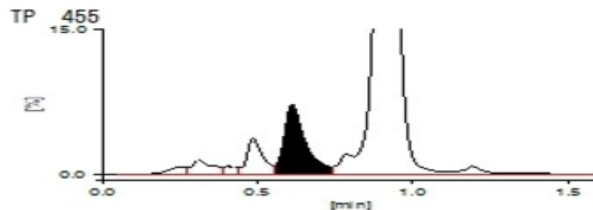
Chromatogram Report

HLC72368 V5.28 1 2024-09-15 13:48:32
 ID AUH240900988
 Sample No. 09150138 SL 0008 - 03
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.25	11.04
A1B	1.2	0.31	23.44
F	0.4	0.41	8.44
LA1C+	2.2	0.48	45.63
SA1C	7.3	0.61	119.04
AO	90.2	0.91	1829.62
H-V0			
H-V1			
H-V2			

Total Area 2037.21

HbA1c 7.3 % IFCC 56 mmol/mol
HbA1 9.0 % HbF 0.4 %



Maruthi...
 Dr.E.Maruthi Prasad
 PhD (Biochemistry)
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Sujana...
 Dr.Matta Sujana Reddy
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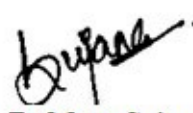


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	122	mg/dL	<200	CHO-POD
TRIGLYCERIDES	58	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	71	mg/dL	<130	Calculated
LDL CHOLESTEROL	58.92	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.65	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.36		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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 ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.26	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.98	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	80.86	U/L	30-120	IFCC
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	41.04	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	19.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.42	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.05	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.54	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.85	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.59	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.331	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

Page 15 of 19


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SIN No:AUH240900989

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





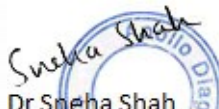
Certificate No: MC-5697

Patient Name	: Mr.BALWANT KUMAR	Collected	: 14/Sep/2024 10:35AM
Age/Gender	: 48 Y 0 M 15 D/M	Received	: 14/Sep/2024 02:53PM
UHID/MR No	: CAUN.0000145657	Reported	: 14/Sep/2024 04:39PM
Visit ID	: CAUNOPV176825	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:AUH240900989

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



Patient Name : Mr.BALWANT KUMAR	Collected : 14/Sep/2024 10:35AM
Age/Gender : 48 Y 0 M 15 D/M	Received : 14/Sep/2024 02:53PM
UHID/MR No : CAUN.0000145657	Reported : 14/Sep/2024 04:33PM
Visit ID : CAUNOPV176825	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.160	ng/mL	0-4	CLIA



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

SIN No:AUH240900989

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



Patient Name : Mr.BALWANT KUMAR	Collected : 14/Sep/2024 10:35AM
Age/Gender : 48 Y 0 M 15 D/M	Received : 14/Sep/2024 02:45PM
UHID/MR No : CAUN.0000145657	Reported : 14/Sep/2024 03:38PM
Visit ID : CAUNOPV176825	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.012		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE++++		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		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	0 - 1	/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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH240900984

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



Patient Name : Mr.BALWANT KUMAR	Collected : 14/Sep/2024 10:35AM
Age/Gender : 48 Y 0 M 15 D/M	Received : 14/Sep/2024 02:17PM
UHID/MR No : CAUN.0000145657	Reported : 14/Sep/2024 02:43PM
Visit ID : CAUNOPV176825	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

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

*** End Of Report ***

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:AUH240900986

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



Patient Name : Mr.BALWANT KUMAR
Age/Gender : 48 Y 0 M 15 D/M
UHID/MR No : CAUN.0000145657
Visit ID : CAUNOPV176825
Ref Doctor : Self
Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 10:35AM
Received : 14/Sep/2024 02:17PM
Reported : 14/Sep/2024 02:43PM
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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH240900986

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



Patient Name	: Mr. BALWANT KUMAR	Age	: 48Yrs 16Days
UHID	: CAUN.0000145657	OP Visit No.	: CAUNOPV176825
Printed On	: 14-09-2024 08:34 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

CHEST RADIOGRAPH PA VIEW

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

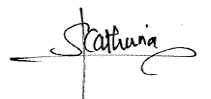
Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.

---End Of The Report---



Dr.SUHAS KATHURIA
MBBS,DMRE
2015/04/2158
Radiology

Patient Name	: Mr. BALWANT KUMAR	Age	: 48Yrs 16Days
UHID	: CAUN.0000145657	OP Visit No.	: CAUNOPV176825
Printed On	: 14-09-2024 09:29 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

USG ABDOMEN & PELVIS

Liver appears normal in size and **shows enhanced in echotexture.**

No focal lesion is seen. PV and CBD are normal.

No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal.

No evidence of peri-GB collection. No evidence of focal lesion is seen.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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

Right Kidney is -9.8 x 5.2 cm. **Left Kidney is** - 10.6 x 5.5 cm.

Both Kidneys are normal in size and echotexture.

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 echotexture. No evidence of calcification seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

IMPRESSION :


Grade I fatty liver.

No other significant abnormality seen.

Suggest – clinical correlation.

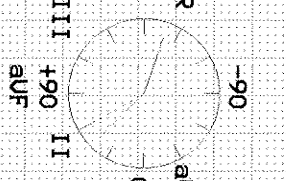
(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, not valid for medico legal purpose.

---End Of The Report---



Dr.SUHAS KATHURIA
MBBS,DMRE
2015/04/2158
Radiology

Measurement Results:
QRS : 94 ms
QT/QTcb : 330 / 413 ms
PR : 124 ms
P : 96 ms
RR/PP : 640 / 640 ms
P/ORS/T : 60/-160/ 45 degrees
QTd/QTcBD : 26 / 33 ms
Sokolow : 12 mV
NK : 12

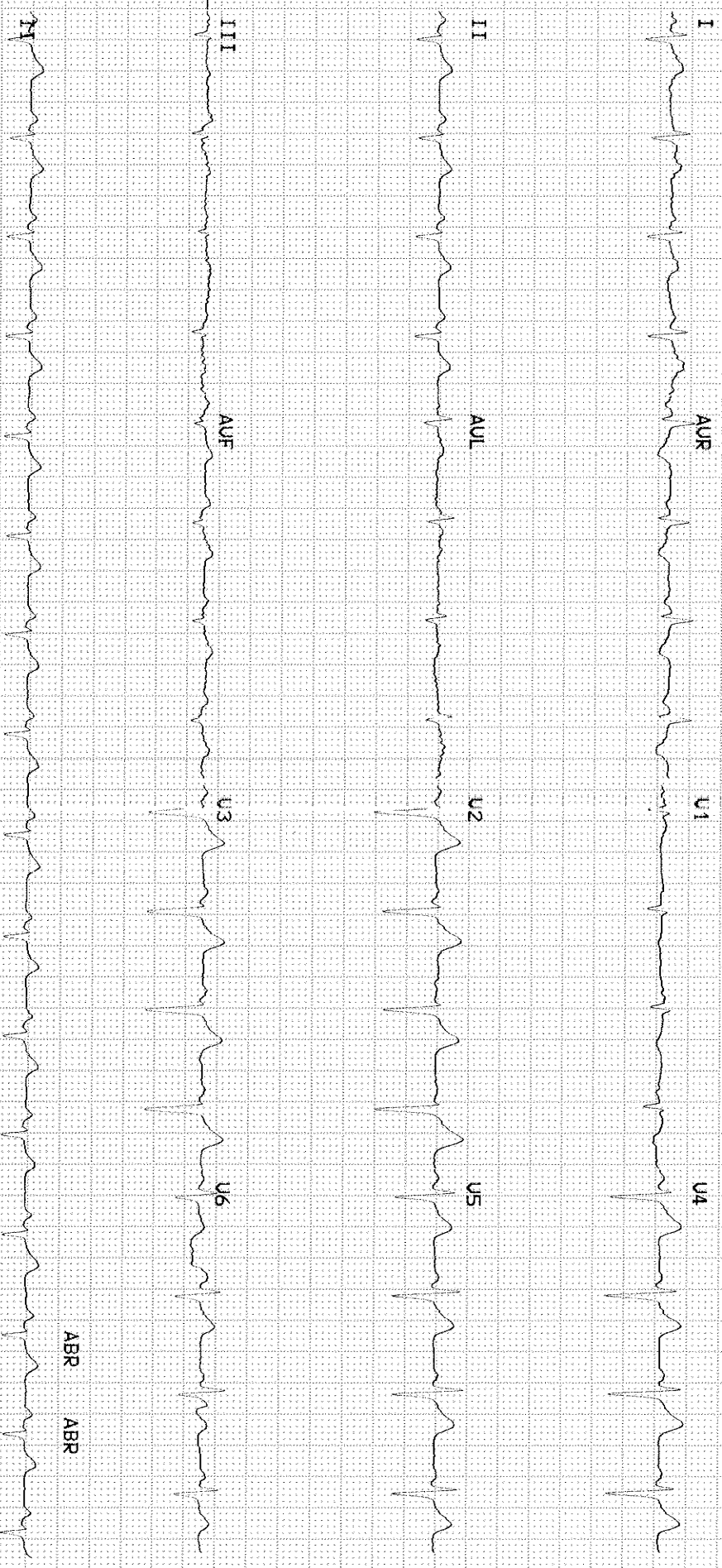


Interpretation:
< P
< T
< QRS
Q wave (inferior)
probably MI (anterior)
right axis deviation
no R/S inversion up to V6
probably abnormal ECG

L.A.D.
- Sinus Rhythm

APOLLO GENIC - AUNDH
DR. PRANJAN K. AUNDI
M.D. (GEN. PHYSICIAN)
Family Physician
Reg. No. 2019083582/2022

Unconfirmed report.



BALWANT, KUMAR

Exercise Test / Tabular Summary

APOLLO CLINIC AUNDH

Patient ID: 145657

14.09.2024 Male 173 cm 79 kg

1:33:25pm 48 yrs Indian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 09:01

Max HR: 173 bpm 100 % of max predicted 172 bpm HR at rest: 83

Max BP: 160/90 mmHg Max RPP: 25650 mmHg*bpm

Maximum Workload: 10.10 METS

Max. ST: -0.65 mm, 0.73 mV/s in V5; EXERCISE STAGE 3 8:59

ST/HR index: 0.66 μ V/bpm

HR reserve used: 101 %

HR recovery: 26 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.025 mV (III)

QRS duration: BASELINE: 86 ms, PEAK EX: 86 ms, REC: 88 ms

Summary:

HR Response to Exercise: THR ACHIVED.

Room:

Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [/min]	ST Level V5 [mm]	Comment
PRETEST	SUPINE	00:14	0.00	0.00	1.0	85			0	0.60	
	STANDING	00:13	0.00	0.00	1.0	84			0	0.55	
	HYPERV.	00:24	0.00	0.00	1.0	98			0	0.65	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	129	110/80	14190	0	0.55	
	STAGE 2	03:00	2.50	12.00	7.0	150	120/80	18000	0	-0.05	
	STAGE 3	03:00	3.40	14.00	10.1	173	130/90	22490	0	-0.55	
	STAGE 4	00:02	4.10	14.00	10.1	173		22490	0	-0.60	
RECOVERY		02:05	0.00	0.00	1.0	127	150/80	19050	0	0.85	

Stress test negative

APOLLO CLINIC - AUNDH

Dr. PRIYANKA LADI

MBBS

Family Physician

Reg. No: 2019065008/2024

BALWANT, KUMAR

Exercise Test / 12SL Report

Patient ID: 145657

14.09.2024 Male 173 cm 79 kg

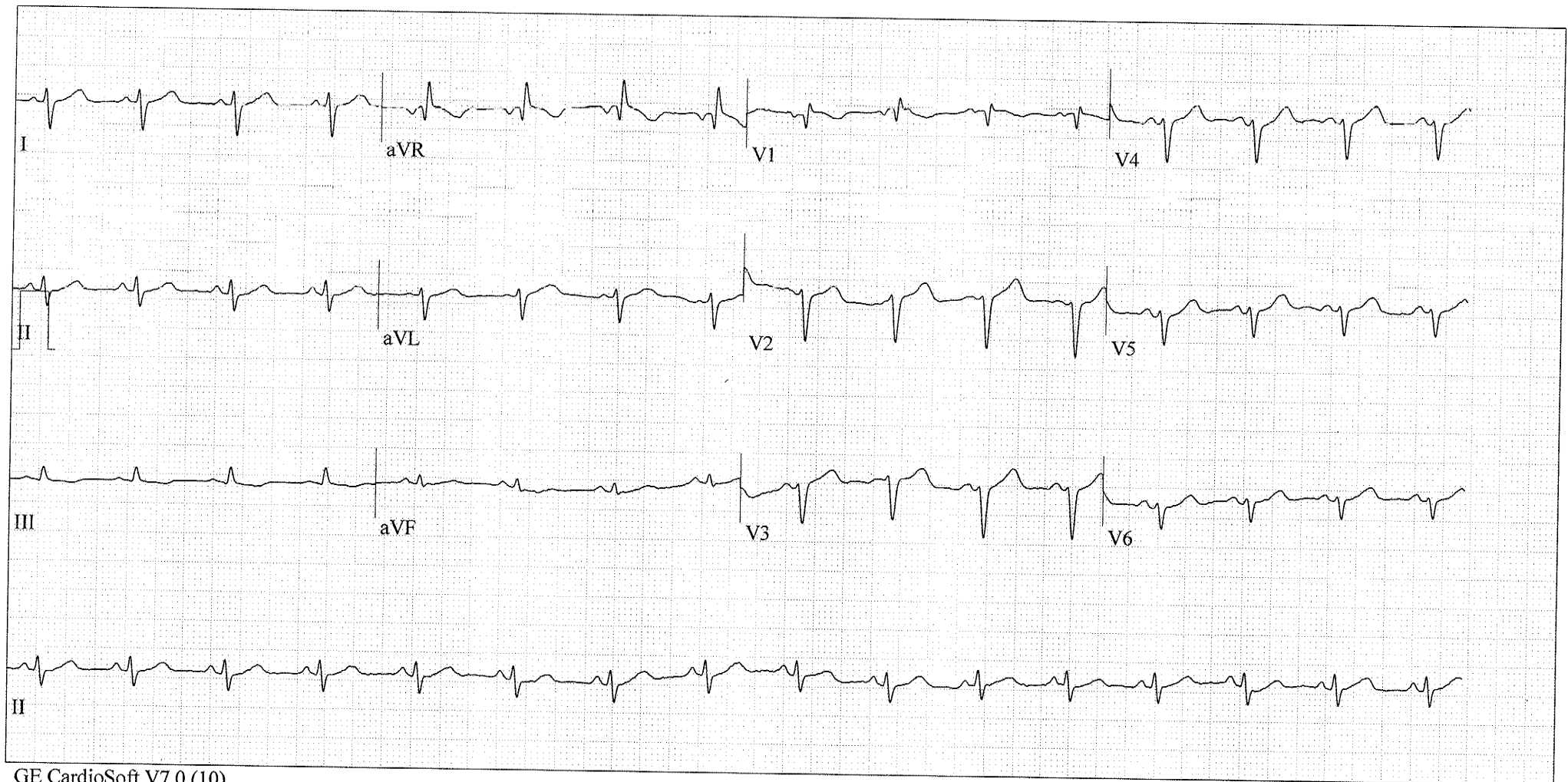
1:31:01pm 48 yrs Indian

110/80 mmHg

Vent. Rate 94 bpm
PR interval 120 ms
QRS duration 80 ms
QT / QTc 332 / 415 ms
P-R-T axes 43 / 146 / 21°
P duration 92 ms
RR interval 636 ms

Normal sinus rhythm
Right axis deviation
Anterior infarct , age undetermined
Abnormal ECG

Technician
Medication:



BALWANT, KUMAR

Patient ID: 145657

14.09.2024 Male 173 cm 79 kg

1:33:36pm 48 yrs Indian

Exercise Test / Linked Medians

PRETEST

SUPINE

00:11

BRUCE

0.0 mph

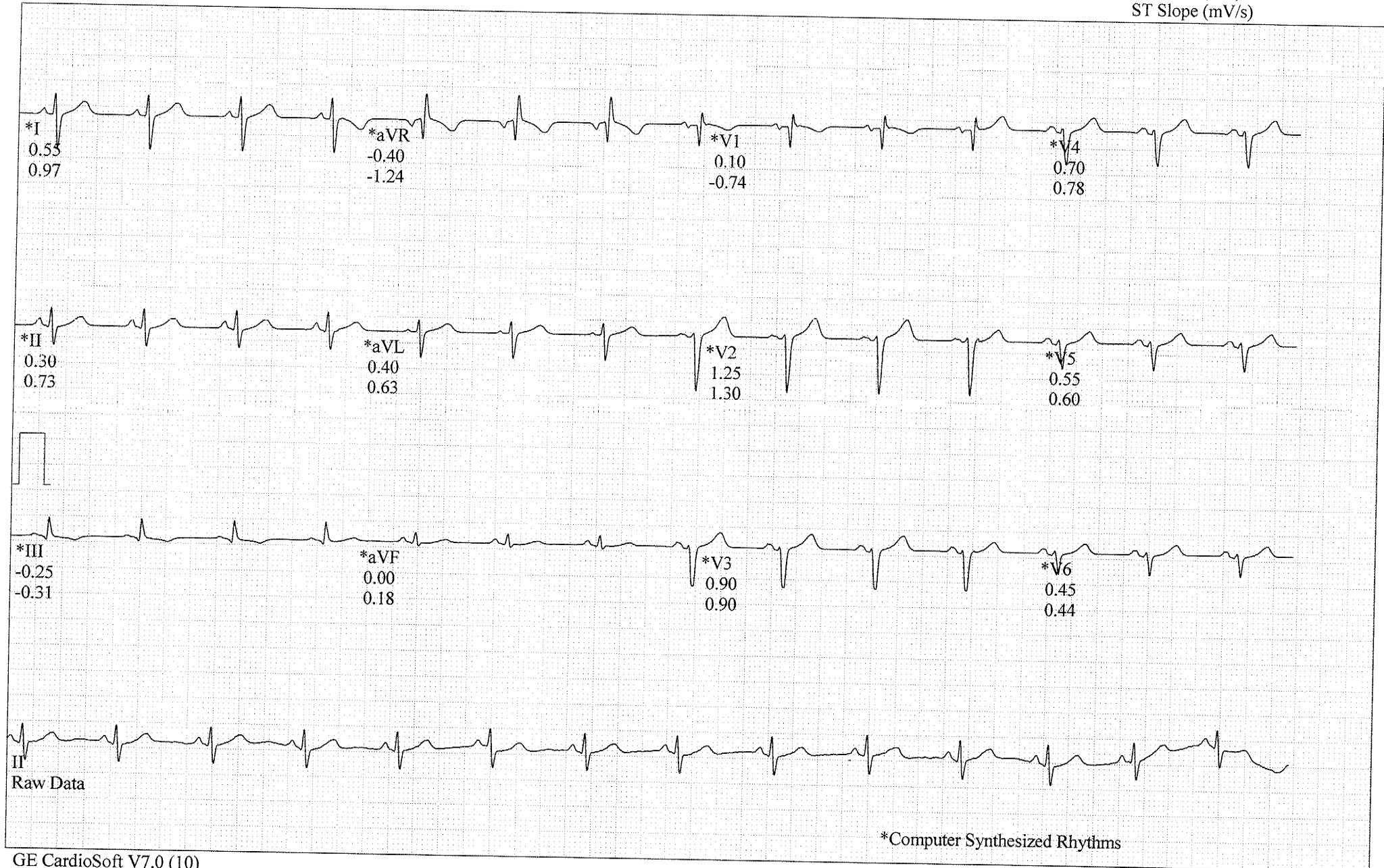
0.0 %

APOLLO CLINIC AUNDH

Lead

ST Level (mm)

ST Slope (mV/s)



BALWANT, KUMAR

Patient ID: 145657

14.09.2024 Male 173 cm 79 kg

1:33:48pm 48 yrs Indian

Exercise Test / Linked Medians

PRETEST

STANDING

00:23

BRUCE

0.0 mph

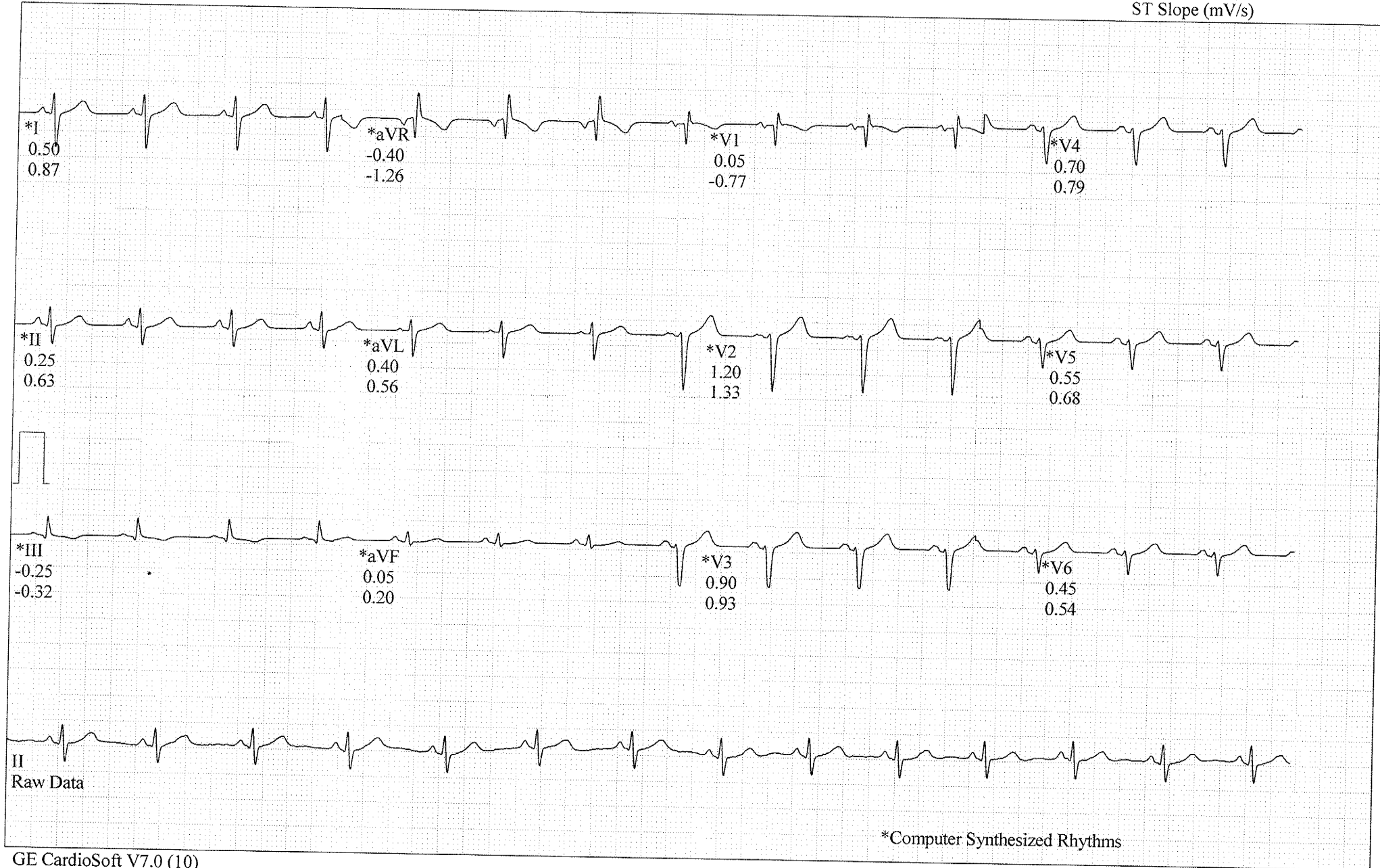
0.0 %

APOLLO CLINIC AUNDH

Lead

ST Level (mm)

ST Slope (mV/s)



BALWANT, KUMAR

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 145657

PRETEST

BRUCE

14.09.2024 Male 173 cm 79 kg

88 bpm

HYPERV.

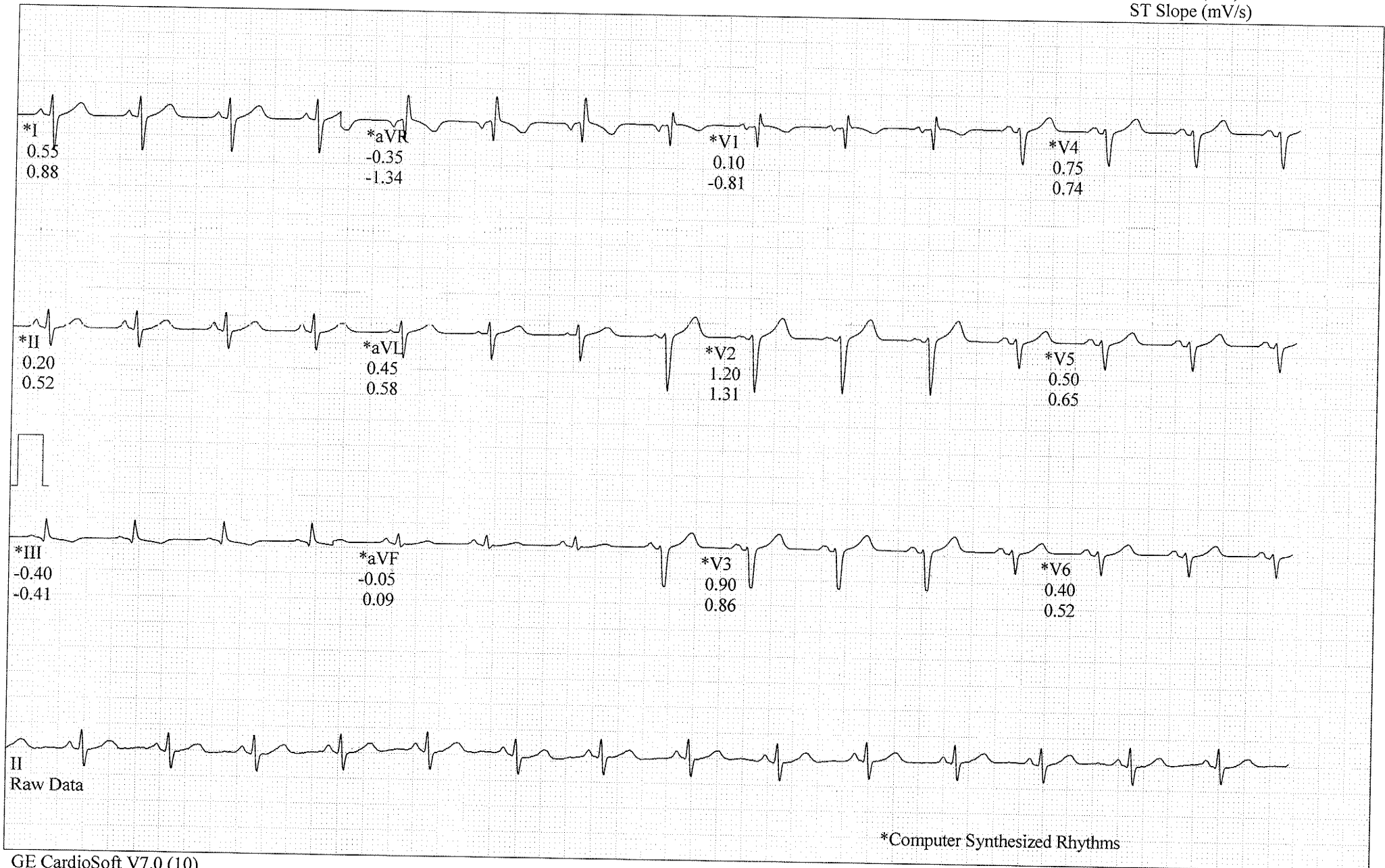
0.0 mph

1:34:00pm 48 yrs Indian

00:35

0.0 %

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



BALWANT, KUMAR

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 145657

EXERCISE

BRUCE

14.09.2024 Male 173 cm 79 kg

129 bpm

STAGE 1

1.7 mph

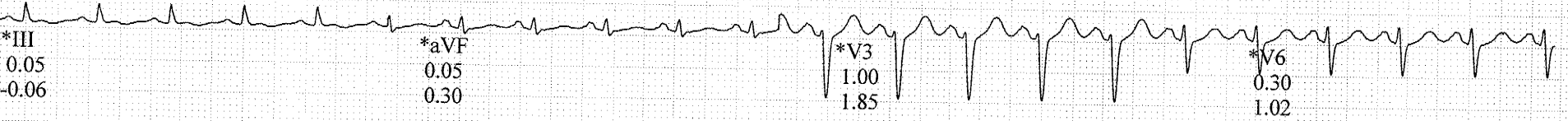
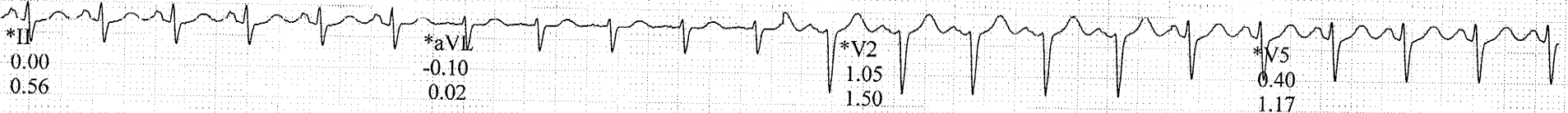
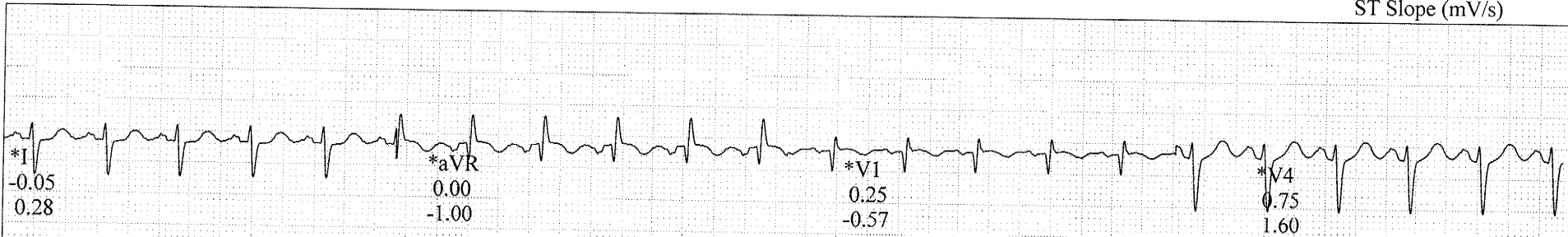
1:37:04pm 48 yrs Indian

110/80 mmHg

02:50

10.0 %

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



*Computer Synthesized Rhythms

BALWANT, KUMAR

Patient ID: 145657

14.09.2024 Male 173 cm 79 kg
1:40:04pm 48 yrs Indian

Exercise Test / Linked Medians

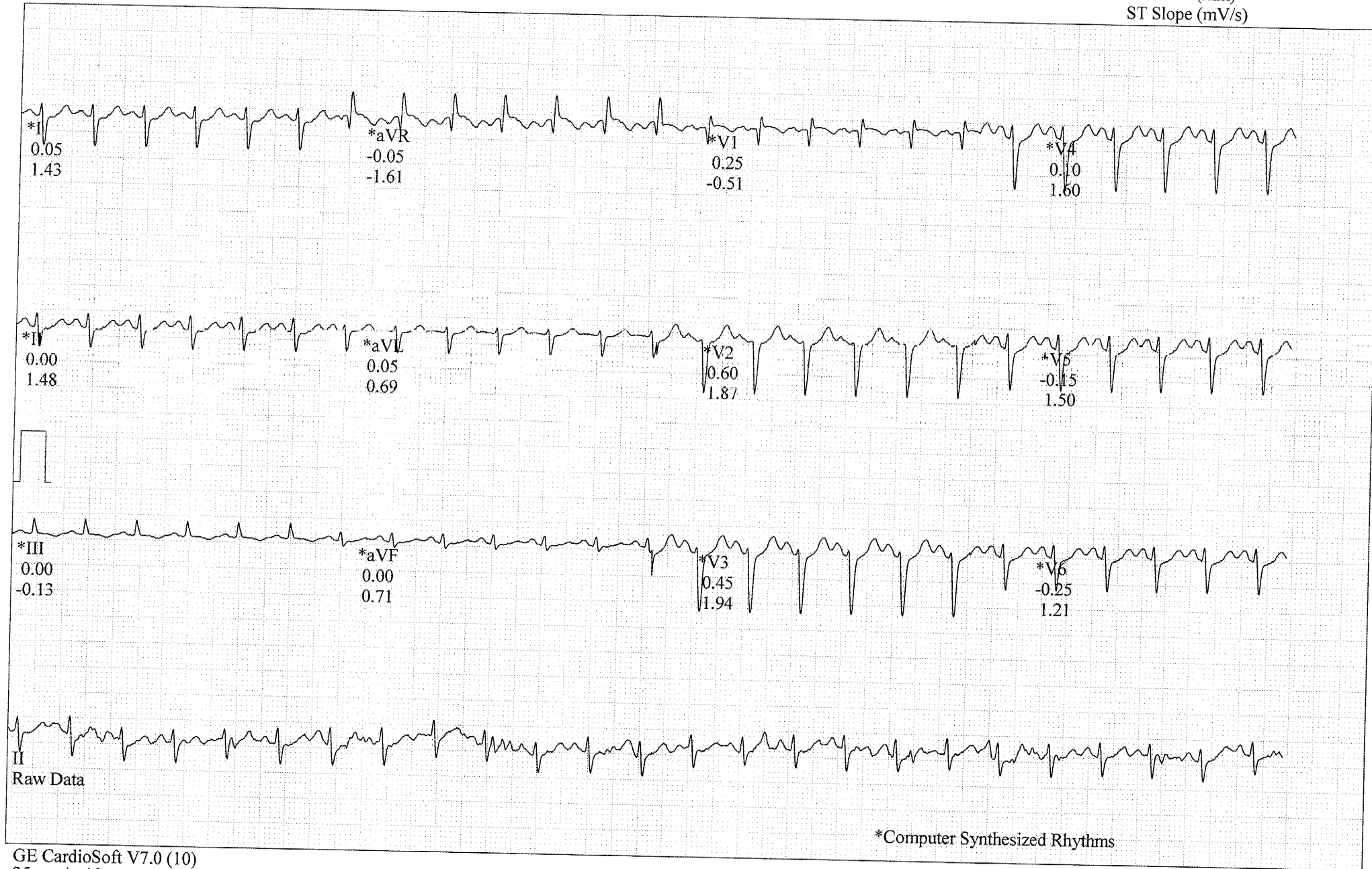
150 bpm

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

APOLLO CLINIC AUNDH

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



*Computer Synthesized Rhythms

BALWANT, KUMAR

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 145657

14.09.2024 Male 173 cm 79 kg

1:43:04pm 48 yrs Indian

173 bpm

130/90 mmHg

EXERCISE

STAGE 3

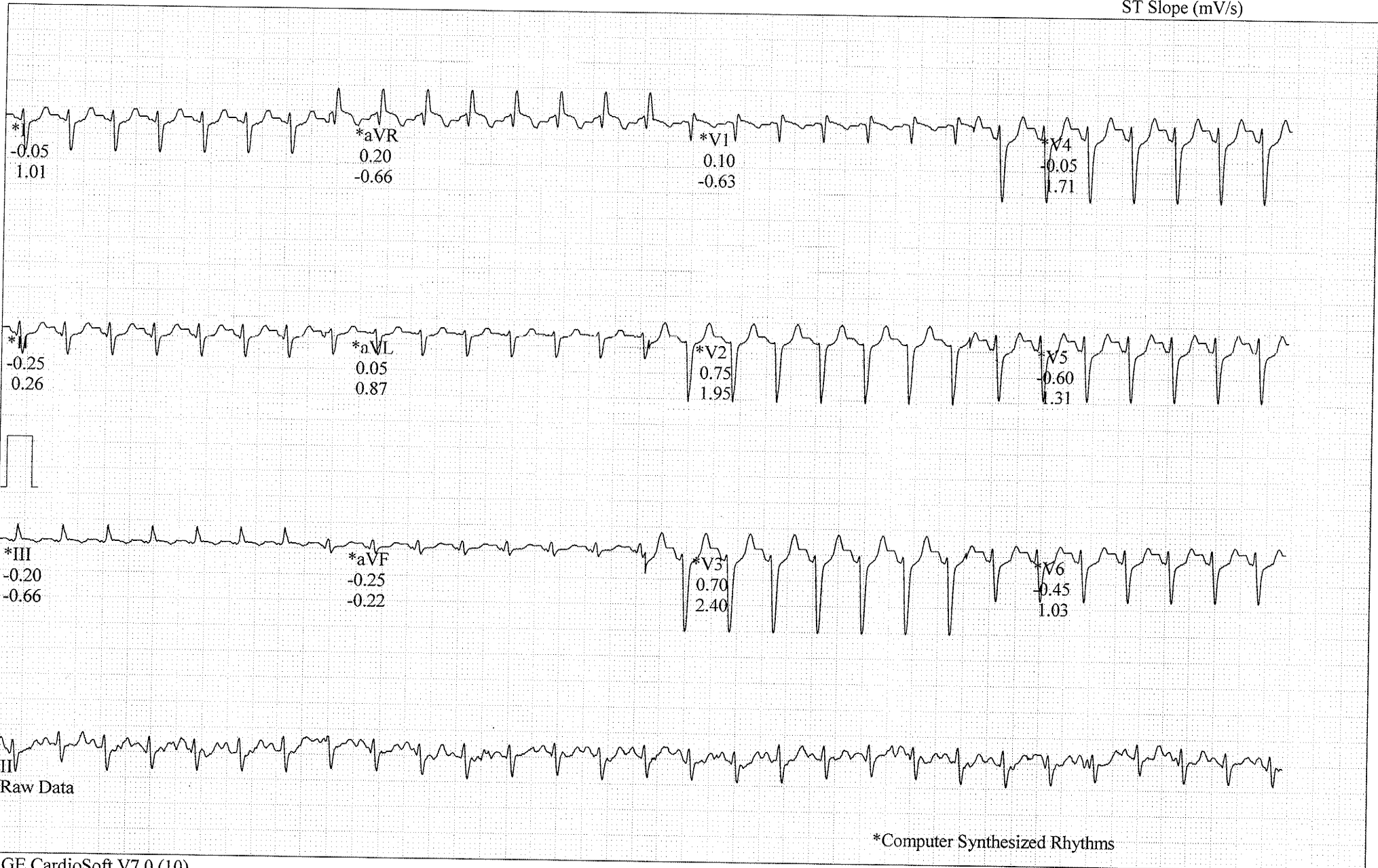
08:50

BRUCE

3.4 mph

14.0 %

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



BALWANT, KUMAR

Patient ID: 145657

14.09.2024 Male 173 cm 79 kg

1:43:16pm 48 yrs Indian

Exercise Test / Linked Medians (PEAK EXERCISE)

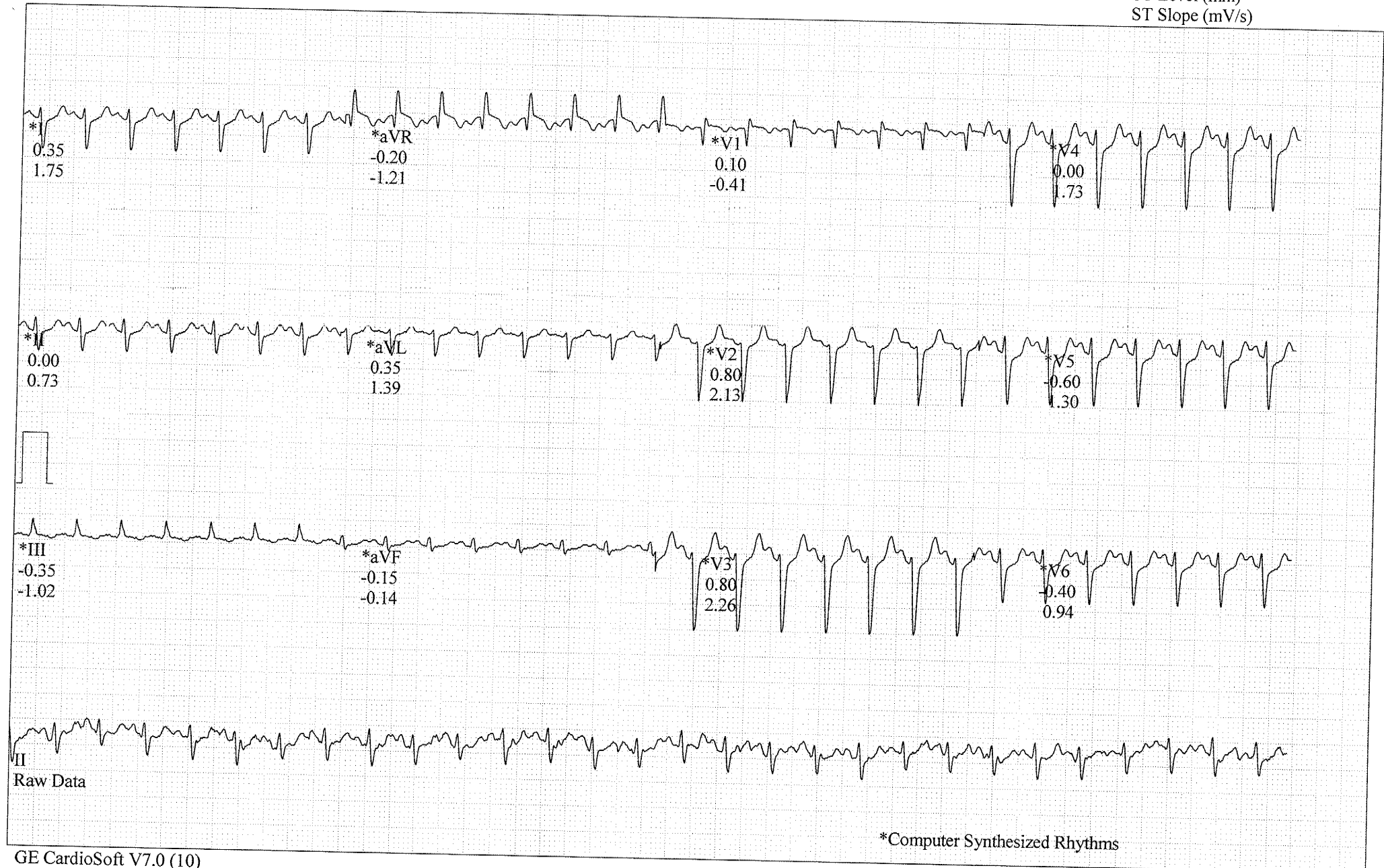
173 bpm
130/90 mmHg

EXERCISE
STAGE 4
09:02

BRUCE
4.1 mph
14.0 %

APOLLO CLINIC AUNDH

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



*Computer Synthesized Rhythms

BALWANT, KUMAR

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 145657

RECOVERY

BRUCE

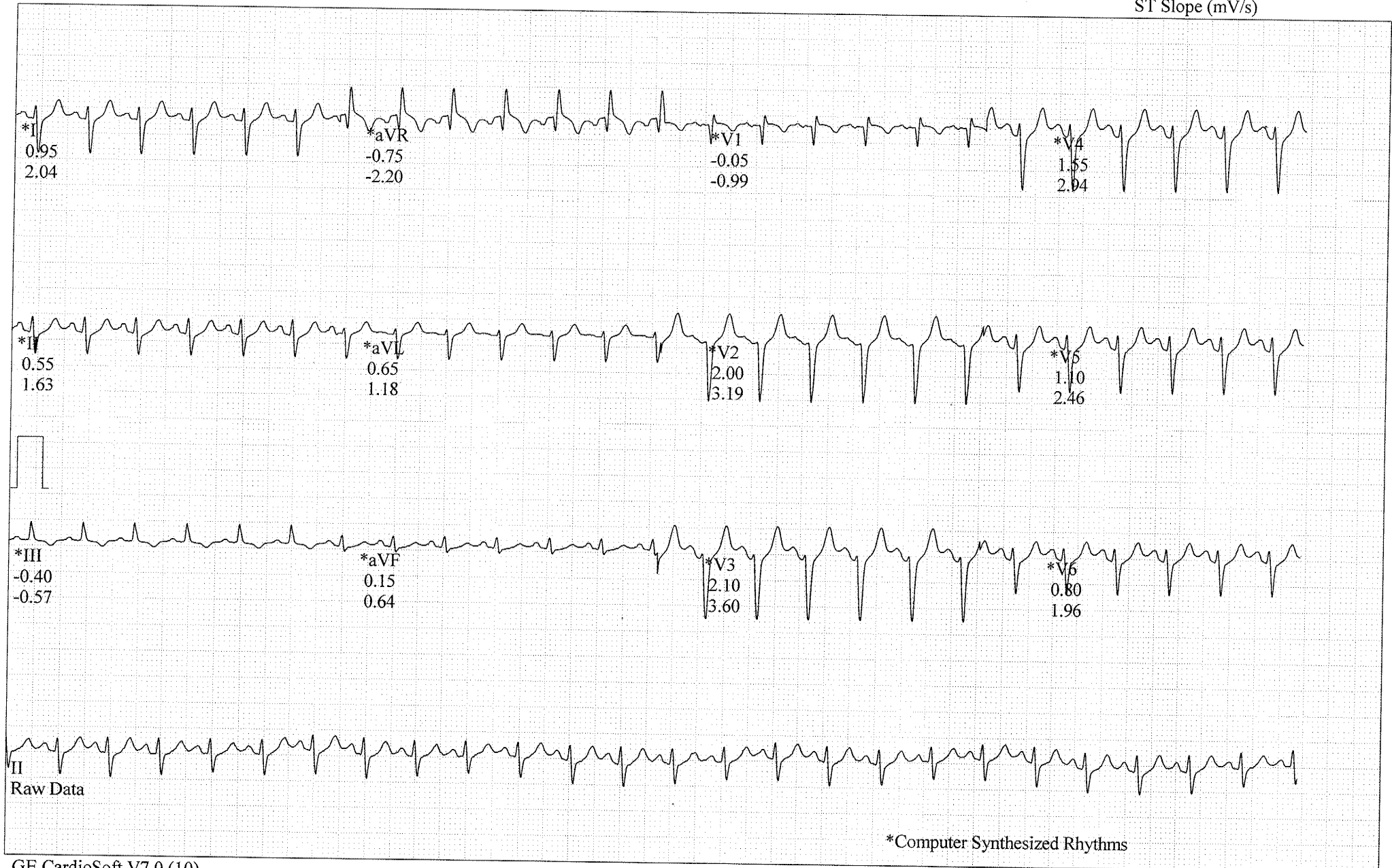
14.09.2024 Male 173 cm 79 kg

150 bpm
150/90 mmHg

#1
00:50

0.0 mph
0.0 %

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



BALWANT, KUMAR

Patient ID: 145657

14.09.2024 Male 173 cm 79 kg
1:45:05pm 48 yrs Indian

Exercise Test / Linked Medians

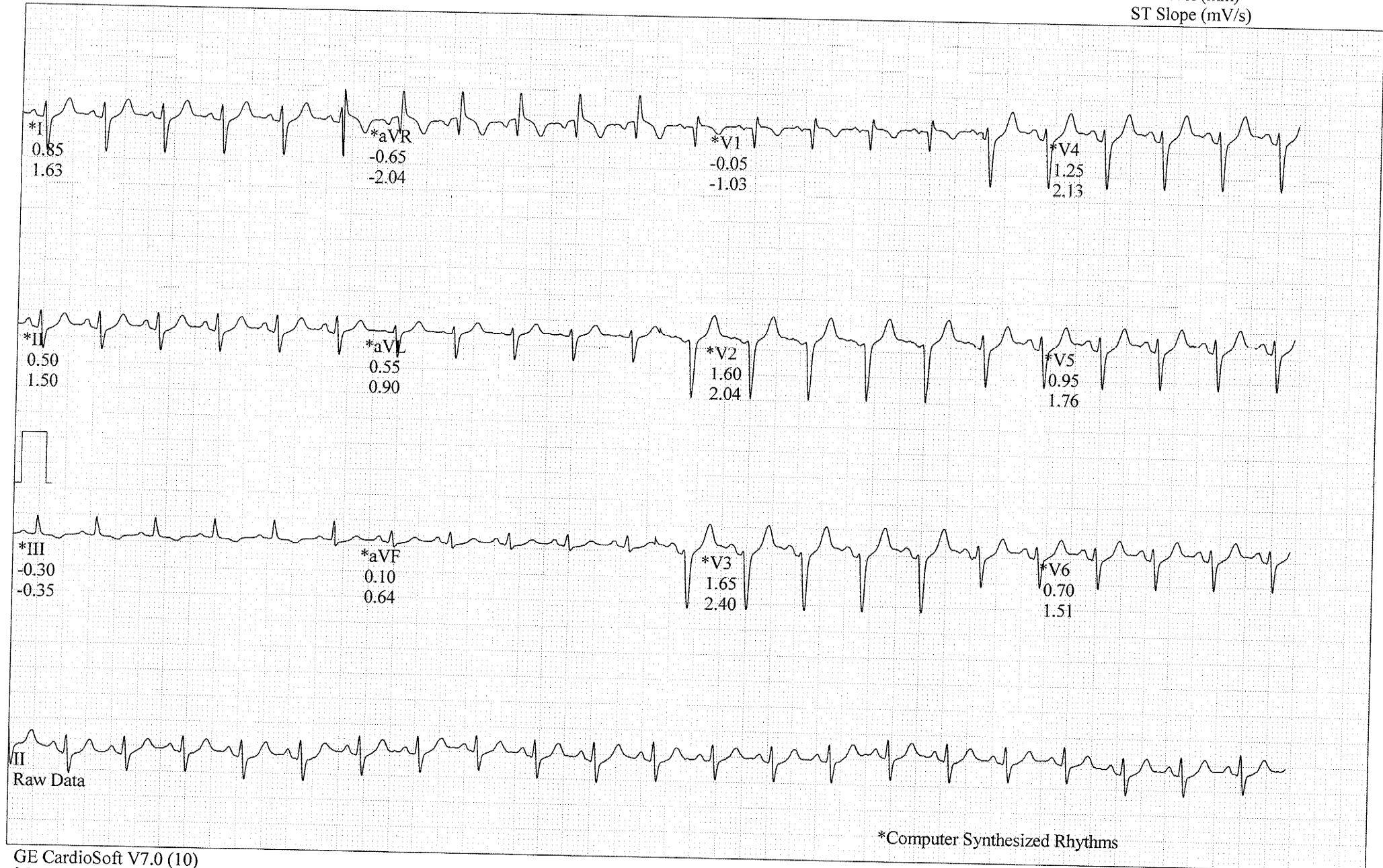
130 bpm
150/80 mmHg

RECOVERY
#1
01:50

BRUCE
0.0 mph
0.0 %

APOLLO CLINIC AUNDH

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



Date : 9/14/2024 Department : General Physician
 Patient Name : Mr. BALWANT KUMAR Doctor : Dr. PRIYANKA LADI
 UHID : CAUN.0000145657 Registration No. : MMC/RENW/2019065008/
 Age / Gender : 48Yrs 15Days / Male Qualification : MBBS.
 Consultation Timing : 10:33 AM

Height : 173	Weight : 79	BMI :	Waist Circum : 98
Temp :	Pulse : 90	Resp :	B.P : 110/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

- Present complains -**
- Comorbidity -**
- Allergies -**
- Surgical H/O**
- Family H/O**
- Addiction -**
- OE**
- CVS-**
- CNS-**
- P/A-**
- Chest-**

Follow up date:

Doctor Signature

Patient Name : MR. Balwant Kumar Date :
AGE/Sex : 48) M UHID/ MR NO :

	RIGHT EYE	LEFT EYE
FAR VISION	619 ⊕ 016	619 ⊕ 016
NEAR VISION	N16 ⊕	N16 ⊕
ANTERIOR SEGMENT PUPIL	Normal	Normal
COLOUR VISION	Normal	Normal
FAMILY / MEDICAL HISTORY	No	No

Impression: Stope $\left\{ \begin{array}{l} -0.75 \\ -0.50 \end{array} \right.$ Add +1.75 (Bk)

Adv.: -

Optometrist: -
Mr. Yogesh Avaghad
Apollo Clinic – Aundh Pune

Apollo Clinic

CONSENT FORM

Patient Name: Balwant Kuma Age: 48
UHID Number: Company Name: R.


I Mr/Mrs/Ms Balwant Kuma Employee of Bank of Baroda

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

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

Dental
and ENT

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 14/09/2024

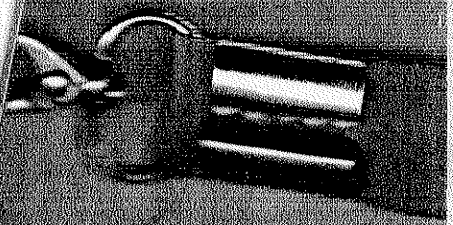
 **જાન સહાયક**
Bank of Baroda

જી.કે. / Name: **Balwant Kumar**
વસ્તુ / Designation: **Chief Manager**
વિગ્રહ & સહાયક / Signature of Holder: *Balwant Kumar*

29/10/2021
જાહેર કરવા દેવા માટે / Issued for (Official Use Only): *[Signature]*

જાહેર કરવા દેવા માટે / Issued for (Official Use Only):

જી.કે. / E.C. No. **76825**



Aundh Apolloclinic

From: noreply@apolloclinics.info
Sent: Thursday, September 12, 2024 4:20 PM
To: kumar.balwant71@yahoo.com
Cc: Aundh Apolloclinic; Niraj B; Syamsunder M
Subject: Your appointment is confirmed



Dear **MR. KUMAR BALWANT KUMAR,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH** clinic on **2024-09-14** at **07:30-07:45**.

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 ABOVE 50Y MALE - TMT - 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.

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.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Balwant Kumar on 14/09/2024

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. <u>Diabetes Mellitus (II) - Refer to Physician</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after <u>physician consultation</u> recommended</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Unfit <p>(Dr. Kanchan)</p>	

APOLLO CLINIC - AUNDH
Dr. PRIYANKA LADI
MBBS
Family Physician
Reg. No. 2019065008/2024

Dr. [Signature]
Medical Officer
Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes