



Patient Name : Mr.RANJIT B KARPE	Collected : 08/Mar/2024 09:01AM
Age/Gender : 37 Y 8 M 22 D/M	Received : 08/Mar/2024 12:20PM
UHID/MR No : CWAN.0000135020	Reported : 08/Mar/2024 12:45PM
Visit ID : CWANOPV227960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 105548	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240061172

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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.61	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	73.3	fL	83-101	Calculated
MCH	24.9	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,270	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.7	%	40-80	Electrical Impedence
LYMPHOCYTES	26.5	%	20-40	Electrical Impedence
EOSINOPHILS	1.6	%	1-6	Electrical Impedence
MONOCYTES	6.9	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4056.69	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1661.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	100.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	432.63	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.81	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.44		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate



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MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240061172

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Certificate No: M 1581
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DEPARTMENT OF HAEMATOLOGY

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

No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240061172

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Age/Gender : 37 Y 8 M 22 D/M	Received : 08/Mar/2024 12:20PM
UHID/MR No : CWAN.0000135020	Reported : 08/Mar/2024 01:40PM
Visit ID : CWANOPV227960	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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

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

SIN No:BED240061172

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Patient Name : Mr.RANJIT B KARPE	Collected : 08/Mar/2024 11:20AM
Age/Gender : 37 Y 8 M 22 D/M	Received : 08/Mar/2024 02:59PM
UHID/MR No : CWAN.0000135020	Reported : 08/Mar/2024 03:28PM
Visit ID : CWANOPV227960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 105548	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	mg/dL	70-140	HEXOKINASE

Comment:

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

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



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

SIN No: PLP1428243

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





Patient Name	: Mr.RANJIT B KARPE	Collected	: 08/Mar/2024 09:01AM
Age/Gender	: 37 Y 8 M 22 D/M	Received	: 08/Mar/2024 12:18PM
UHID/MR No	: CWAN.0000135020	Reported	: 08/Mar/2024 01:34PM
Visit ID	: CWANOPV227960	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 105548		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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 Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240027615

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





Patient Name : Mr.RANJIT B KARPE	Collected : 08/Mar/2024 09:01AM
Age/Gender : 37 Y 8 M 22 D/M	Received : 08/Mar/2024 12:51PM
UHID/MR No : CWAN.0000135020	Reported : 08/Mar/2024 01:46PM
Visit ID : CWANOPV227960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 105548	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	130	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	133	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.76	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.06	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.43		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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

SIN No: SE04653680

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.39	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	87.43	U/L	30-120	IFCC
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



DR. Sanjay Ingle
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Consultant Pathologist

SIN No: SE04653680

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.83	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.82	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.22	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.23	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.14	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		0.9-2.0	Calculated



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

SIN No: SE04653680

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.83	U/L	<55	IFCC



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

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Patient Name : Mr.RANJIT B KARPE	Collected : 08/Mar/2024 09:01AM
Age/Gender : 37 Y 8 M 22 D/M	Received : 08/Mar/2024 12:49PM
UHID/MR No : CWAN.0000135020	Reported : 08/Mar/2024 01:53PM
Visit ID : CWANOPV227960	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.71	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.937	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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

SIN No: SPL24040425

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



Patient Name : Mr.RANJIT B KARPE	Collected : 08/Mar/2024 09:01AM
Age/Gender : 37 Y 8 M 22 D/M	Received : 08/Mar/2024 02:57PM
UHID/MR No : CWAN.0000135020	Reported : 08/Mar/2024 03:21PM
Visit ID : CWANOPV227960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 105548	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2299744

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





Patient Name : Mr.RANJIT B KARPE	Collected : 08/Mar/2024 09:01AM
Age/Gender : 37 Y 8 M 22 D/M	Received : 08/Mar/2024 02:58PM
UHID/MR No : CWAN.0000135020	Reported : 08/Mar/2024 03:06PM
Visit ID : CWANOPV227960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 105548	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	TRACE		NEGATIVE	Dipstick

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

*** End Of Report ***



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

SIN No: UF010950

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



Patient Name : Mr. RANJIT B KARPE

Age/Gender : 37 Y/M

UHID/MR No. : CWAN.0000135020

OP Visit No : CWANOPV227960

Sample Collected on :

Reported on : 08-03-2024 11:59

LRN# : RAD2259831

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 105548

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality .

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

No free fluid / abdominal lymphadenopathy.

IMPRESSION:-

No significant abnormality detected.

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.

Patient Name : Mr. RANJIT B KARPE

Age/Gender : 37 Y/M

UHID/MR No. : CWAN.0000135020

OP Visit No : CWANOPV227960

Sample Collected on :

Reported on : 08-03-2024 11:59

LRN# : RAD2259831

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 105548

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Dr. SATINDER LAMBA
MBBS, DMRE
Radiology

Fwd: Health Check up Booking Confirmed Request(bobS12803),Package Code-PKG10000377, Beneficiary Code-309367

Ranjit Babasaheb Karpe <RANJIT.KARPE@bankofbaroda.com>

Fri 08-03-2024 08:42

To:Wanowrie Apolloclinic <wanowrie@apolloclinic.com>

Sent from [Outlook for Android](#)

From: Mediwheel <wellness@mediwheel.in>

Sent: Thursday, March 7, 2024 12:06:28 pm

To: Ranjit Babasaheb Karpe <RANJIT.KARPE@bankofbaroda.com>

Cc: customercare@mediwheel.in <customercare@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(bobS12803),Package Code-PKG10000377, Beneficiary Code-309367

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

ना करें या अटैचमेंट ना खोलें.

LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

011-41195959

Dear **MR. KARPE RANJIT BABASAHEB,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

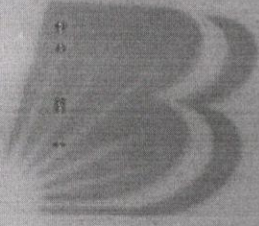
Name of Diagnostic/Hospital : Apollo Clinic - WANOURI

Address of Diagnostic/Hospital- Apollo Clinic, Plot no B-1, Amba Vatika Co-op Housing society, Near Coffee Day, Khondawa Khurd, Wanowrie -411018

City : Pune

State :

Pincode : 411018



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम

Name MR. KARPE RANJIT BABASAHEB

कर्मचारी कुट क्र.

E. C. No. 105548


A. Bhat

जारीकर्ता प्राधिकारी
Issuing Authority

Karpe RB

धारक के हस्ताक्षर
Signature of Holder

ranjit.karpe@bankofbarodai.com

Name : Mr. RANJIT B KARPE	Age : 37 Y	UHID :CWAN.0000135020
Address : PUNE	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CWANOPV227960
		Bill No :CWAN-OCR-50411
		Date : 08.03.2024 08:52

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 2D ECHO	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
	6 DIET CONSULTATION	
<input checked="" type="checkbox"/>	7 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	8 URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	9 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	10 ECG	
<input checked="" type="checkbox"/>	11 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
	12 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	13 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:30 am	
<input checked="" type="checkbox"/>	14 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	15 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	16 X-RAY CHEST PA	
	17 ENT CONSULTATION	
	18 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	19 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	20 LIPID PROFILE	
<input checked="" type="checkbox"/>	21 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	22 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	23 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	24 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Ht - 171cm
Wt - 93kg
BP - 100/70

FREE CONSULTATIONS
DENTAL / PHYSIO / AUDIOLOGY



Pending Test Form

I, Rajit Karpe visiting from
Amofeni Company for health check.

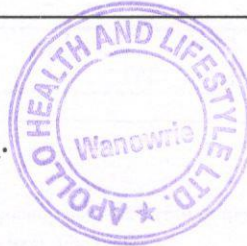
UHID: - 135020 Date: - 08 Mar 24

This is a consent form to inform you that I do not wish to do this test.

Diet and ENT Consultation.

Or will be doing their test later on _____.

Signature: - _____.



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Ranjit B. Karpe on 8/3/2024.

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>Mild Increase in Sugars - Predicabatic</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 _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. Mushfiya
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

Date : 08-03-2024
MR NO : CWAN.0000135020

Department : GENERAL
Doctor :

Name : Mr. RANJIT B KARPE

Registration No :

Age/ Gender : 37 Y / Male

Qualification :

Consultation Timing: 08:52

Height : 177cm	Weight : 93kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70 mmHg

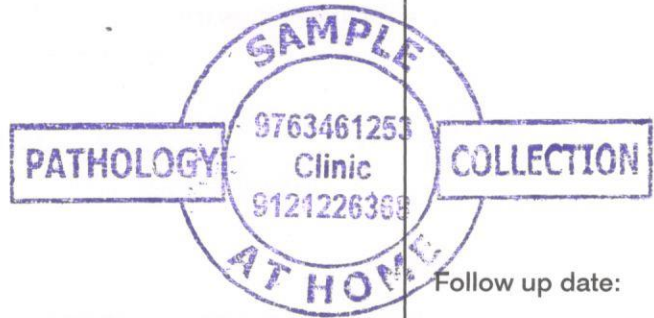
General Examination / Allergies History

F.H: DM, HTN
H/O Appendectomy
2014
2 Covid Vaccines taken.
Acho:

Clinical Diagnosis & Management Plan

: For AHC
no issues at the moment.
O/E: CVS
 CVS
 Resp. / SAD
 Abd

Fleg's Reports
TMT / Stress
Test

Follow up date:

Doctor Signature

HR 71 bpm

WNL
nk

Measurement Results:

QTcB : 396 / 431 ms
 PP : 846 / 790 ms
 RS/T : 30/ 20/ -5 degrees
 /QTcBD : 44 / 48 ms
 c low : 1.0 mV
 : 10

Interpretation:

slightly depressed ST segment (inferior)
 T-wave near baseline (anterior)
 borderline ECG

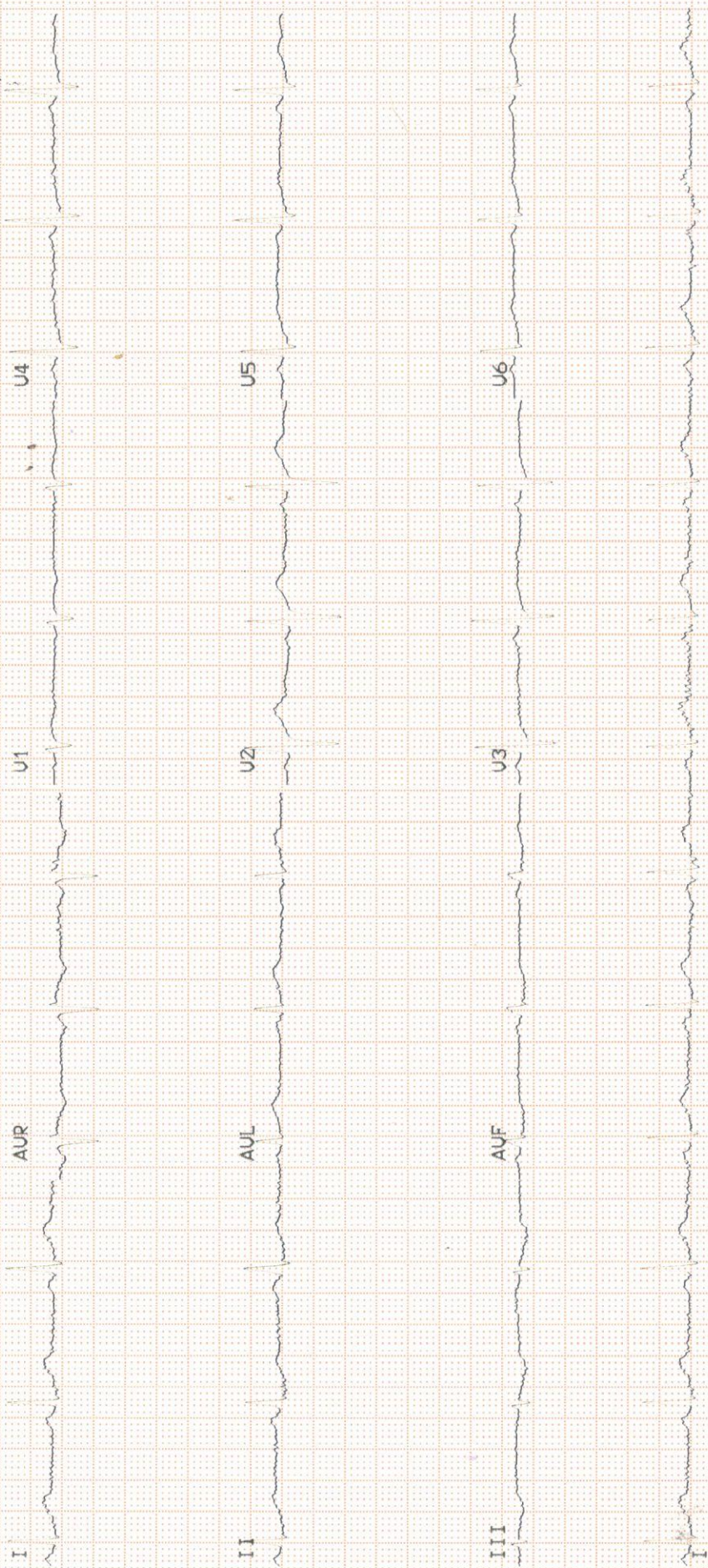
DR. MUSHFIYA BAHRAINWALA

M.B.B.S

Reg. No.: 47527

Apollo Clinic Wanoourie
 NIBM Road, Kondliwala.

Unconfirmed report.



The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mr. Ranjit Karpe

DATE :- 8/3/24

AGE/SEX :- 37/M

UHID : 135020

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 ✓	6/6 ✓
Near Vision	N/6 ✓	N/6 ✓
Anterior Segment Pupil	NORMAL ✓	NORMAL ✓
Fundus	NORMAL	NORMAL
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL	NORMAL
Family History/Medical History	—	—

IMPRESSION:- Both Eyes Normal vision.

Advice :-

Ophthalmologist

Patient Name : Mr. RANJIT B KARPE

Age : 37 Y M

UHID : CWAN.0000135020

OP Visit No : CWANOPV227960

Reported on : 08-03-2024 11:58

Printed on : 08-03-2024 11:59

Adm/Consult Doctor :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

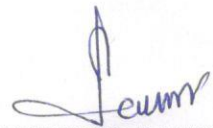
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:08-03-2024 11:58

---End of the Report---



Dr. SATINDER LAMBA
Dr. Satinder MBBS, DMRE
(Ex-Major) Radiology
Reg. No. 2004/02/386

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : MR.RANJEET KARPE Age/Sex : 37/M Date : 08/03/2024.

2D Echo:-

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – no LV diastolic dysfunction

Cardiac valves -

Mitral valve –Normal, no mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –8 mm Hg

Tricuspid valve – no tricuspid regurgitation, No-PAH

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

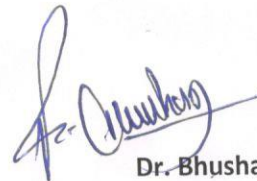
Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
28	34	10	10	42	36	60%

Conclusion:-

Normal chamber dimensions.

No RWMA, normal LV systolic function, LVEF – 60%

Normal PA pressure.



Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

Patient Name	: Mr. RANJIT B KARPE	Age	: 37 Y M
UHID	: CWAN.0000135020	OP Visit No	: CWANOPV227960
Reported on	: 08-03-2024 11:55	Printed on	: 08-03-2024 11:59
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality.

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

No free fluid / abdominal lymphadenopathy.

IMPRESSION:-

No significant abnormality detected.

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.