



: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M

UHID/MR No

: SPUN.0000049402

Visit ID

: SPUNOPV66895

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 56656

Collected

: 14/Sep/2024 08:39AM

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: 14/Sep/2024 12:56PM

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: 14/Sep/2024 01:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	47.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.38	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.6	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	16.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,240	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	52.8	%	40-80	Electrical Impedance
LYMPHOCYTES	37.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3294.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2352.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	149.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	386.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.4		0.78- 3.53	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergrer
PERIPHERAL SMEAR				

RBC Predominantly Normocytic Normochromic with Microcytes+

WBC are normal in number and morphology

Platelets are Adequate

No Abnormal cells seen.

Page 1 of 16

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240227631

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

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN-U85100TG2009PTC099414

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Address: P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA	4		
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	150	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	209	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN),	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	7.7	%		HPLC

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:EDT240090471

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG)

174

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

 - B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	72	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.02	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.47	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.87		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.

Page 6 of 16



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
IVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.67	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32.41	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.9	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	72.84	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		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 *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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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), SEF	RUM		
CREATININE	0.75	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.99	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.38	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.08	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.57	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.83	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL	26.79	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM	'	'	
TRI-IODOTHYRONINE (T3, TOTAL)	1.11	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.33	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.211	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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Pune, Maharashtra





: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M : SPUN.0000049402

UHID/MR No Visit ID

: SPUNOPV66895

Ref Doctor

: Dr.SELF

: 56656

Emp/Auth/TPA ID

Collected

: 14/Sep/2024 08:39AM

Received

: 14/Sep/2024 12:58PM

Reported

: 14/Sep/2024 01:41PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High Pituitary Adenoma; TSHoma/Thyrotropinoma	1
------	------	------	---	---

Dr Smeha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24139388

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

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address: P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Page 12 of 16



: Mr.SHRIRANG BHISE

Age/Gender UHID/MR No : 53 Y 3 M 13 D/M : SPUN.0000049402

Visit ID

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	1.380	ng/mL	0-4	CLIA

Page 13 of 16



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

This ABOILO SAGGETALITY HO SPITTAL PRIVATE LINITE Rd - Sadashiv Peth Pune, Diagnostica Lab

(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414

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: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M

UHID/MR No Visit ID

: SPUN.0000049402 : SPUNOPV66895

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 56656 Collected

: 14/Sep/2024 08:39AM

Received

: 14/Sep/2024 11:11AM

Reported

: 14/Sep/2024 11:30AM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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
рН	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		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 M	OUNT AND MICROSCOP	Y		
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.

Page 14 of 16



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

This Apollo Speciality of Apital Rearivate Lienite Rd-Sadashiv Peth Pune, Diagnostics Lab

(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414

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Age/Gender UHID/MR No : 53 Y 3 M 13 D/M : SPUN.0000049402

Visit ID

: SPUNOPV66895

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 56656

Collected

: 14/Sep/2024 02:10PM

Received

: 14/Sep/2024 04:13PM

Reported

: 14/Sep/2024 04:44PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

Page 15 of 16



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UPP017899

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

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Age/Gender UHID/MR No : 53 Y 3 M 13 D/M : SPUN.0000049402

Visit ID

: SPUNOPV66895

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 56656

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Received

: 14/Sep/2024 11:11AM

Reported Status : 14/Sep/2024 11:30AM

Status

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Sponsor Name

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Page 16 of 16



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

SIN No:UF012097

This Apollo Speciality Hospital rearivate Lienite Ad-Sadashiv Peth Pune, Diagnostical sab

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

'Addressa'U P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra Patient Name : Mr.SHRIRANG BHISE
Age/Gender : 53 Y 3 M 13 D/M
UHID/MR No : SPUN.0000049402
Visit ID : SPUNOPV66895

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 56656 Collected : 14/Sep/2024 08:39AM
Received : 14/Sep/2024 11:11AM
Reported : 14/Sep/2024 11:30AM

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

Consultant Pathologist SIN No:UF012097



Customer Pending Tests
PATIENT NOT INTERESTED USG, DENTAL & ENT



APOLLO SPECTRA HOSPITALS

Oil Sanas Sports Ground, Saras Baug,
Sadasi Peth, Pune, Maharashtra - 411 030
Ph. No. 0 20 6720 6500 www.apoilospectra.com

Name : Mr. Shrirang Bhise

Age: 53 Y

Sex: M

Address: Aatman Socoety, Pune

Plan

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000049402

OP Number: SPUNOPV66895 Bill No :SPUN-OCR-11534

	INDIA OP AGREEMENT	BIII N	o:SPUN-OCR-	11534
		Date	: 14.09.2024	08:37
Sno	Serive Type/ServiceName			Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y M	IALE - 2D	ECHO - PAN I	NDIA - FY2324
<u></u>	AMMA GLUTAMYL TRANFERASE (GGT)			112324
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)			
£ 3	2 DECHO			
4	LIVER FUNCTION TEST (LFT)			
	GLUCOSE, FASTING			
	HEMOGRAM + PERIPHERAL SMEAR			
	DIET CONSULTATION			
~	COMPLETE URINE EXAMINATION			
٥	URINE GLUCOSE(POST PRANDIAL) 1.30pm			
	TERIPHERAL SMEAR			
2++				
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
13	DENTAL CONSULTATION			
4	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 1 · 3 c	Pm		
15	URINE GLUCOSE(FASTING)			-
	HbA1c, GLYCATED HEMOGLOBIN			
W	X-RAY CHEST PA			
11	ENT CONSULTATION			
	FITNESS BY GENERAL PHYSICIAN			
_20	BLOOD GROUP ABO AND RH FACTOR			
-	LIPID PROFILE			
	BODY MASS INDEX (BMI)			
	OPTHAL BY GENERAL PHYSICIAN			
	ULTRASOUND - WHOLE ABDOMEN			
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)			

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shrivang Bhise on 14/03/2024	
After reviewing the medical history and on clinical examination it has been found that he/she is	
	Tick
Medically Fit	/
Fit with restrictions/recommendations	`
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1	
2	
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit. Provious of for. 1.1	
Review afterrecommended	
• Unfit	
Dr. Shah	
General Physician Apollo Spectra Hospital Pune This certificate is not meant for medico-legal purposes Samrat Si Reg No. 202109730 Apollo Speciality hospital Pune Apollo Speciality Hospital Pune This certificate is not meant for medico-legal purposes Consultant internal Medical Pune Apollo Speciality hospital Pune Reg No. 202109730 Apollo Speciality hospital Pune	S MD 12



Date

14109 12024

MRNO

Name Age/Gender

Mobile No

Shrivang Bhise

531M

Department

Internal Medicine

Consultant

DR. SAMRAT SHAH

Reg. No Qualification:

MBBS, MD

Consultation Timing:

Sport- 964.

Temp: A feb Este B. P.: 120176 80 hm 2000 Pulse: Resp: Height: 158 cm BMI: Waist Circum: Weight:

General Examination / Allergias History

Clinical Diagnosis & Management Plan

DM @ H6AC: 7.7

four fit to jours duty

Dr Samrat Shah

Reg No. 2021097302
Consultan Internal Medicin
Apollo Deciality Hospital

Desul **Doctor Signature**

Follow up date:

Apollo Spectra Hospitals Opp. Sanas Sport Ground. Saras Baug. Sadashiv Peth, Pune, Maharashtra- 411030 Book YOUR APPOINTMENT TODAY !

Ph.: 020 6720 6500 Fax: 020 6720 6523 www.apollospectra.com





Apollo Clinic

CONSENT FORM

Patient Name: Shrinand Bhise Age: 53110 UHID Number: Company Name:
IMr/Mrs/Ns 3hrinana Bhise Employee of Arcofemi
(Company) Want to inform you that I am not interested in getting
And I claim the above statement in my full consciousness.
•
Patient Signature: Date: 1410124

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Beyumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









: Mr.SHRIRANG BHISE

Age/Gender UHID/MR No : 53 Y 3 M 13 D/M : SPUN.0000049402

Visit ID Ref Doctor : SPUNOPV66895

Emp/Auth/TPA ID

: Dr.SELF : 56656 Collected

: 14/Sep/2024 08:39AM

Received Reported : 14/Sep/2024 12:56PM : 14/Sep/2024 01:17PM

Status

14/3ep/2024 01.1/

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM, WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	47.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.38	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.6	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	16.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,240	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	52.8	%	40-80	Electrical Impedanc
LYMPHOCYTES	37.7	%	20-40	Electrical Impedanc
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3294.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2352.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	149.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	386.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.4		0.78- 3.53	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergre

PERIPHERAL SMEAR

RBC Predominantly Normocytic Normochromic with Microcytes+

WBC are normal in number and morphology

Platelets are Adequate

No Abnormal cells seen.

Shah

Page 1 of 16

Cresta Shah

MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240227631









: Mr.SHRIRANG BHISE

Age/Gender UHID/MR No : 53 Y 3 M 13 D/M : SPUN.0000049402

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Emp/Auth/TPA ID

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Page 2 of 16



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

SIN No:BED240227631







: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M

UHID/MR No

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Rh TYPE

SPUNOPV66895

Emp/Auth/TPA ID

: Dr.SELF : 56656 Collected

: 14/Sep/2024 08:39AM

Received Reported : 14/Sep/2024 12:56PM : 14/Sep/2024 01:51PM

Status

: Final Report

Sponsor Name

Unit

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name Result
BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA

BLOOD GROUP TYPE

В

Positive

Bio. Ref. Interval

Method

Microplate Hemagglutination Microplate

Hemagglutination

Page 3 of 16

Consultant Pathologist

SIN No:BED240227631









: Mr.SHRIRANG BHISE

Age/Gender UHID/MR No : 53 Y 3 M 13 D/M : SPUN.0000049402

Visit ID

SPUNOPV66895

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	150	mg/dL	70-100	HEXOKINASE
C				

Comment:

As ner American Diahetes Guidelines 2023

As per American Diabetes Guidennes,		
Fasting Glucose Values in mg/dL	Interpretation	
70-100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	
<70 mg/dL	Hypoglycemia	

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	209	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

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.

Test Name Result Unit Bio. Ref. Interval Method HBA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA HBA1C, GLYCATED HEMOGLOBIN **HPLC** 7.7 Page 4 of 16

Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

Shah

SIN No:EDT240090471









: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M

UHID/MR No

: SPUN.0000049402

Visit ID Ref Doctor SPUNOPV66895

Emp/Auth/TPA ID

: Dr.SELF : 56656 Collected Received : 14/Sep/2024 08:39AM : 14/Sep/2024 12:56PM

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status

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE

174

mg/dL

Calculated

Comment:

(eAG)

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)

Page 5 of 16



Cretica Shah Dr Sneha Shah

MBBS, MD (Pathology) Consultant Pathologist

SIN No:EDT240090471







: Mr.SHRIRANG BHISE

Age/Gender

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	72	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.02	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.47	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.87		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.

Page 6 of 16



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

SIN No:SE04824648

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

www.apollodiagnostics.in







: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M

UHID/MR No

: SPUN.0000049402

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Emp/Auth/TPA ID

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.67	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32.41	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.9	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	72.84	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.

Page 7 of 16

Create Dr Smeha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04824648

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



www.apollodiagnostics.in







: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M : SPUN.0000049402

UHID/MR No Visit ID Ref Doctor

SPUNOPV66895

Emp/Auth/TPA ID

: Dr.SELF : 56656 Collected

: 14/Sep/2024 08:39AM

Received Reported : 14/Sep/2024 12:58PM : 14/Sep/2024 02:23PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Page 8 of 16



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

SIN No:SE04824648

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

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







: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M

UHID/MR No Visit ID

: SPUN.0000049402 : SPUNOPV66895

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 56656

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.75	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	19.99	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.38	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.08	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.57	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.83	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Page 9 of 16



Svella Shah Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04824648

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

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







: Mr.SHRIRANG BHISE

Age/Gender UHID/MR No : 53 Y 3 M 13 D/M SPUN.0000049402

Visit ID Ref Doctor : SPUNOPV66895

Emp/Auth/TPA ID

: Dr.SELF : 56656

Collected

: 14/Sep/2024 08:39AM

Received Reported : 14/Sep/2024 12:58PM : 14/Sep/2024 02:23PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Bio. Ref. Interval **Test Name** Result Unit Method **GAMMA GLUTAMYL** 26.79 U/L <55 **IFCC** TRANSPEPTIDASE (GGT), SERUM

Page 10 of 16



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

SIN No:SE04824648

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

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

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: ARCOFEMI HEALTHCARE LIMITED

Patient Name	: Mr.SHRIRANG BHISE	Collected	: 14/Sep/2024 08:39AM
Age/Gender	: 53 Y 3 M 13 D/M	Received	: 14/Sep/2024 12:58PM
UHID/MR No	: SPUN.0000049402	Reported	: 14/Sep/2024 01:41PM
Visit ID	: SPUNOPV66895	Status	: Final Report

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 56656

DEPARTMENT OF IMMUNOLOGY

Sponsor Name

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

	Test Name	Result	Unit	Bio. Ref. Interval		Method
THYROID	PROFILE TOTAL (T3, T4, TSH), S	ERUM				
TRI-IOD	OTHYRONINE (T3, TOTAL)	1.11	ng/mL	0.7-2.04	CLIA	
THYRO	XINE (T4, TOTAL)	9.33	µg/dL	5.48-14.28	CLIA	
THYROI (TSH)	D STIMULATING HORMONE	2.211	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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Cresica Shah Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24139388







: Mr.SHRIRANG BHISE

Age/Gender UHID/MR No : 53 Y 3 M 13 D/M : SPUN.0000049402

Visit ID

: SPUNOPV66895

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 56656

Collected

: 14/Sep/2024 08:39AM

Received Reported : 14/Sep/2024 12:58PM : 14/Sep/2024 01:41PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 12 of 16



Crema Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24139388

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

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: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M

UHID/MR No

: SPUN.0000049402

Visit ID Ref Doctor : SPUNOPV66895

Emp/Auth/TPA ID

: Dr.SELF : 56656

Collected

: 14/Sep/2024 08:39AM

Received Reported : 14/Sep/2024 12:58PM : 14/Sep/2024 01:30PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM

Result 1.380

Unit

Bio. Ref. Interval

Method

ng/mL

0-4

CLIA

Page 13 of 16



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

SIN No:SPL24139388





: Mr.SHRIRANG BHISE

Age/Gender UHID/MR No : 53 Y 3 M 13 D/M : SPUN.0000049402

Visit ID Ref Doctor : SPUNOPV66895

Emp/Auth/TPA ID

: Dr.SELF : 56656 Collected

: 14/Sep/2024 08:39AM

Received Reported : 14/Sep/2024 11:11AM : 14/Sep/2024 11:30AM

Status

14/00p/2024 11:00

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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
рН	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		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 M	OUNT AND MICROSCOP	Υ		
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.

Page 14 of 16



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

SIN No:UR2412025





: Mr.SHRIRANG BHISE

Age/Gender

: 53 Y 3 M 13 D/M

UHID/MR No Visit ID

: SPUN.0000049402

Ref Doctor

: SPUNOPV66895

Emp/Auth/TPA ID

: Dr.SELF : 56656

Collected

: 14/Sep/2024 02:10PM : 14/Sep/2024 04:13PM

Received Reported

: 14/Sep/2024 04:44PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Interval

Method

URINE GLUCOSE(POST PRANDIAL)

POSITIVE ++

NEGATIVE

Dipstick

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

SIN No:UPP017899





: Mr.SHRIRANG BHISE

Age/Gender UHID/MR No : 53 Y 3 M 13 D/M

Visit ID

: SPUN.0000049402 : SPUNOPV66895

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 56656

Collected Received

: 14/Sep/2024 08:39AM

: 14/Sep/2024 11:11AM : 14/Sep/2024 11:30AM

Status

Reported

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Interval

Method

URINE GLUCOSE(FASTING)

POSITIVE (+)

NEGATIVE

Dipstick

*** End Of Report ***

Page 16 of 16



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

SIN No:UF012097





: Mr.SHRIRANG BHISE

Age/Gender UHID/MR No : 53 Y 3 M 13 D/M : SPUN.0000049402

Visit ID

SPUNOPV66895

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 56656 Collected

: 14/Sep/2024 08:39AM

Received Reported : 14/Sep/2024 11:11AM : 14/Sep/2024 11:30AM

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:UF012097





2D ECHO / COLOUR DOPPLER

Name: Mr Shrirang Bhise Age: 53YRS / M Ref by: Health Checkup Date: 14/09/2024

LA - 32 AO - 26 IVS - 10 PW - 10

LVIDD - 37 LVIDS - 25

EF 55 %

Normal LV size and systolic function.

No diastolic dysfunction

Normal LV systolic function, LVEF 55 %

No regional wall motion abnormality

Normal sized other cardiac chambers.

Mitral valve has thin leaflets with normal flow.

Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation. No LVOT gradient

Normal Tricuspid & pulmonary valves.

No tricuspid regurgitation.

PA pressures Normal

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

IMPRESSION:

NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.

NO RWMA. NO PULMONARY HTN

NO CLOTS/VEGETATIONS

DR.SAMRAT SHAH

MD, CONSULTANT PHYSICIAN

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030 Ph No: 022 - 6720 6500 | www.apollospectra.com

EYE REPORT



						A	SH/PUN/C	OPTH/06/0	02-0216	
	Name:	en.	Shri	rang	BI	rise	Da	ate:	4/9/	2024
	Age /Sex	: 5	3400	, 2 ru	Male	_	Re	ef No.:		
	Complair	nt: U	sing	bifo	o cals	, H1	OB	rabe	tes	since
No	ound	6 te	ars	cicatio	n.	R	5/18,	N18		Unaided
	Examinat	tion		VI	sion		/ 1	₩.	{	unded
Both	eyes,	(ver)	ected			L	6/12,	N18		
	N'810	N-P	6/6,	N6						
	Spectacl	e Rx		X	IPD	= 6	3 mm.			
		32	Righ	t Eye				t Eye		
		Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis	
	Distance	6 6		1.0	180°	6/6	ots			
	Read	NP	20	100	1800	N6	3.0		_	
		Sphere	CYI	Axis	Vision	Sphere	CYI	Axis	Vision	

Remarks:

** Bifocalo with A.R. coating

** Colons - Wormal

** Wison - Wormal

** Dilated fundus exam - WAD

Medications:

	Trade Name	Frequency	Duration
1	Moisol exectors	3-4 times	x2 weeks
08	Refresh teans	day	
	Ereopolis.		

Afrè 6 months Follow up:

Consultant: Dx. A.C. Bhangar MBBS, D.O.TA.S.

Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030 Ph: 020 67206500 | Fax: 020 67206523 | www.apollospectra.com



भारत सरकार Government of India







श्रीरंग रामदास भिसे Shrirang Ramdas Bhise जन्म तारीख/DOB: 01/06/1971 पुरुष/ MALE

Mobile No: 9822544566

6693 0408 6317 मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India



पत्ताः माफंतः रामदास भिसे, 287/3 घोरपडे पेठ, फ्लॅट न-105,अवियर आत्मन सोसायटी, पुणे शहर, स्वरगाते, पुणे, महाराष्ट्र - 411042

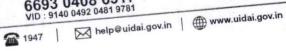
105, अवियर आपन्य महाराष्ट्र - 411042 Address: C/O: Ramdas Bhise, 287/3 ghorpade peth, flat no-105, avior aatman society, Pune City, PO: Swargate, DIST: Pune, Maharashtra - 411042



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