





: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638

Ref Doctor

: CWANOPV211869

Emp/Auth/TPA ID

: Dr.SELF : 30041986

©ollected : 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:06PM

Reported : 22/Jul/2023 01:31PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC, DLC WITH EOSINOPHILIA.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 1 of 12



SIN No:BED230171265

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



APOLLO CLINICS NETWORK







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: ARCOFEMI HEALTHCARE LIMITED

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

Test Name Unit Bio. Ref. Range Result Method

Status

| 45.10 5.02 | % | 40-50 | Electronic pulse & |
|---------------|---|---|--|
| | N 4:11: / | | Calculation |
| | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| 89.7 | fL | 83-101 | Calculated |
| 31 | pg | 27-32 | Calculated |
| 34.6 | g/dL | 31.5-34.5 | Calculated |
| 15 | % | 11.6-14 | Calculated |
| 7,440 | cells/cu.mm | 4000-10000 | Electrical Impedanc |
| LC) | | XI. | |
| 57.4 | % | 40-80 | Electrical Impedanc |
| 25.1 | % | 20-40 | Electrical Impedanc |
| 9.6 | % | 1-6 | Electrical Impedanc |
| 7.1 | % | 2-10 | Electrical Impedanc |
| 0.8 | % | <1-2 | Electrical Impedanc |
| | | | |
| 4270.56 | Cells/cu.mm | 2000-7000 | Electrical Impedanc |
| 1867.44 | Cells/cu.mm | 1000-3000 | Electrical Impedanc |
| 714.24 | Cells/cu.mm | 20-500 | Electrical Impedanc |
| 528.24 | Cells/cu.mm | 200-1000 | Electrical Impedanc |
| 59.52 | Cells/cu.mm | 0-100 | Electrical Impedanc |
| 304000 | cells/cu.mm | 150000-410000 | Electrical impedenc |
| 6 | mm at the end of 1 hour | 0-15 | Modified Westergre |
| | 34.6 15 7,440 1CC) 57.4 25.1 9.6 7.1 0.8 4270.56 1867.44 714.24 528.24 59.52 304000 6 | 34.6 g/dL 15 % 7,440 cells/cu.mm 1CC) 57.4 % 25.1 % 9.6 % 7.1 % 0.8 % 4270.56 Cells/cu.mm 1867.44 Cells/cu.mm 714.24 Cells/cu.mm 528.24 Cells/cu.mm 59.52 Cells/cu.mm 304000 cells/cu.mm 6 mm at the end of 1 hour | 34.6 g/dL 31.5-34.5 15 % 11.6-14 7,440 cells/cu.mm 4000-10000 DLC) 57.4 % 40-80 25.1 % 20-40 9.6 % 1-6 7.1 % 2-10 0.8 % <1-2 4270.56 Cells/cu.mm 2000-7000 1867.44 Cells/cu.mm 1000-3000 714.24 Cells/cu.mm 20-500 528.24 Cells/cu.mm 0-100 59.52 Cells/cu.mm 150000-410000 6 mm at the end 0-15 |

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC, DLC WITH EOSINOPHILIA.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 2 of 12

SIN No:BED230171265











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: Dr.SELF Emp/Auth/TPA ID : 30041986 ©ollected

: 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:06PM

Reported : 22/Jul/2023 01:21PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

| DEPARTMENT OF HAEMATOLOGY | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | | | | |
| Test Name | Test Name Result Unit Bio. Ref. Range Method | | | | | | | |

| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | | |
|--|----------|-----------------------------|--|--|--|
| BLOOD GROUP TYPE | В | Microplate Hemagglutination | | | |
| Rh TYPE | Positive | Microplate Hemagglutination | | | |

Page 3 of 12



SIN No:BED230171265









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: 37 Y 2 M 22 D/M

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: CWAN.0000129638

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: Dr.SELF : 30041986

€ollected : 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:05PM

Reported : 22/Jul/2023 01:54PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

| DEPARTMENT OF BIOCHEMISTRY | | | | | | | |
|--|--|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | | | |
| Test Name Result Unit Bio. Ref. Range Method | | | | | | | |

| GLUCOSE, FASTING, SODIUM FLUORIDE | 102 | mg/dL | 70-100 | HEXOKINASE |
|-----------------------------------|-----|-------|--------|------------|
| PLASMA | | | × | |

Comment:

As per American Diabetes Guidelines

| Fasting Glucose Values in mg/d L | Interpretation |
|----------------------------------|----------------|
| <100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |

| GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 | 112 | mg/dL | 70-140 | HEXOKINASE |
|--|-----|-------|--------|------------|
| HR) | | ¥1 | | |

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.

Ref: Marks medical biochemistry and clinical approach





Apollo Clinic Expertise. Closer to you.

Patient Name

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL - F | ULL BODY ANNUAI | L PLUS MALE - | 2D ECHO - PAN INDIA | - FY2324 | |
|--------------------------|-----------------|---------------|---------------------|----------|--|
| Test Name | Result | Unit | Bio. Ref. Range | Method | |

| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 5.1 | % | HPLC |
|--|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 100 | mg/dL | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA):

| REFERENCE GROUP | HBA1C IN % |
|--------------------------------|------------|
| NON DIABETIC ADULTS > 18 YEARS | <5.7 |
| AT RISK (PREDIABETES) | 5.7 – 6.4 |
| DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

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: 30041986

Test Name

€ollected : 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:24PM Reported : 22/Jul/2023 01:43PM

Status : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| | | | | | _ | | | |
|--|--|--|--|--|---|--|--|--|
| | DEPARTMENT OF BIOCHEMISTRY | | | | | | | |
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | | | | |
| Test Name | Test Name Result Unit Bio Ref Range Method | | | | | | | |

| LIPID PROFILE , SERUM | | | | |
|-----------------------|--------|-------|--------|-------------------------------|
| TOTAL CHOLESTEROL | 176 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 130 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 42 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 133 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 107.11 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 26.08 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.13 | | 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 | | 3 | |
| 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 12

SIN No:SE04430459









: Mr.RAHUL AMRUTKAR

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: 37 Y 2 M 22 D/M

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: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

| DEPARTMENT OF BIOCHEMISTRY | | | | | | |
|--|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - F | 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 | 0.73 | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.59 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 30.85 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 25.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 94.44 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.87 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.24 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.63 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.61 | | 0.9-2.0 | Calculated |

Page 7 of 12



SIN No:SE04430459





Patient Name : Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

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Ref Doctor

: CWANOPV211869

: Dr.SELF Emp/Auth/TPA ID : 30041986 Collected : 22/Jul/2023 09:34AM

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Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

| ſ | DEPARTMENT OF BIOCHEMISTRY | | | | | | |
|---|--|--|--|--|--|--|--|
| Ī | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | | |
| Ī | Test Name Result Unit Bio. Ref. Range Method | | | | | | |

| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
|--|--------|--------|-------------|--------------------------|
| CREATININE | 0.85 | mg/dL | 0.72 – 1.18 | Modified Jaffe, Kinetic |
| UREA | 25.27 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 11.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.06 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 9.37 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.39 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138.21 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.5 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 103.19 | mmol/L | 101–109 | ISE (Indirect) |

Page 8 of 12



SIN No:SE04430459

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

APOLLO CLINICS NETWORK





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: Dr.SELF

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: 22/Jul/2023 01:35PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN | 1 INDIA - FY2324 |
|---|------------------|
|---|------------------|

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| GAMMA GLUTAMYL TRANSPEPTIDASE | 32.59 | U/L | <55 | IFCC | |
|-------------------------------|-------|-----|-----|------|--|
| (GGT) . SERUM | | | | | |

Page 9 of 12

SIN No:SE04430459

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



APOLLO CLINICS NETWORK







: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

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€ollected : 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:24PM

Reported : 22/Jul/2023 01:32PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

| DEPARTMENT OF IMMUNOLOGY | | | | | |
|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | |
| Test Name Result Unit Bio. Ref. Range Method | | | | | |

| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | | |
|---|-------|--------|------------|------|--|
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.16 | ng/mL | 0.64-1.52 | CMIA | |
| THYROXINE (T4, TOTAL) | 7.23 | μg/dL | 4.87-11.72 | CMIA | |
| THYROID STIMULATING HORMONE (TSH) | 2.270 | μIU/mL | 0.35-4.94 | CMIA | |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| 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 |

Page 10 of 12

SIN No:SPL23104714

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

 $Regd.\ Office: 1-10-60/62, A shoka\ Raghupathi\ Chambers, 5th\ Floor, Begumpet, Hyderabad, Telangana-500\ 016\ |\ www.apollohl.com\ |\ Email\ ID:\ enquiry@apollohl.com, Ph\ No:\ 040-4904\ 7777, Fax\ No:\ 4904\ 7744$





Patient Name : Mr.RAHUL AMRUTKAR

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: 37 Y 2 M 22 D/M

UHID/MR No

: CWAN.0000129638

Visit ID

: CWANOPV211869

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 30041986

Test Name

Collected

: 22/Jul/2023 09:34AM

Received : 22/Jul/2023 02:28PM

Reported

Status

: 22/Jul/2023 02:57PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Unit Bio. Ref. Range Result Method

| COMPLETE URINE EXAMINATION (C | UE) , <i>URINE</i> | | | |
|-------------------------------|---------------------------|------|------------------|----------------------------|
| 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 | ¥0 | NORMAL | MODIFED EHRLICH REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MO | OUNT 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 |

Page 11 of 12

SIN No:UR2152540









: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

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: CWAN.0000129638 : CWANOPV211869

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 30041986

©ollected : 22/Jul/2023 09:34AM

Received : 22/Jul/2023 02:28PM

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

| Test Name Result | Unit | Bio. Ref. Range | Method |
|------------------|------|-----------------|--------|
|------------------|------|-----------------|--------|

| URINE GLUCOSE(POST PRANDIAL), | NEGATIVE | NEGATIVE | Dipstick |
|-------------------------------|----------|----------|----------|
| URINE | | | |

| URINE GLUCOSE(FASTING), URINE | NEGATIVE | NEGATIVE | Dipstick | |
|-------------------------------|----------|----------|----------|--|

*** End Of Report ***

Dr Sneha Shah

MBBS MD (Pathology) Consultant Pathologist

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

Page 12 of 12

SIN No:UPP015195,UF009078

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

APOLLO CLINICS NETWORK



rahul. gmrutkar22@gmail.com

Name : Mr. RAHUL AMRUTKAR

Age: 37 Y

Sex: M

Address: PUNE

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CWAN.0000129638

OP Number: CWANOPV211869

Bill No: CWAN-OCR-47044 **Date**: 22.07.2023 09:07

| Sno | Serive Type/ServiceName | Department |
|------|---|-------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN IND | IA - FY2324 |
| 1 | URINE GLUCOSE(FASTING) | |
| -2 | GAMMA GLUTAMYL TRANFERASE (GGT) | |
| -3 | HbA1c, GLYCATED HEMOGLOBIN | |
| 4 | 2 D ECHO | |
| -5 | LIVER FUNCTION TEST (LFT) | |
| 6 | X-RAY CHEST PA | |
| 7 | GLUCOSE, FASTING | |
| 18 | HEMOGRAM + PERIPHERAL SMEAR | |
| 9 | ENT CONSULTATION | |
| 10 | FITNESS BY GENERAL PHYSICIAN | |
| 11 | DIET CONSULTATION | |
| 12 | COMPLETE URINE EXAMINATION | |
| 13 | URINE GLUCOSE(POST PRANDIAL) | |
| -14 | PERIPHERAL SMEAR | |
| V/15 | ECG | |
| 10 | BLOOD GROUP ABO AND RH FACTOR | |
| 17 | LIPID PROFILE | |
| 18 | BODY MASS INDEX (BMI) | |
| 18 | OPTHAL BY GENERAL PHYSICIAN | |
| 120 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| _21 | ULTRASOUND - WHOLE ABDOMEN | , |
| 22 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | 7 |
| 12 | DENTAL CONSULTATION | |
| 120 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |

DENTALIPHYSIO/AUDIOMETT

dentel

wt - 71.3 kg

Ht - 163 cm

BP - 100/70 Hg/mm



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

| 5 | |
|--|--|
| Medically Fit | |
| Fit with restrictions/recommendations | |
| Though following restrictions have bee mpediments to the job. | n revealed, in my opinion, these are not |
| l | |
| 2 | |
| 3 | |
| However the employee should follow to communicated to him/her. | he advice/medication that has been |
| Review after | |
| Currently Unfit. | |
| Review after | recommended |

Dr. Medical Officer

The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes.

DR. MUSHFIYA BAHRAINWALA

MR.B.S.

Reg. No.: 47527 Apollo Clinic Wanowarie NIBM Road, Kondi wa.



Date

: 22-07-2023

Department

: GENERAL

MR NO

CWAN.0000129638

Doctor

Name

: Mr. RAHUL AMRUTKAR

Registration No

Qualification

Age/ Gender

37 Y / Male

Consultation Timing: 09:07

Height: 163cm.

Weight: 71-3kg

BMI:

Waist Circum:

Temp:

Pulse:

Resp:

B.P: /00

General Examination / Allergies

History

F.Mi-D.m,

Asthma

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Clinical Diagnosis & Management Plan

For Auc

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Flup T Reports

Ados Vrt. B12 & D3

M.B.B.S

Reg. No.: 47527 Apollo Clinic Wanowarie NIBM Road, Kondhwa.

Follow up date:

Doctor Signature





Date

MR NO

: 22-07-2023

: CWAN.0000129638

Department

: GENERAL

Doctor

: Dr. Akanksha Jain

ENT

Name

: Mr. RAHUL AMRUTKAR

Registration No

Qualification

Age/ Gender

Height:

Temp:

: 37 Y / Male

Consultation Timing: 09:07

Weight:

Pulse:

BMI:

Resp:

Waist Circum:

B.P:

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

came for routine check-up.

c/o 1 heaving dwing episode of.

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Adv.

PTA.

Follow up date:

Akanauha. **Doctor Signature**

| Male, 37 Years (30.04.1986) | 04.1986) KAROL OOGIZYOOG, AFOLLO CLINEC WANDERLE | 22 EC C 88 2 EC EC C 88 2 EC | HR ⊗Sbpm |
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2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name: MR.RAHUL AMRUTKAR Age/Sex: 37/M Date: 22/07/2023

2D Echo:-

Cardiac chamber dimensions -Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function - Diastolic flows are normal.

Cardiac valves -

Mitral valve -Normal, Trivial mitral regurgitation.

Aortic valve - Three thin leaflets, no aortic regurgitation, Aortic PG - 5.2mm Hg

Tricuspid valve - Mild tricuspid regurgitation, No PAH, PASP by TR jet - 33mm Hg

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 |
|-------|----|-----|-----|-------|-------|------|
| 29 | 31 | 10 | 10 | 42 | 22 | 60% |

Conclusion:-

Normal chamber dimensions.

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

No LV Diastolic dysfunction.

Normal PA pressure.

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



The Apollo Clinic

Wanowrie Pune-411048

PATIENT NAME: - Mr. Rechou -A.

DATE: - 22/1/28

AGE/SEX 371M

UHID:

FYE CHECKUP

COMPLETE

PREMEDICAL/OTHER

| | RIGHT EYE | LEFT EYE |
|--------------------------------|-----------|----------|
| Far Vision | 6/6 plow | 6/6 plus |
| Near Vision | N/6 | N/6 |
| Anterior Segment Pupil | NORMAL | NORMAL |
| Fundus | NORMAL V | NORMAL |
| Colour Vision | NORMAL ~ | NORMAL |
| lop | NORMAL NA | NORMAL |
| Family History/Medical History | NP | |

IMPRESSION: Emelos pia

Advice: use computes glasses



Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana 500 016.



: Mr. RAHUL AMRUTKAR

UHID

: CWAN.0000129638

Reported on

: 22-07-2023 12:49

Adm/Consult Doctor

Age

: 37 Y M

OP Visit No

: CWANOPV211869

Printed on

: 22-07-2023 12:50

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen.

Printed on:22-07-2023 12:49

--- End of the Report---

Dr. Samueder Lamba Dr. Samueder Lamba Or. Samueler Lamba (Ex-Major) MBBS Office (Ex-Major) RBBS Office Reg. No. 2004 Radiology



: Mr. RAHUL AMRUTKAR

Age

: 37 Y M

UHID

: CWAN.0000129638

OP Visit No

: CWANOPV211869

Reported on

: 22-07-2023 11:07

Printed on

: 22-07-2023 11:10

Adm/Consult Doctor :

Ref Doctor

or : 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 periGB collection. 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 and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Left kidney shows a 3 x 2.5 cm simple cyst at upper pole cortex.

<u>Urinary Bladder</u> 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 is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

No obvious bowel mass detected.



: Mr. RAHUL AMRUTKAR

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: 22-07-2023 11:10

Ref Doctor

: SELF

IMPRESSION:

Left renal simple cortical cyst.

No other 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.

Printed on:22-07-2023 11:07

---End of the Report---

Dr. SHAAZ AHMED KHAN MBBS,DMRE

Radiology







: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638

Ref Doctor

: CWANOPV211869

Emp/Auth/TPA ID

: Dr.SELF : 30041986

©ollected : 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:06PM

Reported : 22/Jul/2023 01:31PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC, DLC WITH EOSINOPHILIA.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 1 of 12



SIN No:BED230171265

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



APOLLO CLINICS NETWORK







: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638 : CWANOPV211869

Ref Doctor

: Dr.SELF Emp/Auth/TPA ID : 30041986 ©ollected

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

Test Name Unit Bio. Ref. Range Result Method

Status

| 45.10 5.02 | % | 40-50 | Electronic pulse & |
|---------------|---|---|--|
| | N 4:11: / | | Calculation |
| | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| 89.7 | fL | 83-101 | Calculated |
| 31 | pg | 27-32 | Calculated |
| 34.6 | g/dL | 31.5-34.5 | Calculated |
| 15 | % | 11.6-14 | Calculated |
| 7,440 | cells/cu.mm | 4000-10000 | Electrical Impedanc |
| LC) | | XI. | |
| 57.4 | % | 40-80 | Electrical Impedanc |
| 25.1 | % | 20-40 | Electrical Impedanc |
| 9.6 | % | 1-6 | Electrical Impedanc |
| 7.1 | % | 2-10 | Electrical Impedanc |
| 0.8 | % | <1-2 | Electrical Impedanc |
| | | | |
| 4270.56 | Cells/cu.mm | 2000-7000 | Electrical Impedanc |
| 1867.44 | Cells/cu.mm | 1000-3000 | Electrical Impedanc |
| 714.24 | Cells/cu.mm | 20-500 | Electrical Impedanc |
| 528.24 | Cells/cu.mm | 200-1000 | Electrical Impedanc |
| 59.52 | Cells/cu.mm | 0-100 | Electrical Impedanc |
| 304000 | cells/cu.mm | 150000-410000 | Electrical impedenc |
| 6 | mm at the end of 1 hour | 0-15 | Modified Westergre |
| | 34.6 15 7,440 1CC) 57.4 25.1 9.6 7.1 0.8 4270.56 1867.44 714.24 528.24 59.52 304000 6 | 34.6 g/dL 15 % 7,440 cells/cu.mm 1CC) 57.4 % 25.1 % 9.6 % 7.1 % 0.8 % 4270.56 Cells/cu.mm 1867.44 Cells/cu.mm 714.24 Cells/cu.mm 528.24 Cells/cu.mm 59.52 Cells/cu.mm 304000 cells/cu.mm 6 mm at the end of 1 hour | 34.6 g/dL 31.5-34.5 15 % 11.6-14 7,440 cells/cu.mm 4000-10000 DLC) 57.4 % 40-80 25.1 % 20-40 9.6 % 1-6 7.1 % 2-10 0.8 % <1-2 4270.56 Cells/cu.mm 2000-7000 1867.44 Cells/cu.mm 1000-3000 714.24 Cells/cu.mm 20-500 528.24 Cells/cu.mm 0-100 59.52 Cells/cu.mm 150000-410000 6 mm at the end 0-15 |

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC, DLC WITH EOSINOPHILIA.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 2 of 12

SIN No:BED230171265











: Mr.RAHUL AMRUTKAR

Age/Gender UHID/MR No : 37 Y 2 M 22 D/M

Visit ID

: CWAN.0000129638 : CWANOPV211869

Ref Doctor

: Dr.SELF Emp/Auth/TPA ID : 30041986 ©ollected

: 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:06PM

Reported : 22/Jul/2023 01:21PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

| DEPARTMENT OF HAEMATOLOGY | | | | | |
|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | |
| Test Name | Test Name Result Unit Bio. Ref. Range Method | | | | |

| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
|--|----------|-----------------------------|--|--|
| BLOOD GROUP TYPE | В | Microplate Hemagglutination | | |
| Rh TYPE | Positive | Microplate Hemagglutination | | |

Page 3 of 12



SIN No:BED230171265









: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638

Ref Doctor Emp/Auth/TPA ID : CWANOPV211869

: Dr.SELF : 30041986

€ollected : 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:05PM

Reported : 22/Jul/2023 01:54PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

| DEPARTMENT OF BIOCHEMISTRY | | | | | | |
|--|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | | |
| Test Name Result Unit Bio. Ref. Range Method | | | | | | |

| GLUCOSE, FASTING, SODIUM FLUORIDE | 102 | mg/dL | 70-100 | HEXOKINASE |
|-----------------------------------|-----|-------|--------|------------|
| PLASMA | | | × | |

Comment:

As per American Diabetes Guidelines

| Fasting Glucose Values in mg/d L | Interpretation |
|----------------------------------|----------------|
| <100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |

| GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 | 112 | mg/dL | 70-140 | HEXOKINASE |
|--|-----|-------|--------|------------|
| HR) | | ¥1 | | |

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.

Ref: Marks medical biochemistry and clinical approach





Apollo Clinic Expertise. Closer to you.

Patient Name

: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638 : CWANOPV211869

Ref Doctor Emp/Auth/TPA ID

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Reported

Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | | |
|--|--------|------|-----------------|--------|--|--|
| Test Name | Result | Unit | Bio. Ref. Range | Method | | |

| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 5.1 | % | HPLC |
|--|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 100 | mg/dL | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA):

| REFERENCE GROUP | HBA1C IN % |
|--------------------------------|------------|
| NON DIABETIC ADULTS > 18 YEARS | <5.7 |
| AT RISK (PREDIABETES) | 5.7 – 6.4 |
| DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

Page 5 of 12











: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638 : CWANOPV211869

Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF

: 30041986

Test Name

€ollected : 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:24PM Reported : 22/Jul/2023 01:43PM

Status : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| | | | | | _ | | |
|--|--|--|--|--|---|--|--|
| DEPARTMENT OF BIOCHEMISTRY | | | | | | | |
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | | | |
| Test Name Result Unit Bio Ref Range Method | | | | | | | |

| LIPID PROFILE , SERUM | | | | |
|-----------------------|--------|-------|--------|-------------------------------|
| TOTAL CHOLESTEROL | 176 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 130 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 42 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 133 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 107.11 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 26.08 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.13 | | 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 | | 3 | |
| 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 12

SIN No:SE04430459









: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638

Ref Doctor

Emp/Auth/TPA ID

: CWANOPV211869

: Dr.SELF : 30041986 ©ollected

: 22/Jul/2023 09:34AM

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Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

| DEPARTMENT OF BIOCHEMISTRY | | | | | | |
|--|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - F | 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 | 0.73 | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.59 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 30.85 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 25.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 94.44 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.87 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.24 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.63 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.61 | | 0.9-2.0 | Calculated |

Page 7 of 12



SIN No:SE04430459





Patient Name : Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638

Ref Doctor

: CWANOPV211869

: Dr.SELF Emp/Auth/TPA ID : 30041986 Collected : 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:24PM

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Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

| ſ | DEPARTMENT OF BIOCHEMISTRY | | | | | | |
|---|--|--|--|--|--|--|--|
| Ī | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | | |
| Ī | Test Name Result Unit Bio. Ref. Range Method | | | | | | |

| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM | | | | | | |
|---|--------|--------|-------------|--------------------------|--|--|
| CREATININE | 0.85 | mg/dL | 0.72 – 1.18 | Modified Jaffe, Kinetic | | |
| UREA | 25.27 | mg/dL | 17-43 | GLDH, Kinetic Assay | | |
| BLOOD UREA NITROGEN | 11.8 | mg/dL | 8.0 - 23.0 | Calculated | | |
| URIC ACID | 7.06 | mg/dL | 3.5–7.2 | Uricase PAP | | |
| CALCIUM | 9.37 | mg/dL | 8.8-10.6 | Arsenazo III | | |
| PHOSPHORUS, INORGANIC | 3.39 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex | | |
| SODIUM | 138.21 | mmol/L | 136–146 | ISE (Indirect) | | |
| POTASSIUM | 4.5 | mmol/L | 3.5–5.1 | ISE (Indirect) | | |
| CHLORIDE | 103.19 | mmol/L | 101–109 | ISE (Indirect) | | |

Page 8 of 12



SIN No:SE04430459

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

APOLLO CLINICS NETWORK





: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638

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: CWANOPV211869

Emp/Auth/TPA ID : 30041986

: Dr.SELF

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Reported Status

: 22/Jul/2023 01:35PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN | 1 INDIA - FY2324 |
|---|------------------|
|---|------------------|

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| GAMMA GLUTAMYL TRANSPEPTIDASE | 32.59 | U/L | <55 | IFCC | |
|-------------------------------|-------|-----|-----|------|--|
| (GGT) . SERUM | | | | | |

Page 9 of 12

SIN No:SE04430459

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



APOLLO CLINICS NETWORK





Patient Name : Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No

: CWAN.0000129638

Visit ID

: CWANOPV211869

Ref Doctor Emp/Auth/TPA ID _ - - - -

: Dr.SELF : 30041986 ate No: MG-5@ollected

: 22/Jul/2023 09:34AM

Received : 22/Jul/2023 12:24PM

Reported

Status

: 22/Jul/2023 01:32PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| DEPARTMENT OF IMMUNOLOGY | | | | | | |
|--|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | | |
| Test Name Result Unit Bio. Ref. Range Method | | | | | | |

| THYROID PROFILE TOTAL (T3, T4, TSH), SERUM | | | | | | |
|--|-------|--------|------------|------|--|--|
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.16 | ng/mL | 0.64-1.52 | CMIA | | |
| THYROXINE (T4, TOTAL) | 7.23 | μg/dL | 4.87-11.72 | CMIA | | |
| THYROID STIMULATING HORMONE (TSH) | 2.270 | μIU/mL | 0.35-4.94 | CMIA | | |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| 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 |

Page 10 of 12

SIN No:SPL23104714





Patient Name : Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No

: CWAN.0000129638

Visit ID

: CWANOPV211869

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 30041986

Test Name

Collected

: 22/Jul/2023 09:34AM

Received : 22/Jul/2023 02:28PM

Reported

Status

: 22/Jul/2023 02:57PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Unit Bio. Ref. Range Result Method

| COMPLETE URINE EXAMINATION (C | UE) , <i>URINE</i> | | | |
|-------------------------------|---------------------------|------|------------------|----------------------------|
| 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 | ¥0 | NORMAL | MODIFED EHRLICH REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MO | OUNT 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 |

Page 11 of 12

SIN No:UR2152540









: Mr.RAHUL AMRUTKAR

Age/Gender

: 37 Y 2 M 22 D/M

UHID/MR No Visit ID

: CWAN.0000129638

Ref Doctor

: CWANOPV211869

Emp/Auth/TPA ID

: Dr.SELF : 30041986

€ollected

: 22/Jul/2023 09:34AM

Received

: 22/Jul/2023 02:28PM : 22/Jul/2023 02:57PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| DEDARTMENT | <u> </u> | 01 15110 41 | DATUG | 201/ |
|------------|----------|-------------|----------|------|
| DEPARTMENT | OF. | CLINICAL | . PATHOL | .UGY |

| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D EC | HO - PAN INDIA - FY2324 |
|---|-------------------------|
|---|-------------------------|

Test Name Unit Result Bio. Ref. Range Method

URINE GLUCOSE(POST PRANDIAL), **NEGATIVE NEGATIVE** Dipstick URINE

URINE GLUCOSE(FASTING), URINE **NEGATIVE NEGATIVE** Dipstick

*** End Of Report ***

Dr Sneha Shah

MBBS MD (Pathology) Consultant Pathologist

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

Page 12 of 12

SIN No:UPP015195,UF009078

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

APOLLO CLINICS NETWORK



rahul. gmrutkar22@gmail.com

Name : Mr. RAHUL AMRUTKAR

Age: 37 Y

Sex: M

Address: PUNE

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CWAN.0000129638

OP Number: CWANOPV211869

Bill No: CWAN-OCR-47044 **Date**: 22.07.2023 09:07

| Sno | Serive Type/ServiceName | Department |
|------|---|-------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN IND | IA - FY2324 |
| 1 | URINE GLUCOSE(FASTING) | |
| -2 | GAMMA GLUTAMYL TRANFERASE (GGT) | |
| -3 | HbA1c, GLYCATED HEMOGLOBIN | |
| 4 | 2 D ECHO | |
| -5 | LIVER FUNCTION TEST (LFT) | |
| 6 | X-RAY CHEST PA | / |
| 7 | GLUCOSE, FASTING | |
| 18 | HEMOGRAM + PERIPHERAL SMEAR | |
| 9 | ENT CONSULTATION | |
| 10 | FITNESS BY GENERAL PHYSICIAN | |
| 11 | DIET CONSULTATION | |
| 12 | COMPLETE URINE EXAMINATION | |
| 13 | URINE GLUCOSE(POST PRANDIAL) | |
| -14 | PERIPHERAL SMEAR | |
| V/15 | ECG | |
| 10 | BLOOD GROUP ABO AND RH FACTOR | |
| 17 | LIPID PROFILE | |
| 18 | BODY MASS INDEX (BMI) | |
| 18 | OPTHAL BY GENERAL PHYSICIAN | |
| 120 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| _21 | ULTRASOUND - WHOLE ABDOMEN | , |
| 22 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | 7 |
| 12 | DENTAL CONSULTATION | |
| 120 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |

DENTALIPHYSIO/AUDIOMETT

dentel

wt - 71.3 kg

Ht - 163 cm

BP - 100/70 Hg/mm



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

| S | |
|-----|--|
| Me | edically Fit |
| Fit | with restrictions/recommendations |
| | ough following restrictions have been revealed, in my opinion, these are not pediments to the job. |
| 1 | |
| 2 | |
| 3 | |
| | owever the employee should follow the advice/medication that has been mmunicated to him/her. |
| Re | view after |
| Cu | arrently Unfit. |
| Re | view afterrecommended |

Dr. Medical Officer

The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes.

DR. MUSHFIYA BAHRAINWALA

MR.B.S.

Reg. No.: 47527 Apollo Clinic Wanowarie NIBM Road, Kondi wa.



Date

: 22-07-2023

Department

: GENERAL

MR NO

CWAN.0000129638

Doctor

Name

: Mr. RAHUL AMRUTKAR

Registration No

Qualification

Age/ Gender

37 Y / Male

Consultation Timing: 09:07

Height: 163cm.

Weight: 71-3kg

BMI:

Waist Circum:

Temp:

Pulse:

Resp:

B.P: /00

General Examination / Allergies

History

F.Mi-D.m,

Asthma

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Clinical Diagnosis & Management Plan

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Flup T Reports

Ados Vrt. B12 & D3

M.B.B.S

Reg. No.: 47527 Apollo Clinic Wanowarie NIBM Road, Kondhwa.

Follow up date:

Doctor Signature





Date

MR NO

: 22-07-2023

: CWAN.0000129638

Department

: GENERAL

Doctor

: Dr. Akanksha Jain

ENT

Name

: Mr. RAHUL AMRUTKAR

Registration No

Qualification

Age/ Gender

Height:

Temp:

: 37 Y / Male

Consultation Timing: 09:07

Weight:

Pulse:

BMI:

Resp:

Waist Circum:

B.P:

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

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Adv.

PTA.

Follow up date:

Akanauha. **Doctor Signature**

| Male, 37 Years (30.04.1986) | 04.1986) KAROL OOGIZYOOG, AFOLLO CLINEC WANDERLE | THE CONTRACT OF THE CONTRACT O | HR ⊗Sbpm |
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2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name: MR.RAHUL AMRUTKAR Age/Sex: 37/M Date: 22/07/2023

2D Echo:-

Cardiac chamber dimensions -Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function - Diastolic flows are normal.

Cardiac valves -

Mitral valve -Normal, Trivial mitral regurgitation.

Aortic valve - Three thin leaflets, no aortic regurgitation, Aortic PG - 5.2mm Hg

Tricuspid valve - Mild tricuspid regurgitation, No PAH, PASP by TR jet - 33mm Hg

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 |
|-------|----|-----|-----|-------|-------|------|
| 29 | 31 | 10 | 10 | 42 | 22 | 60% |

Conclusion:-

Normal chamber dimensions.

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

No LV Diastolic dysfunction.

Normal PA pressure.

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



The Apollo Clinic

Wanowrie Pune-411048

PATIENT NAME: - Mr. Rechou -A.

DATE: - 22/1/28

AGE/SEX 371M

UHID:

FYE CHECKUP

COMPLETE

PREMEDICAL/OTHER

| | RIGHT EYE | LEFT EYE | |
|--------------------------------|-----------|----------|--|
| Far Vision | 6/6 plow | 6/6 plus | |
| Near Vision | N/6 | N/6 | |
| Anterior Segment Pupil | NORMAL | NORMAL | |
| Fundus | NORMAL V | NORMAL | |
| Colour Vision | NORMAL ~ | NORMAL | |
| lop | NORMAL NA | NORMAL | |
| Family History/Medical History | NP | | |

IMPRESSION: Emelos pia

Advice: use computes glasses



Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana 500 016.



: Mr. RAHUL AMRUTKAR

UHID

: CWAN.0000129638

Reported on

: 22-07-2023 12:49

Adm/Consult Doctor

Age

: 37 Y M

OP Visit No

: CWANOPV211869

Printed on

: 22-07-2023 12:50

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen.

Printed on:22-07-2023 12:49

--- End of the Report---

Dr. Samueder Lamba Dr. Samueder Lamba Or. Samueler Lamba (Ex-Major) MBBS Office (Ex-Major) RBBS Office Reg. No. 2004 Radiology



: Mr. RAHUL AMRUTKAR

Age

: 37 Y M

UHID

: CWAN.0000129638

OP Visit No

: CWANOPV211869

Reported on

: 22-07-2023 11:07

Printed on

: 22-07-2023 11:10

Adm/Consult Doctor :

Ref Doctor

or : 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 periGB collection. 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 and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Left kidney shows a 3 x 2.5 cm simple cyst at upper pole cortex.

<u>Urinary Bladder</u> 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 is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

No obvious bowel mass detected.



: Mr. RAHUL AMRUTKAR

UHID

: CWAN.0000129638

Reported on

: 22-07-2023 11:07

Adm/Consult Doctor

Age

: 37 Y M

OP Visit No

: CWANOPV211869

Printed on

: 22-07-2023 11:10

Ref Doctor

: SELF

IMPRESSION:

Left renal simple cortical cyst.

No other 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.

Printed on:22-07-2023 11:07

---End of the Report---

Dr. SHAAZ AHMED KHAN MBBS,DMRE

Radiology