

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Vikas Madane on 12/2/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1..... <u>HBAIC ↑</u> .....</p> <p>2..... <u>↑ cholesterol level</u> .....</p> <p>3..... .....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. Lily Dubo  
 Medical Officer Physician  
 Apollo Clinic, Kharadi  
 020-26110739

*This certificate is not meant for medico-legal purposes*

### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

### APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 10-02-2024  
 MR NO : CWAN.0000062136  
 Name : Mr. VIKAS MADANE  
 Age/ Gender : 34 Y / Male

Department : *Vikas Madane*  
 : GENERAL  
 Doctor :  
 :  
 Registration No :  
 Qualification :

Consultation Timing: 08:55

Height : 167	Weight : 75.3	BMI : 26	Waist Circum : 78
Temp : 97.8 °f	Pulse : 78	Resp : 22	B.P : 130/96

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains - Nil

Comorbidity - Nil

Allergies - Nil

Surgical H/O Nil.

Family H/O Nil

Addiction - Nil

OE

CVS-

CNS-

P/A-

Chest-

*HAD*

H/O covid infection - Yes

Vaccinated with - both doses.

Follow up date:

Doctor Signature

Mr. Vikas Madane.  
34yrs /m.

10/02/2024

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

pt came for Routine ENT Health check-up.  
No/lo hearing loss.

OLE BIL EAC - w/ clear, BIL TMJ - intact,

- DNS to (+)

- Throat - WNL

§.

- Steam inhalation  
177



Follow up date:

Doctor Signature

# POWER PRESCRIPTION

NAME: Mrs Vijaya Madane

GENDER: M/F

DATE: 10-2-24

AGE: 34

UHID: G2136

## RIGHT EYE

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		-0.50	90°	6/6
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE		-0.50	90°	6/6
NEAR				

INSTRUCTIONS:

SIGNATURE



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TO BOOK AN APPOINTMENT

 **1860 500 7788**



ID: 62136

vikas madane

Male 34Years

kg / mmHg

Req. No. :

10-02-2024 14:33:51

HR : 100 bpm

P : 90 ms

PR : 114 ms

QRS : 110 ms

QT/QTcBz : 330/426 ms

PQRST : 69/76/31 °

RV5/SVI : 1.355/0.861 mV

Diagnosis Information:

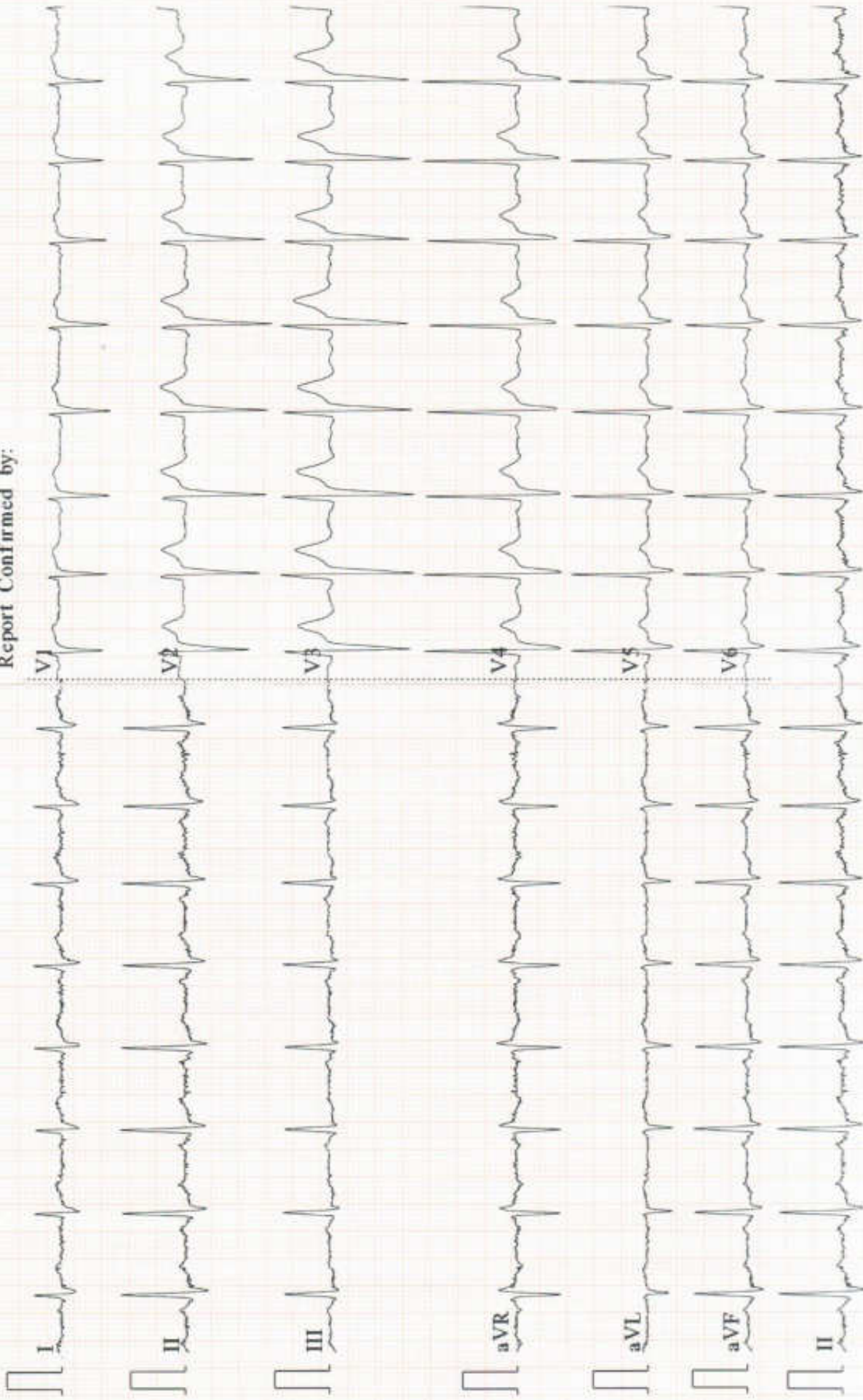
Sinus tachycardia

Inferior T wave abnormality is nonspecific

Borderline ECG

*[Signature]*

Report Confirmed by:



Patient Name : Mr. VIKAS MADANE  
UHID : CWAN.0000062136  
Reported on : 10-02-2024 18:49  
Adm/Consult Doctor :

Age : 34 Y M  
OP Visit No : CKHAOPV109052  
Printed on : 10-02-2024 19:56  
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: 10-02-2024 18:49

---End of the Report---



**Dr. SANKET KASLIWAL**  
MBBS DMRE  
Radiology

Patient Name	: Mr. VIKAS MADANE	Age	: 34 Y M
UHID	: CWAN.0000062136	OP Visit No	: CKHAOPV109052
Reported on	: 10-02-2024 16:21	Printed on	: 10-02-2024 19:56
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

**Gall bladder:** is partially distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

**Spleen:** appears normal in size, shape and echotexture. No focal lesion is noted.

**Pancreas:** appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

**Right kidney :** normal in size ms 9.6 x 4.3 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

**Left kidney :** normal in size ms 10.1 x 4.5 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

**Urinary bladder:** is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

**Prostate:** appears normal in size and echotexture ....

Visualised bowel loops appear normal. No wall edema or mass noted.

### IMPRESSION :

- No significant abnormality in present scan.



Patient Name : Mr. VIKAS MADANE  
UHID : CWAN.0000062136  
Reported on : 10-02-2024 16:21  
Adm/Consult Doctor :

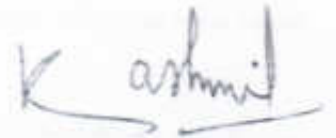
Age : 34 Y M  
OP Visit No : CKHAOPV109052  
Printed on : 10-02-2024 19:56  
Ref Doctor : SELF

Clinical correlation suggested....

(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: 10-02-2024 16:21

---End of the Report---



Dr. SANKET KASLIWAL  
MBBS DMRE  
Radiology



Name: Mr. VIKAS MADANE

Age/ Sex: 34 Yrs / M

Date: 10/02/2024

**2D ECHO/COLOUR DOPPLER**

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	22	PULMONARY VE(m/sec)	1.2
LEFT ATRIUM (mm)	27	PG (mmHg)	4.3
		AORTIC VEL (m/sec)	1.3
IVS - D (mm)	10	PG (mmHg)	7.1
LVID - D (mm)	45	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.5
LVPW - D (mm)	10		
EJECTION FRACTION (%)	60%		

**REPORT:**

Normal sized all cardiac chambers.  
No regional wall motion abnormality.  
Normal LV systolic function.  
Mitral valve Normal. No mitral regurgitation/ No Mitral stenosis.  
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.  
Normal Tricuspid & pulmonary valve.  
No tricuspid regurgitation. No pulmonary hypertension.  
Intact IAS and IVS.  
No clots, vegetations, pericardial effusion noted.  
Aortic arch appears normal

**IMPRESSION:**

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.



**DR. VIKRANT KHESE**  
MBBS, MD Medicine, DNB Medicine, DM Cardiology  
Consultant and interventional Cardiologist  
Reg No: MMC: 2015/02/0627

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

भारत सरकार  
Government of India

विकास अर्जुन मदने  
Vikas Arjun Madane

जन्म तारीख / DOB: 06/07/1989

पुरुष / MALE

Mobile No.: 9730744010

**8430 8753 7324**

VID : 9117 0274 0919 3945

माझे आधार, माझी ओळख

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE
2	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	bobE7368	MR. MADANE VIKAS ARJUN	34

**Patient Name** : Mr. VIKAS MADANE

**Age/Gender** : 34 Y/M

**UHID/MR No.** : CWAN.0000062136

**OP Visit No** : CKHAOPV109052

**Sample Collected on** :

**Reported on** : 10-02-2024 16:22

**LRN#** : RAD2231720

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 68996

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

**Gall bladder:** is partially distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

**Spleen:** appears normal in size, shape and echotexture. No focal lesion is noted.

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No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

**Urinary bladder:** is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

**Prostate:** appears normal in size and echotexture ....

Visualised bowel loops appear normal. No wall edema or mass noted.

#### IMPRESSION :

- **No significant abnormality in present scan.**

Clinical correlation suggested....

(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.



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology



**Patient Name** : Mr. VIKAS MADANE

**Age/Gender** : 34 Y/M

**UHID/MR No.** : CWAN.0000062136

**OP Visit No** : CKHAOPV109052

**Sample Collected on** :

**Reported on** : 10-02-2024 18:50

**LRN#** : RAD2231720

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 68996

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**DEPARTMENT OF RADIOLOGY**

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**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



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology

Certificate No: MC-5587

Patient Name : Mr.VIKAS MADANE	Collected : 10/Feb/2024 09:15AM
Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 12:51PM
UHID/MR No : CWAN.0000062136	Reported : 10/Feb/2024 02:25PM
Visit ID : CKHAOPV109052	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 68996	

**DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI MEDICALS PVT.LTD FULL BODY ANNUAL BLS MALE 35 FOLIO BANINDIA FY2024

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Predominantly Normocytic Normochromic with Macrocytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No Abnormal cells/hemoparasite seen.**



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



Certificate No: MC-5587

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Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 12:51PM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.4	g/dL	13-17	Spectrophotometer
PCV	47.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.01	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.9	fL	83-101	Calculated
MCH	<b>32.8</b>	pg	27-32	Calculated
MCHC	<b>34.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.7	%	40-80	Electrical Impedance
LYMPHOCYTES	32.1	%	20-40	Electrical Impedance
EOSINOPHILS	6	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3458.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1958.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	366	Cells/cu.mm	20-500	Calculated
MONOCYTES	286.7	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.5	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	254000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	4	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's Predominantly Normocytic Normochromic with Macrocytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No Abnormal cells/hemoparasite seen.**



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



Certificate No: MC-5587

Patient Name : Mr.VIKAS MADANE	Collected : 10/Feb/2024 09:15AM
Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 12:51PM
UHID/MR No : CWAN.0000062136	Reported : 10/Feb/2024 04:56PM
Visit ID : CKHAOPV109052	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 68996	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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





Certificate No: MC-5587

Patient Name : Mr.VIKAS MADANE	Collected : 10/Feb/2024 09:15AM
Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 12:58PM
UHID/MR No : CWAN.0000062136	Reported : 10/Feb/2024 01:50PM
Visit ID : CKHAOPV109052	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 68996	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	77	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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



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



Patient Name : Mr.VIKAS MADANE	Collected : 10/Feb/2024 01:02PM
Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 04:19PM
UHID/MR No : CWAN.0000062136	Reported : 10/Feb/2024 05:20PM
Visit ID : CKHAOPV109052	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 68996	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	113	mg/dL	70-140	HEXOKINASE

**Comment:**

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

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



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



Certificate No: MC-EEB7

Patient Name : Mr.VIKAS MADANE	Collected : 10/Feb/2024 09:15AM
Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 12:51PM
UHID/MR No : CWAN.0000062136	Reported : 10/Feb/2024 03:05PM
Visit ID : CKHAOPV109052	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 68996	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.9</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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



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



Certificate No: MC-EEB7

Patient Name : Mr.VIKAS MADANE	Collected : 10/Feb/2024 09:15AM
Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 01:08PM
UHID/MR No : CWAN.0000062136	Reported : 10/Feb/2024 01:52PM
Visit ID : CKHAOPV109052	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 68996	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>149</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>130.39</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.01	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.72		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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





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Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 01:08PM
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Visit ID : CKHAOPV109052	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 68996	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.16	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.91	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45.77	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	76.85	U/L	30-120	IFCC
PROTEIN, TOTAL	8.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.36	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist



Certificate No: MC-5587

Patient Name : Mr.VIKAS MADANE	Collected : 10/Feb/2024 09:15AM
Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 01:08PM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.82	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.42	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.37	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.68	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.96	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.65	mmol/L	101–109	ISE (Indirect)

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	39.55	U/L	<55	IFCC



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.09	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.302	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



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





Certificate No: MC-5587

Patient Name : Mr.VIKAS MADANE	Collected : 10/Feb/2024 09:15AM
Age/Gender : 34 Y 7 M 4 D/M	Received : 10/Feb/2024 02:47PM
UHID/MR No : CWAN.0000062136	Reported : 10/Feb/2024 03:18PM
Visit ID : CKHAOPV109052	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 4	/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

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**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

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

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

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