

Patient Name	: Mr.VAIBHAV PUNDIR	Collected	: 26/Oct/2024 09:43AM
Age/Gender	: 34 Y 3 M 27 D/M	Received	: 26/Oct/2024 10:41AM
UHID/MR No	: SCHI.0000024970	Reported	: 26/Oct/2024 01:21PM
Visit ID	: SCHIOPV38447	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 544555		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240241852



Patient Name : Mr.VAIBHAV PUNDIR  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.72	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.1	fL	83-101	Calculated
MCH	<b>32.1</b>	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,580	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	62.3	%	40-80	Electrical Impedance
LYMPHOCYTES	21.7	%	20-40	Electrical Impedance
EOSINOPHILS	<b>6.5</b>	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5345.34	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1861.86	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>557.7</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	755.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	60.06	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.87		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	172000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:BED240241852



Patient Name : Mr.VAIBHAV PUNDIR  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:BED240241852



Patient Name	: Mr.VAIBHAV PUNDIR	Collected	: 26/Oct/2024 09:43AM
Age/Gender	: 34 Y 3 M 27 D/M	Received	: 26/Oct/2024 10:41AM
UHID/MR No	: SCHI.0000024970	Reported	: 26/Oct/2024 04:38PM
Visit ID	: SCHIOPV38447	Status	: Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:BED240241852



Patient Name : Mr.VAIBHAV PUNDIR	Collected : 26/Oct/2024 03:35PM
Age/Gender : 34 Y 3 M 27 D/M	Received : 26/Oct/2024 03:48PM
UHID/MR No : SCHI.0000024970	Reported : 26/Oct/2024 06:43PM
Visit ID : SCHIOPV38447	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 544555	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	GOD - POD

**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)	97	mg/dL	70-140	GOD - POD

**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. SHWETA GUPTA  
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Patient Name : Mr.VAIBHAV PUNDIR	Collected : 26/Oct/2024 09:43AM
Age/Gender : 34 Y 3 M 27 D/M	Received : 26/Oct/2024 12:15PM
UHID/MR No : SCHI.0000024970	Reported : 26/Oct/2024 04:32PM
Visit ID : SCHIOPV38447	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 544555	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:EDT240093471



Patient Name : Mr.VAIBHAV PUNDIR	Collected : 26/Oct/2024 09:43AM
Age/Gender : 34 Y 3 M 27 D/M	Received : 26/Oct/2024 11:16AM
UHID/MR No : SCHI.0000024970	Reported : 26/Oct/2024 03:40PM
Visit ID : SCHIOPV38447	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 544555	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	147	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	80	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	56	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	91	mg/dL	<130	Calculated
LDL CHOLESTEROL	75	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.63		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.21</b>		<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



Dr. SHWETA GUPTA  
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Patient Name : Mr.VAIBHAV PUNDIR	Collected : 26/Oct/2024 09:43AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	72.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		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 Patten:\*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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Dr. SHWETA GUPTA  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>8.90</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>4.2</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.5-8.5	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated

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Dr. SHWETA GUPTA  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>10.00</b>	U/L	15-73	Glycylglycine Nitoranalide



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Age/Gender : 34 Y 3 M 27 D/M	Received : 26/Oct/2024 04:02PM
UHID/MR No : SCHI.0000024970	Reported : 26/Oct/2024 05:37PM
Visit ID : SCHIOPV38447	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 544555	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.57	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.940	µIU/mL	0.38-5.33	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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 Treatment.
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



Dr Nidhi Sachdev  
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SIN No:SPL24144902



Patient Name : Mr.VAIBHAV PUNDIR	Collected : 26/Oct/2024 09:43AM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr Nidhi Sachdev  
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Consultant Pathologist

SIN No:SPL24144902



Patient Name : Mr.VAIBHAV PUNDIR	Collected : 26/Oct/2024 09:43AM
Age/Gender : 34 Y 3 M 27 D/M	Received : 26/Oct/2024 02:18PM
UHID/MR No : SCHI.0000024970	Reported : 26/Oct/2024 04:23PM
Visit ID : SCHIOPV38447	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 544555	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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.

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Dr. SHWETA GUPTA  
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SIN No:UR2417923



Patient Name : Mr.VAIBHAV PUNDIR	Collected : 26/Oct/2024 09:43AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012140



Patient Name : Mr.VAIBHAV PUNDIR  
Age/Gender : 34 Y 3 M 27 D/M  
UHID/MR No : SCHI.0000024970  
Visit ID : SCHIOPV38447  
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Collected : 26/Oct/2024 09:43AM  
Received : 26/Oct/2024 02:18PM  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:UF012140





<b>Name</b> : Mr. Vaibhav Pundir	<b>Age</b> : 34 Y	<b>UHID</b> :SCHI.0000024970
	<b>Sex</b> : M	
<b>Address</b> : SEC 4, PUSHP VIHAR		<b>OP Number</b> :SCHIOPV38447
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>Bill No</b> :SCHI-OCR-12791
		<b>Date</b> : 26.10.2024 09:41

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

Height:	164 cm
Weight:	62 kg
B.P:	140/90 mmHg
Pulse:	84/m
SP02:	98%



भारत सरकार  
GOVT. OF INDIA  
आवास और शहरी कार्य मंत्रालय  
MINISTRY OF HOUSING & URBAN AFFAIRS  
केंद्रीय लोक निर्माण विभाग  
CENTRAL PUBLIC WORKS DEPARTMENT



VALID UP TO  
31/12/2025

ISSUING AUTHORITY

NAME : VAIBHAV PUNDIR  
DESIGNATION : AAO  
BLOOD GROUP : O+ve  
PIMS ID

*Vaibhav*  
HOLDER SIGN

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

8115779873

ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP  
sarita.saks/ AGREEMENT

ARCOFEMI HEALTHCARE LIMITED    vaibhav pundir

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of VsibheV on 26/10

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.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. Meaur  
 Medical Officer  
 The Apollo Clinic, Uppal

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



## PREVENTIVE HEALTH CARE SUMMARY

NAME :- Vaibhev	UHID No : 24970
AGE / GENDER :- 34y M	RECEIPT No :-
PANEL : Arcofemy	EXAMINED ON :- 26/10

R/c

**Chief Complaints:**

**Past History:**

DM	:	<del>Nil</del>	CVA	:	<del>Nil</del>
Hypertension	:	<del>Nil</del>	Cancer	:	<del>Nil</del>
CAD	:	<del>Nil</del>	Other	:	<del>Nil</del>

**Personal History:**

Alcohol	:	Nil	Activity	:	Active
Smoking	:	yes	Allergies	:	<del>Nil</del>

**Family History:** DM HT

**General Physical Examination:**

Height	164	:	cms	Pulse	84/m	bpm
Weight	62.9	:	Kgs	BP	140/90	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Wadhwa</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

### Investigations:

- All the reports of tests and investigations are attached herewith

*W*

### Recommendation:

- S/R deaf  
BB charkny  
Cap & Achue 102 x 3mall  
My vite D<sub>3</sub> 60 k once a week  
2-3mall

Dr. Navneet Kaur  
Consultant Physician



## DIGITAL X-RAY REPORT

NAME: VAIBHAV PUNDIR	DATE: 26.10.2024
UHID NO : 24970	AGE: 34YRS/ SEX: MALE

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

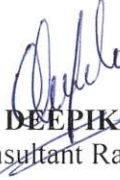
Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
**DR. DEEPIKA AGARWAL**  
Consultant Radiologist

**Dr. DEEPIKA AGARWAL**  
Consultant Radiologist  
DMC No. 56777  
Apollo Speciality Hospitals (P) Ltd.  
A-2, Chirag Enclave, Greater Kailash-1  
New Delhi-110048

<b>NAME :</b>	<b>VAIBHAV PUNDIR</b>	<b>AGE/SEX:</b>	<b>34</b>	<b>YRS./M</b>
<b>UHID :</b>	<b>24970</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>26.10.2024</b>	

### **ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Prostate:** normal in size, weight Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY**

**Please correlate clinically and with lab. Investigations.**

DR. PRADEEP DUTTA  
Consultant Radiologist

Dr. DEEPIKA AGARWAL  
Consultant Radiologist  
DMC No. 56777  
Apollo Speciality Hospitals (P) Ltd.  
A-2, Chirag Enclave, Greater Kailash-1  
New Delhi-110048

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048  
Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Speciality Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040-4904 7777 | www.apollohl.com

PUNDIR, VAIBHAV

Patient ID: 24970

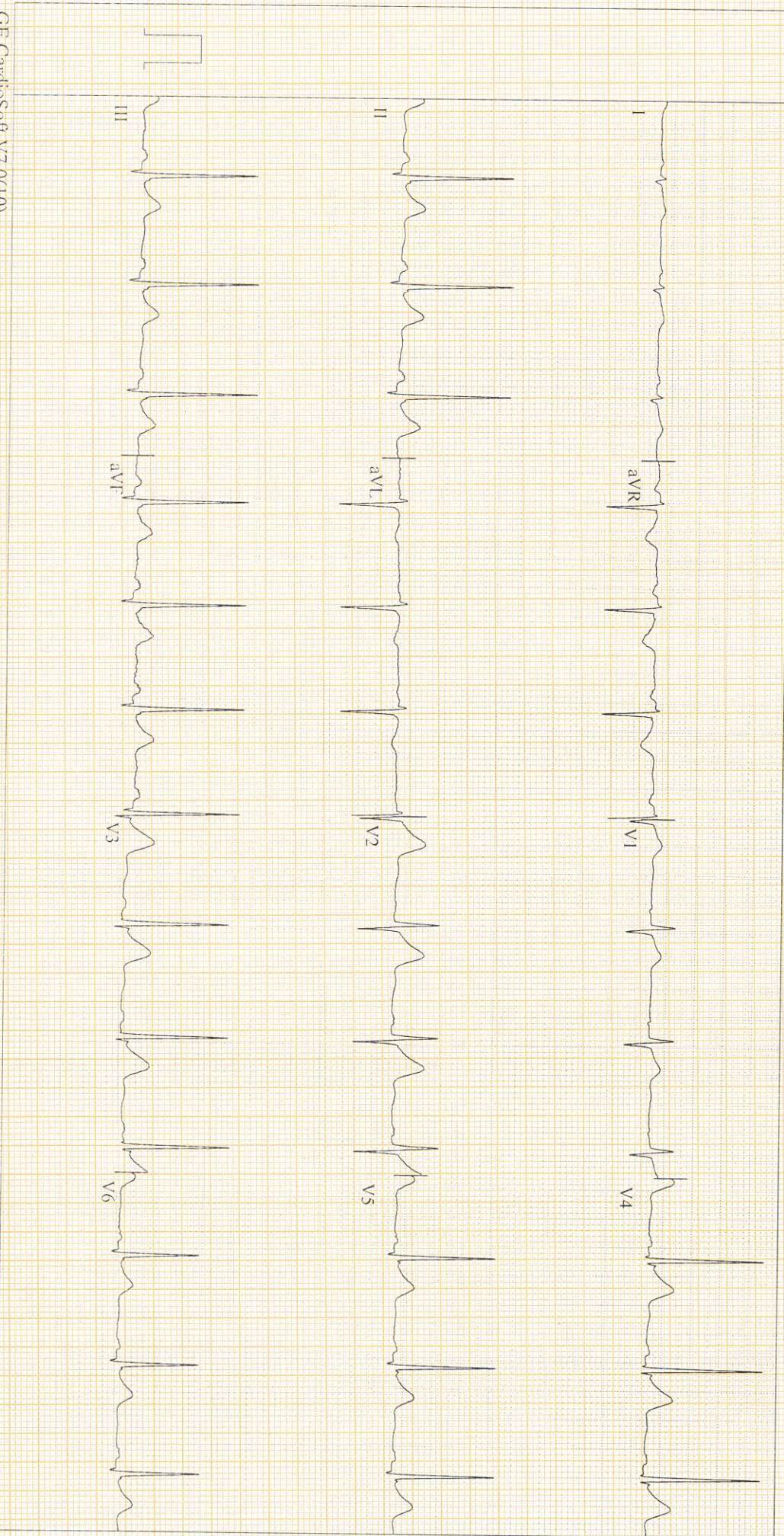
26.10.2024 Male 164 cm 62 kg

3:05:40pm 34 yrs Indian

QRS Complexes: 11

*Handwritten signature*

Vent. Rate	80 bpm	Location: * 0 *
PR interval	146 ms	System Evaluation:
QRS duration	78 ms	Normal sinus rhythm
QT / QTc(B)	340 / 392 ms	Rightward axis
P-R-T axes	71 / 90 / 77 °	Early repolarization
P duration	94 ms	Borderline ECG
RR / PP interval	754 / 750 ms	---
Sokolow-Lyon	2.20 mV	Arrhythmia results of the full-disclosure ECG



GE CardioSoft V7.0(10)  
25 mms 10 mm/mV 0.04-150 Hz 50 Hz 12SL V25

Unconfirmed

Attending MD:  
Page 1



Patient Name : Mr. Vaibhav Pundir  
UHID : SCHL0000024970  
Conducted By : Dr. MUKESH K GUPTA  
Referred By : SELF

Age : 34 Y/M  
OP Visit No : SCHIOPV38447  
Conducted Date : 26-10-2024 18:11

Protocol : Bruce Protocol  
Medication :  
Target Heart Rate : 186 BPM  
Heart Rate Achieved : 169 BPM  
Percentage of THR Achieved : 90%  
Maximum Blood Pressure : 148/90 mmHg  
Total Exercise Duration : 10:25 Min.  
Maximum Worked Attained : 13.40 Mets  
Reason for termination : Max HR attained.

#### Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

#### Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically  
Not valid for medico legal purpose.



*Dr. M.K. Gupta*  
**M.B.B.S, MD, FIACM**  
Senior Consultant Cardiologist

APOLLO SPECTRA  
NEHRU ENCLAVE  
NEW DELHI

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: PUNDIR, VAIBHAV  
Patient ID: 24970  
Height: 164 cm  
Weight: 62 kg

DOB: 29.06.1990  
Age: 34 yrs  
Gender: Male  
Race: Indian

Study Date: 26.10.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ mph ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	02:06	0.00	0.00	97	140/90	
	STANDING	00:20	0.00	0.00	93		
	WARM-UP	00:15	0.70	0.00	95		
EXERCISE	STAGE 1	03:00	1.70	10.00	107	140/90	
	STAGE 2	03:00	2.50	12.00	125	144/90	
	STAGE 3	03:00	3.40	14.00	142	148/90	
	STAGE 4	01:26	4.20	16.00	169	148/90	
RECOVERY		02:55	0.00	0.00	103	140/90	

The patient exercised according to the BRUCE for 10:25 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 81 bpm rose to a maximal heart rate of 169 bpm. This value represents 90% of the maximal, age-predicted heart rate. The resting blood pressure of 140/90 mmHg, rose to a maximum blood pressure of 148/90 mmHg. The exercise test was stopped due to Max HR attained.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.

### Conclusions

--

Physician \_\_\_\_\_

Technician \_\_\_\_\_

**PUNDIR, VAIBHAV**

Patient ID: 24970

26.10.2024 Male 164 cm 62 kg

3:07:20pm 34 yrs Indian

Meds:

BRUCE: Exercise Time 10:25

Max HR: 169 bpm 90% of max predicted 186 bpm HR at rest: 81

Max BP: 148/90 mmHg BP at rest: 140/90 Max RPP: 25012 mmHg\*bp

Maximum Workload: 13.40 METS

Max ST: 1.20 mm, 0.94 mV/s in III; EXERCISE STAGE 4 9:30

Arrhythmia: PVC:2

ST/HR index: 1.05 uV/bpm

ST/HR slope: 1.28 uV/bpm (III)

HR reserve used: 80%

HR recovery: 53 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.051 mV (V2)

QRS duration: BASELINE: 80 ms, PEAK EX: 84 ms, REC: 82 ms

Reasons for Termination: Max HR attained

Summary:

Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Room:

Location: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METs]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	ST level III [mm]	Comment
PRETEST	SUPINE	02:06	0.00	0.00	1.0	97	140/90	13580	2	0.85	
	STANDING	00:20	0.00	0.00	1.0	93		13020	2	0.80	
	WARM-UP	00:15	0.70	0.00	1.1	95		13300	0	0.80	
	STAGE 1	03:00	1.70	10.00	4.6	107	140/90	14980	0	0.50	
EXERCISE	STAGE 2	03:00	2.50	12.00	7.0	125	144/90	18000	0	-0.15	
	STAGE 3	03:00	3.40	14.00	10.1	142	148/90	21016	0	-0.55	
	STAGE 4	01:26	4.20	16.00	13.4	169	148/90	25012	0	-0.75	
	RECOVERY	02:55	0.00	0.00	1.0	103	140/90	14420	0	0.05	



PUNDIR, VAIBHAV

Patient ID: 24970

26.10.2024

3:08:16pm

Male 164 cm 62 kg

34 yrs Indian

Exercise Test / 12-Lead Report

PRETEST

SUPINE

00:50

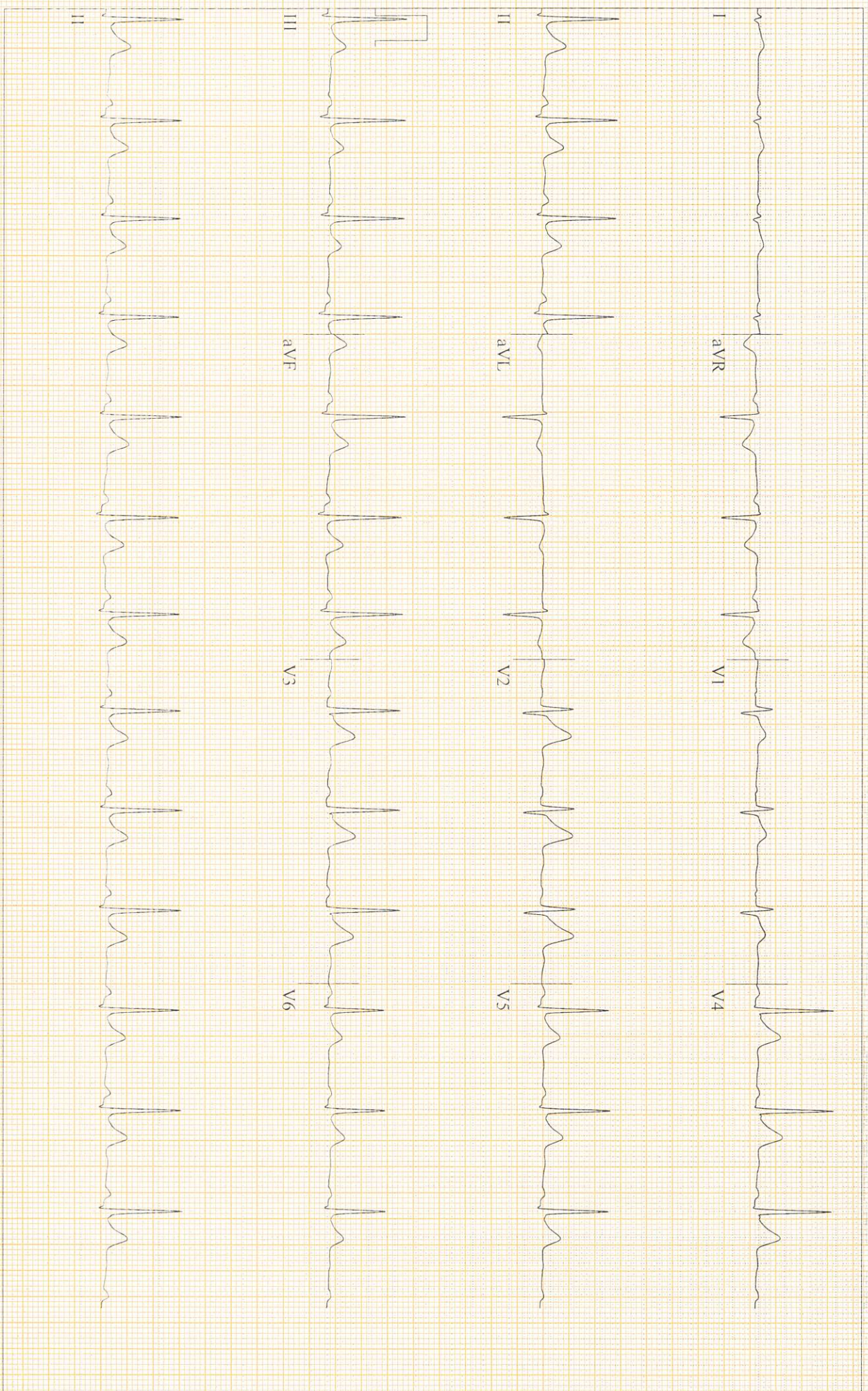
BRUCE

0.0 mph

0.0 %

APOLLO SPECTRA

83 bpm  
140/90 mmHg



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz A+ HR(II, V5)

Start of test: 3:07:20pm

Page 1

CARDIOPRINT

PUNDIR, VAIBHAV

Patient ID: 24970

26.10.2024

3:08:31pm

Male 164 cm 62 kg

34 yrs Indian

Exercise Test / 12-Lead Report

PRETEST

SUPINE

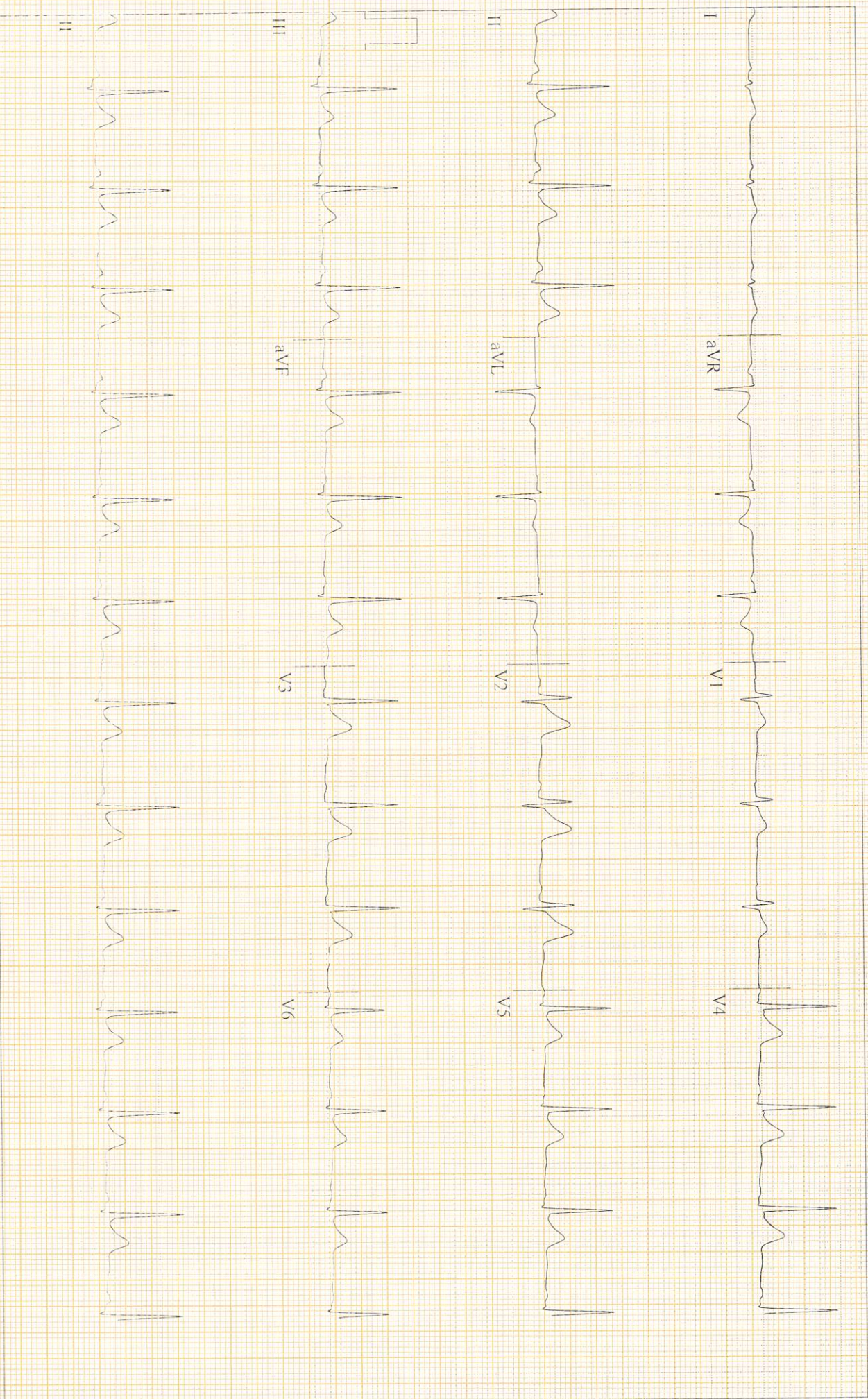
01:06

BRUCE

0.0 mph

0.0 %

APOLLO SPECTRA



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz A1 HR(HL-V3)

Start of Test: 50/72bpm



PUNDIR, VAIBHAV

Patient ID: 24970

26.10.2024

3:09:40pm

Male 164 cm 62 kg

34 yrs Indian

Exercise Test / 12-Lead Report

PRETEST

STANDING

02:15

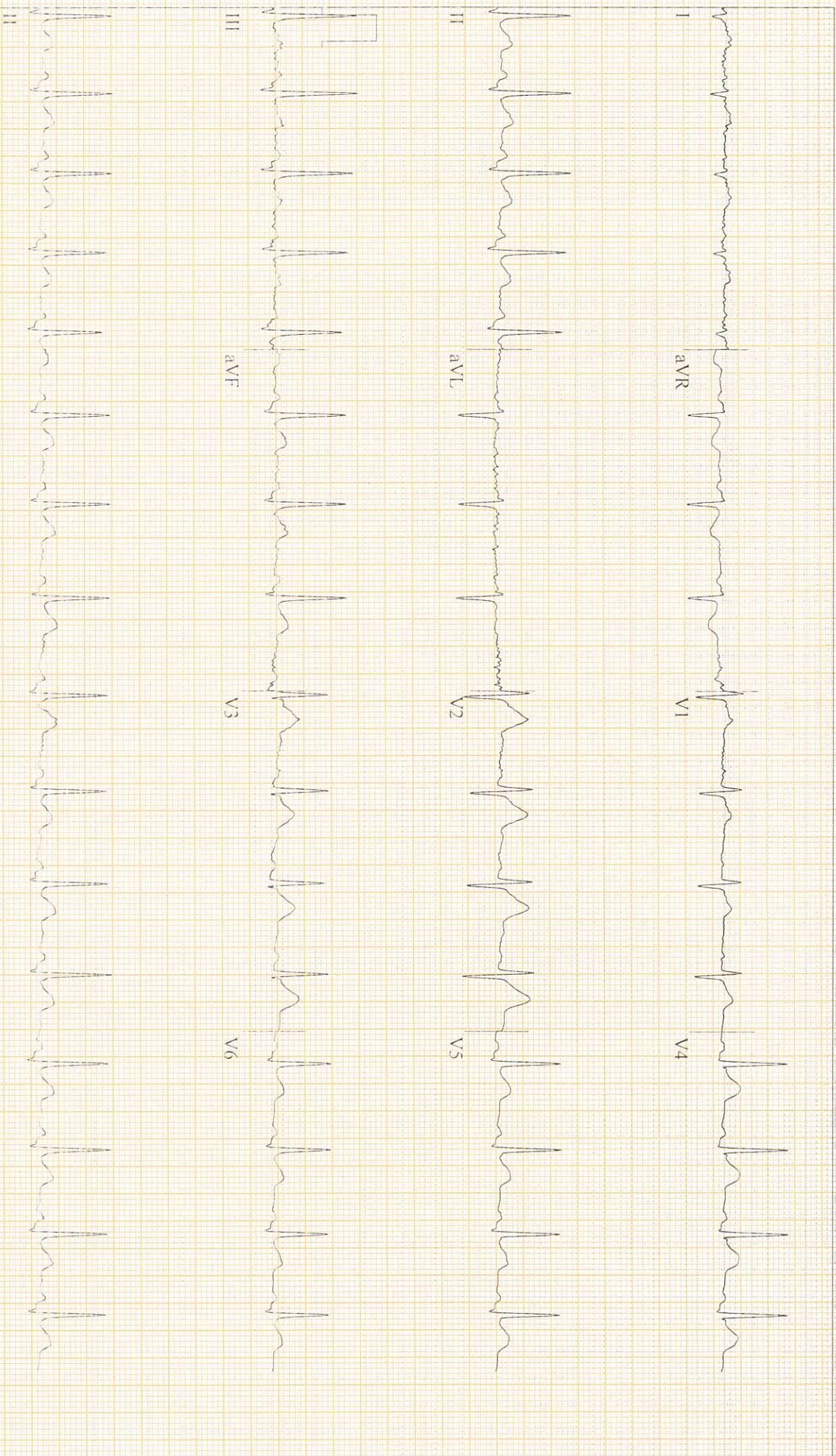
BRUCE

0.0 mph

0.0%

APOLLO SPECTRA

100 bpm  
140/90 mmHg



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz A+ HIK(V4,V5)

Start of Test: 3:07:20pm

Page 3

CARDIOPRINT®

Patient ID: 24970

26.10.2024

Male 164 cm 62 kg

3:12:48pm 34 yrs Indian

107 bpm

140/90 mmHg

EXERCISE STAGE 1

02:50

BRUCE

1.7 mph

10.0%

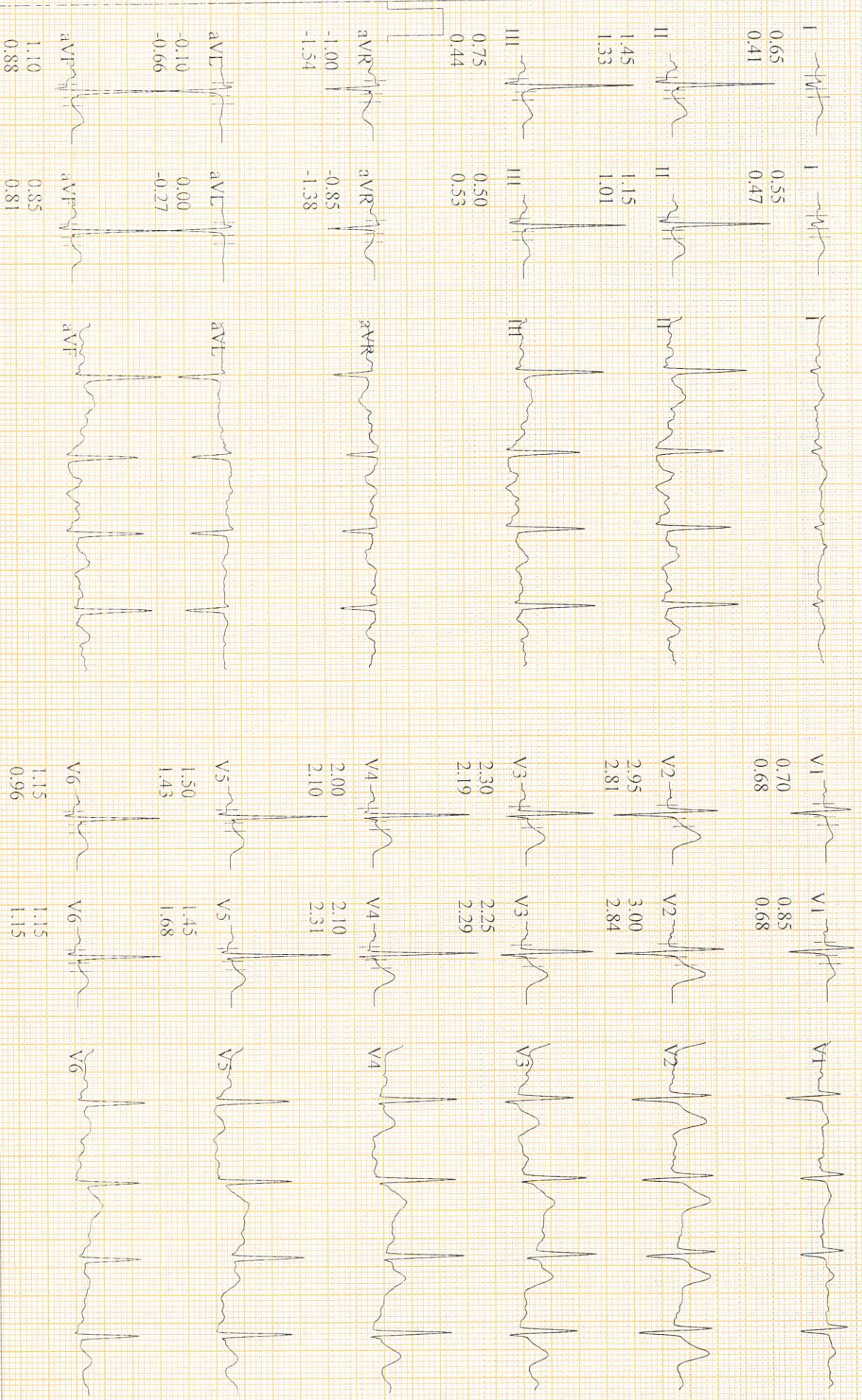
Lead

ST Level (mm)

ST Slope (mV/s)

BASELINE 60 ms post J

CURRENT 60 ms post J



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz A+ HR(V4, V5)

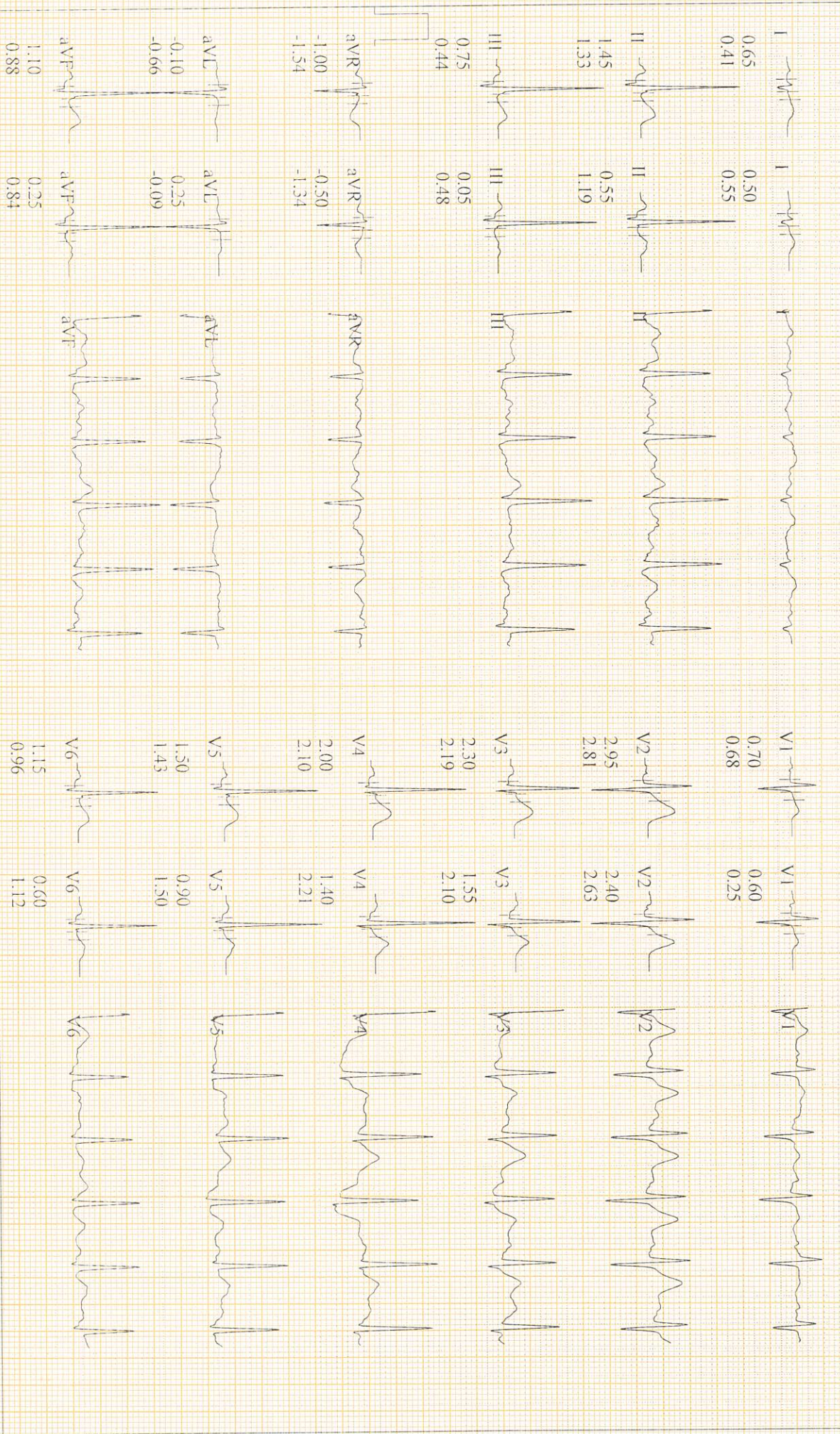
Start of Test: 5:07:20pm



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

126 bpm 144/90 mmHg

BASELINE 60 ms post J CURRENT 60 ms post J



GE CardioSoft V7.0 (10) 25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz A+ HR(V4, V5)



Start of Test: 3:07:20pm



Patient ID: 24970

EXERCISE STAGE 3

BRUCE

26.10.2024

Male 164 cm 62 kg

142 bpm

STAGE 3

3.4 mph

3:18:48pm

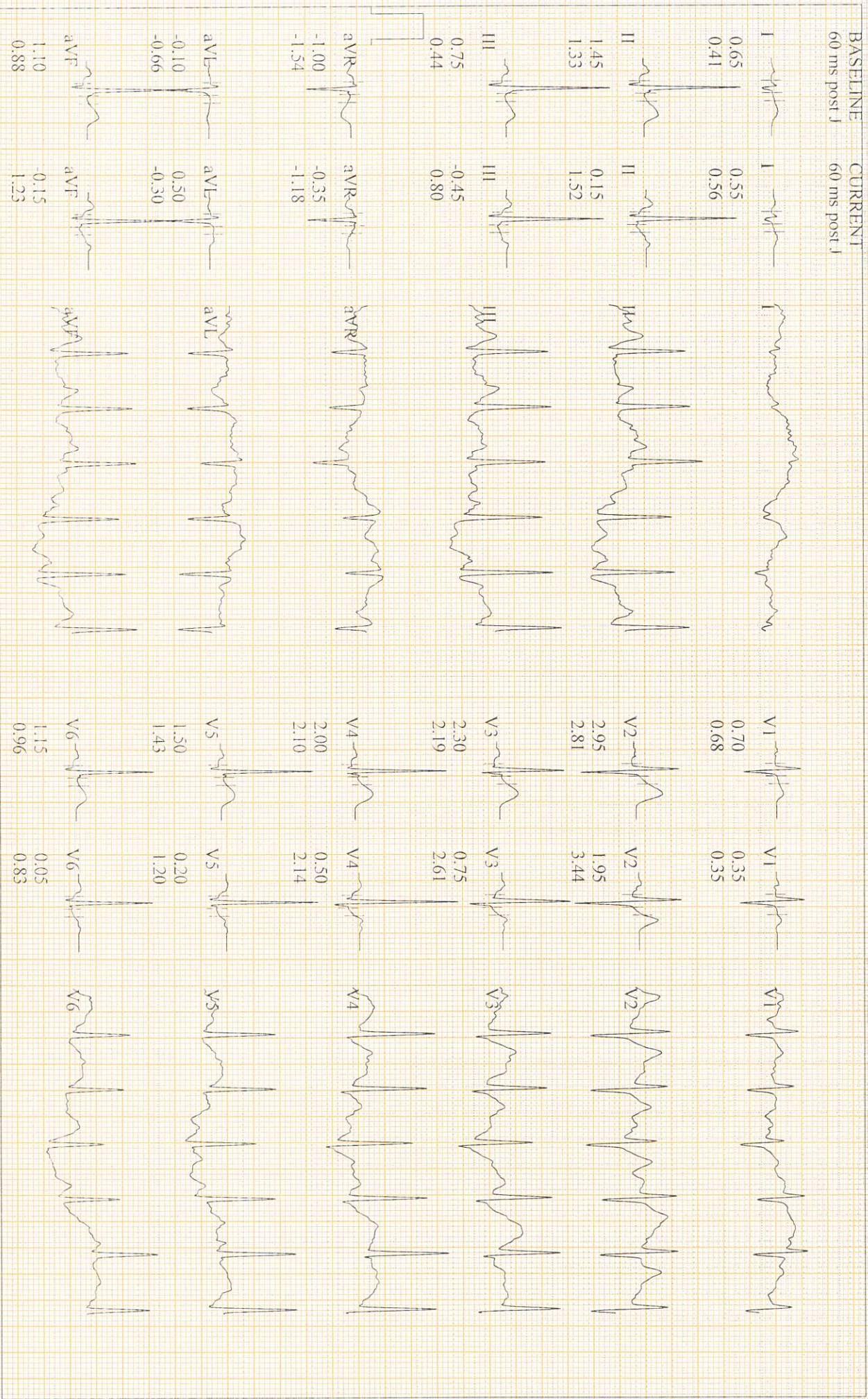
34 yrs Indian

148/90 mmHg

08:50

14:0%

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



GE CardioSoft V7.0 (10)  
25 mm/s - 10 mm/mV 50 Hz 0.05 - 20 Hz A+ HR(V4, V5)

Start of Test: 3:07:20pm



PUNDIR, VAIBHAV

Patient ID: 24970

26.10.2024 Male 164 cm 62 kg

3:20:29pm 34 yrs Indian

Exercise Test / 12-Lead Report ( PEAK EXERCISE )

EXERCISE

STAGE 4

10:26

APOLLO SPECTRA

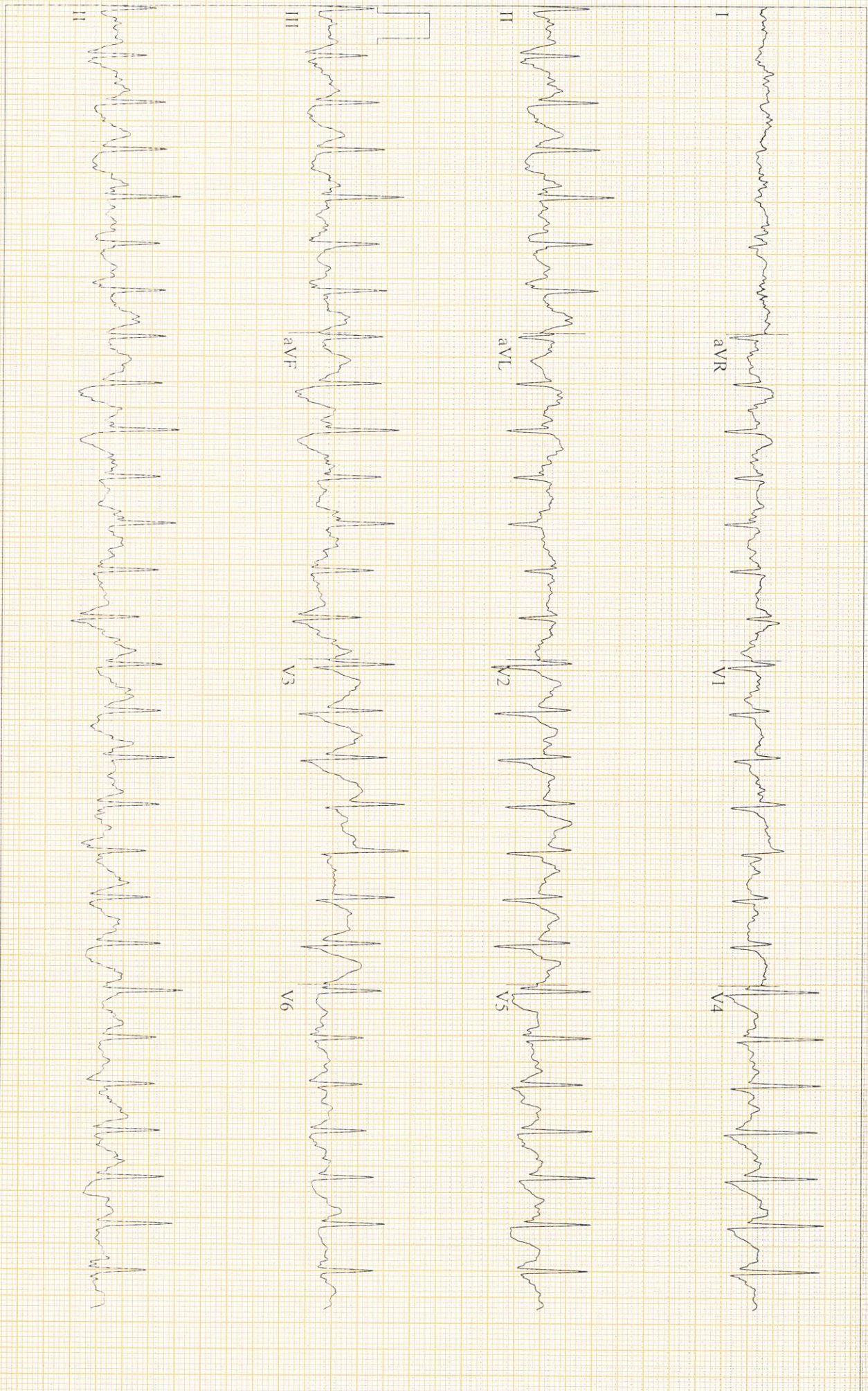
BRUCE

4.2 mph

16.0%

169 bpm

148/90 mmHg



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz A+ HRV4, V5)

ECG CARDIOPRINT

Start of Test: 3:07:20pm

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PUNDIR, VAIBHAV

Patient ID: 24970

26.10.2024 Male 164 cm 62 kg

3:21:13pm 34 yrs Indian

Exercise Test / Comparative Medians Report

RECOVERY

#1

00:50

APOLLO SPECTRA

BRUCE

0.0 mph

0-0%

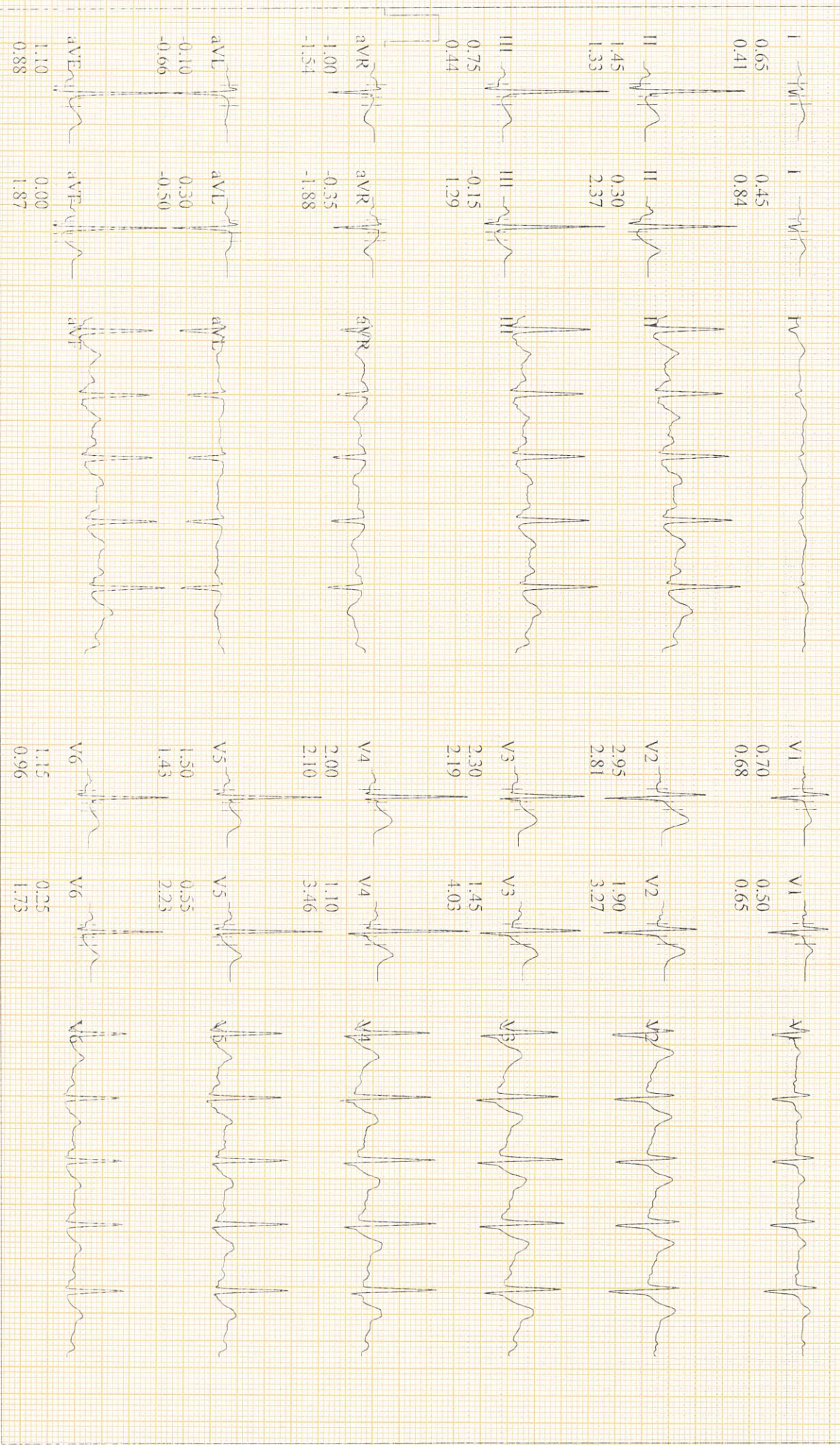
Lead

ST Level (mm)

ST Slope (mV/s)

BASELINE 60 ms post J

CURRENT 60 ms post J



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 30 Hz 0.05 - 20 Hz A+ HR (V4, V5)

Start of Test: 3:07:20pm



**PUNDIR, VAIBHAV**

Patient ID: 24970

26.10.2024 Male 164 cm 62 kg

3:22:13pm 34 yrs Indian

Exercise Test / Comparative Medians Report

RECOVERY #1

109 bpm

01:50

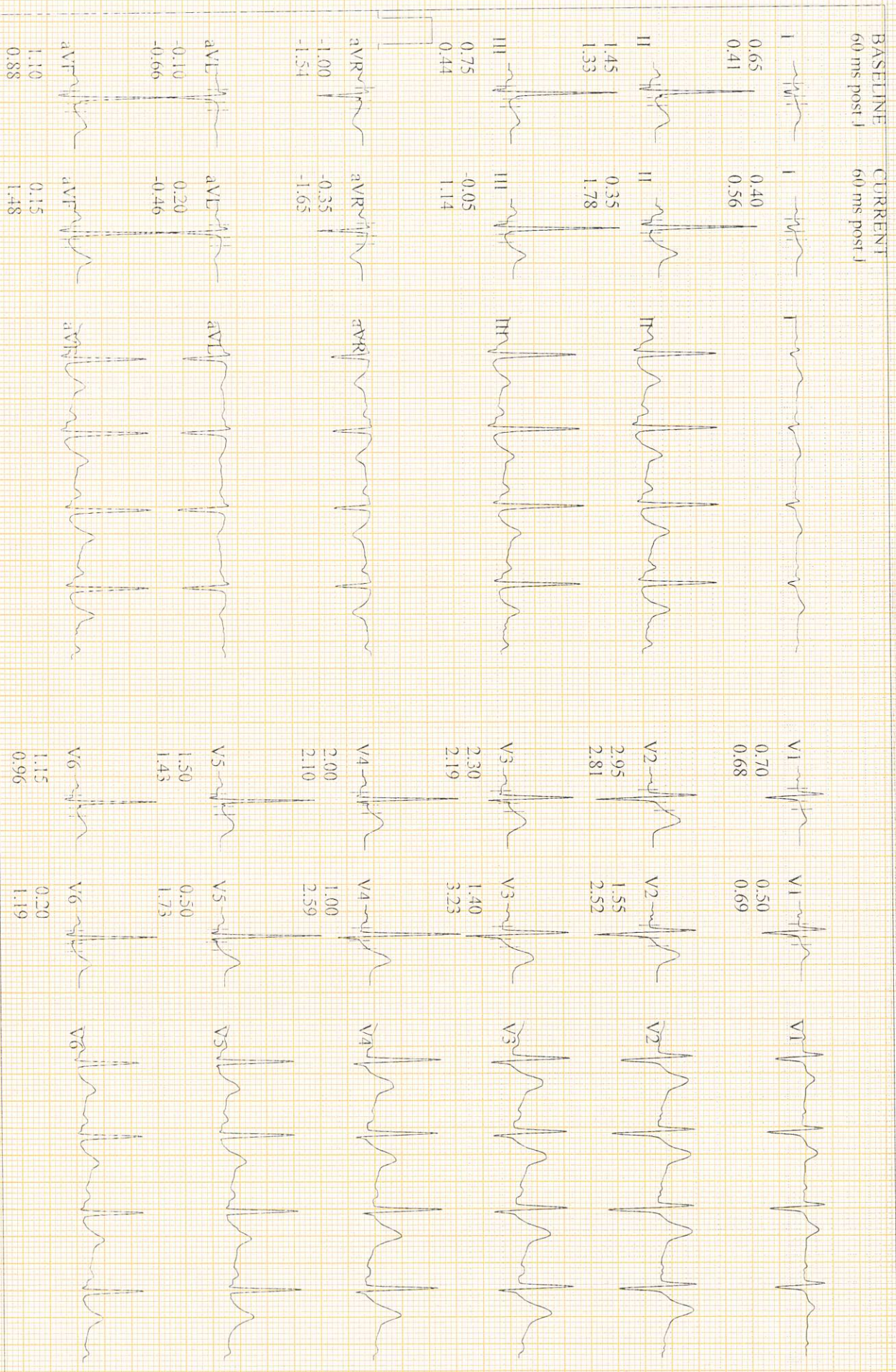
BRUCE

0.0 mph

0.0%

APOLLO SPECTRA

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



GECardioSoft V7.0(10)

25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz A+ HR(V4, V5)

CARDIOPRINT

Start of Test: 5:07:20pm

**PUNDIR, VAIBHAV**

Patient ID: 24970

26.10.2024 Male 164 cm 62 kg

3:23:13pm 34 yrs Indian

Exercise Test / Comparative Medians Report

RECOVERY #1

101 bpm

140/90 mmHg

02:50

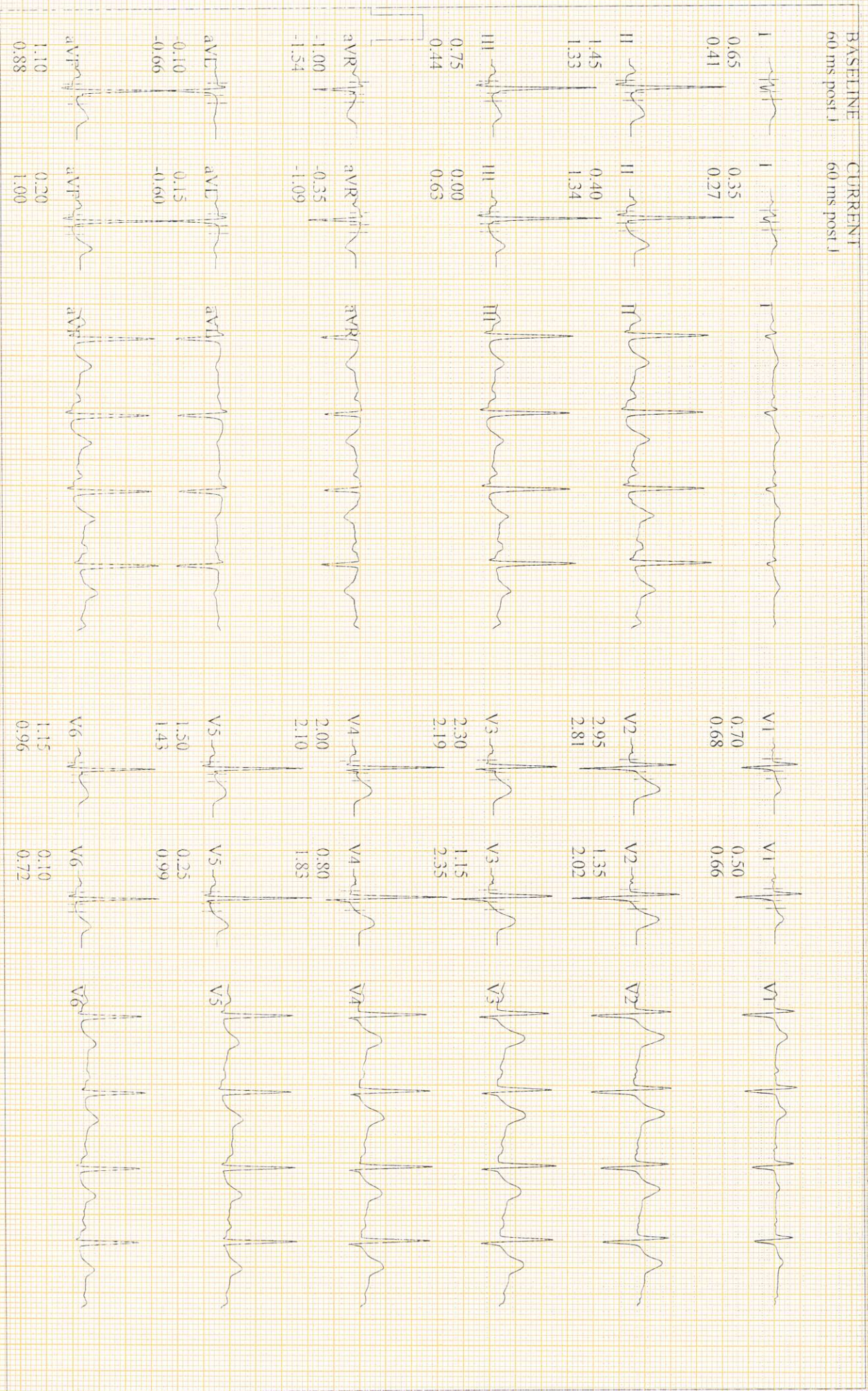
BRUCE

0.0 mph

0.0%

APOLLO SPECTRA

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



GE Cardiosoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 20 Hz A+HR(V4,V5)

Start of Test: 3:07:20pm

