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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Nitin Dhyani on 09/11/2024

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

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. High cholesterol 2. — 3. — However the employee should follow the advice/medication that has been communicated to him/her. Review after _____	
• Currently Unfit. Review after _____ recommended	
• Unfit	

Dr. Aradhana A. Patil
MBBS
Reg. No. 2024/07/5675

Dr. Aradhana Patil
Medical Officer
Apollo Clinic, (Aundh, Pune)

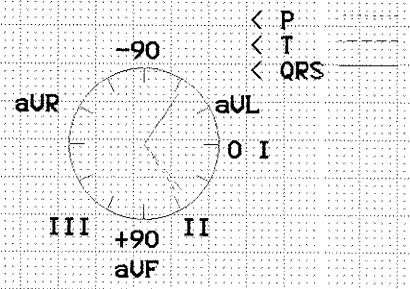
This certificate is not meant for medico-legal purposes

GE MAC1200 ST NITIN, DHYANI , APOLLO AUNDH
Male, 55 Years (02.09.1969)

HR **82**bpm

Measurement Results:

QRS	:	102 ms
QT/QTcB	:	386 / 452 ms
PR	:	138 ms
P	:	108 ms
RR/PP	:	730 / 740 ms
P/QRS/T	:	55/ -55/ 50 degrees
QTD/QTcBD	:	48 / 56 ms
Sokolow	:	0.7 mV
NK	:	12



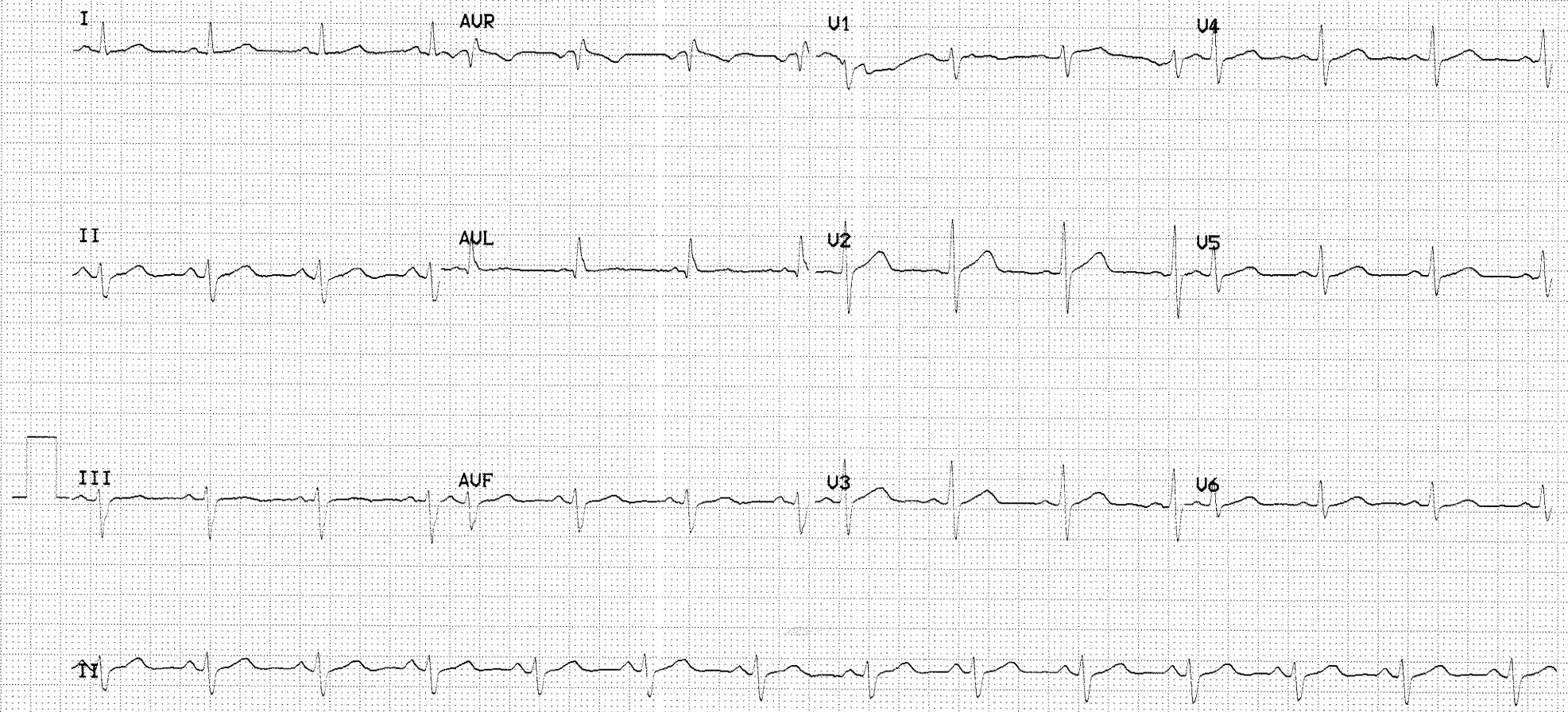
Interpretation:

left anterior hemiblock
left axis deviation
R/S inversion area between V1 and V2
probably abnormal ECG

Ⓝ Sinus rhythm

Dr. Aradhana A. Patil
MBBS
Reg. No. 2024/07/5675

Unconfirmed report.



09.Nov.2024 09:03:20 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1 Automatic V6.2 12i (1)

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Patient Name	: Mr. Nitin Dhyani	Age	: 55Yrs 1Mths 20Days
UHID	: FTFV.0000018067	OP Visit No.	: CAUNOPV179216
Printed On	: 09-11-2024 02:43 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E37332		

DEPARTMENT OF RADIOLOGY

CHEST RADIOGRAPH PA VIEW

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.
Please correlate clinically.

---End Of The Report---

Dr.SUHAS KATHURIA
MBBS,DMRE
2015/04/2158
Radiology

Apollo Clinic
Expertise. Closer to you.

Patient Name	: Mr. Nitin Dhyani	Age	: 55Yrs 1Mths 20Days
UHID	: FTFV.0000018067	OP Visit No.	: CAUNOPV179216
Printed On	: 09-11-2024 03:42 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E37332		

DEPARTMENT OF RADIOLOGY

USG ABDOMEN & PELVIS

Liver appears normal in size and **shows enhanced in echotexture.**
No focal lesion is seen. PV and CBD are normal.
No dilatation of the intrahepatic billiary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri-GB collection. No evidence of focal lesion is seen.

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

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

Right Kidney is -8.7 x 4.7 cm. **Left Kidney is** - 9.8 x 5.3 cm.
Both Kidneys are normal in size and echotexture. The cortico medullary differentiation is maintained bilaterally. No evidence of calculus / hydronephrosis seen on either side. **There is a 29 x 26mm of size simple cortical cyst noted in lower pole cortex of left kidney.**
Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.
Prostate is normal in size(26.52cc) and echotexture. No evidence of calcification seen.
No obvious free fluid or lymphadenopathy is noted in the abdomen .

IMPRESSION :
Grade I fatty liver

Left renal simple cortical cyst.
No other significant abnormality seen.

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.

---End Of The Report---

Dr.SUHAS KATHURIA
MBBS,DMRE
2015/04/2158
Radiology

Apollo Clinic
Expertise. Closer to you.

Patient Name	: Mr. Nitin Dhyani	Age	: 55Yrs 1Mths 20Days
UHID	: FTFV.0000018067	OP Visit No.	: CAUNOPV179216
Printed On	: 09-11-2024 02:53 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Reffered By	: Self	Registration No.	: --
Employeer Id	: 22E37332		

DEPARTMENT OF CARDIOLOGY

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

Mitral Valve : Normal.
Aortic Valve : Normal.
Tricuspid Valve : Normal.
Pulmonary Valve : Normal.
RWMA: Absent.
RA : Normal
RV : Normal
IVS : Intact
IAS : Intact
Pericardial effusion : No
IVC : Normal.
AO – 22 mm, LA – 30 mm, LVIDd – 43 mm, LVISd – 23 mm, IVS – 10 mm, PW – 9 mm.
CONCLUSION:
Normal size cardiac chambers.
No RWMA.
Good LV systolic function LVEF-60%.
Grade I diastolic dysfunction.
No AR/MR/TR No PAH.
No e/o clot, thrombus, vegetation or pericardial effusion.
P/S : Normal echo does not rule out coronary artery disease.

---End Of The Report---

Dr. SATYAJEET SURYAWANSHI
MBBS, D.N.B. (CARDIOLOGY)
2005/05/2798

Apollo Clinic
Expertise. Closer to you.

Patient Name : MR. Nitin Dhyani **Date** : 09/11/24

AGE/Sex : 55/m **UHID/ MR NO :**

	RIGHT EYE	LEFT EYE
FAR VISION	6/6	6/6
NEAR VISION	N6 (A)	N6 (A)
ANTERIOR SEGMENT PUPIL	Normal	Normal
COLOUR VISION	Normal	Normal
FAMILY / MEDICAL HISTORY	No	No

Impression: Presb Sore Power.

Adv.: -

Optometrist: -

Mr. Yogesh Avaghad

Apollo Clinic – Aundh Pune

Apollo HOSPITALS

Apollo Clinic
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Date	: 11/9/2024	Department	:General Physician
Patient Name	: Mr. Nitin Dhyani	Doctor	: Dr.PRIYANKA LADI
UHID	: FTFV.0000018067	Registration No.	: MMC/RENW/2019065008/
Age / Gender	: 55Yrs 1Mths 20Days/ Male	Qualification	: MBBS.
Consulation Timing	: 8:27 AM		

Height : 170	Weight : 85	BMI :	Waist Circum : 98
Temp :	Pulse : 78	Resp :	B.P : 110/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Follow up date:

Doctor Signature

Apollo

Certificate No. MC-5697

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Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 02:13PM
UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 02:54PM
Visit ID	: CAUNOPV179216	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37332		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	15.5	g/dL	13-17	Spectrophotometer
PCV	47.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.22	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	**15.2**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,730	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.4	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	9.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3459.22	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2288.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	296.12	Cells/cu.mm	20-500	Calculated
MONOCYTES	666.27	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.19	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.51		0.78- 3.53	Calculated
PLATELET COUNT	336000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH241100388
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Apollo Health and Lifestyle Limited
1860 500 7788
www.apolloclinic.com

Apollo

Certificate No. MC-5697

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Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 02:13PM
UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 02:54PM
Visit ID	: CAUNOPV179216	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37332		

DEPARTMENT OF HAEMATOLOGY

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

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH241100388
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1860 500 7788
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Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 02:13PM
UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 03:29PM
Visit ID	: CAUNOPV179216	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37332		

DEPARTMENT OF HAEMATOLOGY

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

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

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

SIN No:AUH241100388

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

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Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 10:39AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 02:07PM
UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 02:37PM
Visit ID	: CAUNOPV179216	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37332		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	91	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	98	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.

Sneha Shah
Apollo Diagnostics

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH241100605

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

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Certificate No. MC-5697

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Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 02:41PM
UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 03:55PM
Visit ID	: CAUNOPV179216	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37332		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	**5.8**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:AUH241100387

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

Apollo Health and Lifestyle Limited
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Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 04:23PM
UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 05:34PM
Visit ID	: CAUNOPV179216	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37332		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**218**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	103	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**39**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**179**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**158.45**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.63	mg/dL	<30	Calculated
CHOL / HDL RATIO	**5.65**		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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

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

SIN No:AUH241100383

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

Apollo Health and Lifestyle Limited
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www.apolloclinic.com

Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 04:23PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.46	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.71	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.5	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	57.93	U/L	30-120	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.01	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Sneha Shah
Apollo Diagnostics

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH241100383

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1860 500 7788
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Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 04:23PM
UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 05:34PM
Visit ID	: CAUNOPV179216	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37332		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	1.02	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	20.57	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.98	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.14	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.78	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	**133.89**	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	**98.81**	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.01	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated

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

SIN No:AUH241100383
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Emp/Auth/TPA ID	: 22E37332		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	25.77	U/L	<55	IFCC

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH241100383
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Apollo Health and Lifestyle Limited
1860 500 7788
www.apolloclinic.com

Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 02:54PM
UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 03:38PM
Visit ID	: CAUNOPV179216	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37332		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.05	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.431	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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Visit ID	: CAUNOPV179216	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	1.520	ng/mL	0-4	CLIA

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

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Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
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UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 02:15PM
Visit ID	: CAUNOPV179216	Status	: Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based 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.

Sneha Shah

Dr Sneha Shah
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Consultant Pathologist

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DEPARTMENT OF CLINICAL PATHOLOGY

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Apollo Diagnostics

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Patient Name	: Mr.NITIN DHYANI	Collected	: 09/Nov/2024 08:36AM
Age/Gender	: 55 Y 1 M 20 D/M	Received	: 09/Nov/2024 01:34PM
UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 02:21PM
Visit ID	: CAUNOPV179216	Status	: Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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UHID/MR No	: FTFV.0000018067	Reported	: 09/Nov/2024 02:22PM
Visit ID	: CAUNOPV179216	Status	: Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting 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 parrticulars 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.

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