

Name : Mr. Deepak Tewari

Age: 39 Y

Sex: M

Address: Bangalore

Plan

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CINR.0000163175

OP Number: CINROPV219847

Bill No :CINR-OCR-94199 **Date** : 24.02.2024 07:56

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY23	
ال	GÁMMA GLUTAMYL TRANFERASE (GGT)	T
	2DECHO - (9) Time 9/15 AN	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
-9	PERIPHERAL SMEAR	
40	ecc 6	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<u> </u>	DENTAL CONSULTATION —	
-13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
	URINE GLUCOSE(FASTING)	
	HbAIc, GLYCATED HEMOGLOBIN	
	X-RAY CHEST PA — \	
	ENT CONSULTATION - 11	
	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
	LIPID PROFILE	
	BODY MASS INDEX (BMI)	
	OPTHAL BY GENERAL PHYSICIAN —5	
- 1	ULTRASOUND - WHOLE ABDOMEN 🜙	
24	PHYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



24-02-2024

Department

: GENERAL

MR NO

CINR.0000163175

Doctor

Name

Mr. Deepak Tewari

Registration No

Qualification

Age/ Gender

/ Male 39 Y

Consultation Timing: 07:55

BMI:

Waist Circum:

Height: \

Pulse: S

Resp:

B.P: 120

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

Follow us 7/ApolloClinicIndia //ApolloClinics

BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number: 970 100 3333

Toll Number

: 1860 500 7788

Website

: www.apolloclinic.com





24.02.2024

M. Dupak Jewani

394/4

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Arcofeni - AHC

Follow up date:

Doctor Signature

Dr. RAVINDRANATH KUDVA

M.B.B.S., D.L.O. E.N.T. SBOOKYDUBIAPPOINTMENT TODAY! KING REGWhatsapp Mumber: 970 100 3333

Toll Number Website

: 1860 500 7788 : www.apolloclinic.com

OPTHAL PRESCRIPTION

PATIENT NAME: pur De epaler Teironi

DATE: 24/2/21

UHID NO: 163175

AGE :3 1

OPTOMETRIST NAME: Ms.Swathi

GENDER: M

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

***************************************		RIGHT EYE ,			LEFT EYE			The second secon
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D: 163175 12.04.1984; 39 Years		_{	={			GE





NAME: MR DEEPAK J	AGE/SEX: 39Y/M	The continues against a great supplier.
Ref By : SLEF	102/ 32X. 391/ W	OP NUMBER: 163175
	DATE: 24-02-2024	
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. (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@apollohl.com | www.apollohl.com





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IMPRESSION:

Normal cardiac chamber and valves

No Regional wall motion abnormality

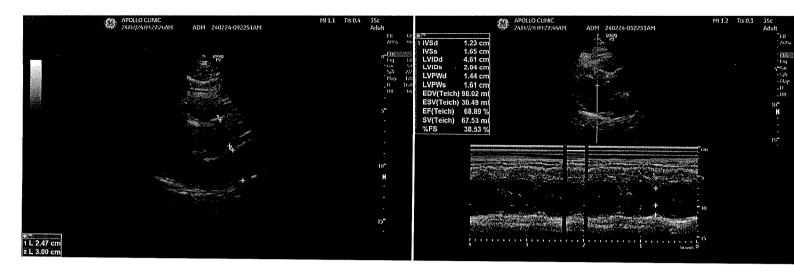
No MR/AR/TR

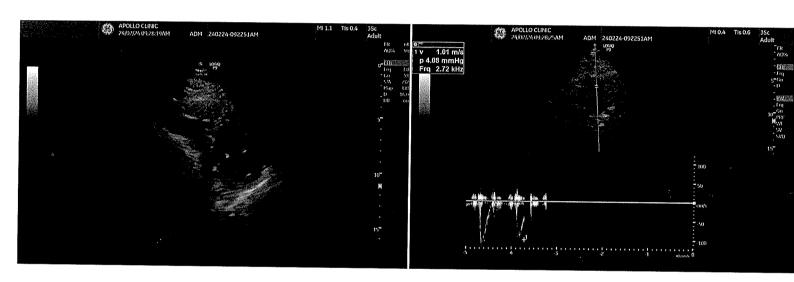
No clot/vegetation/pericardial effusion

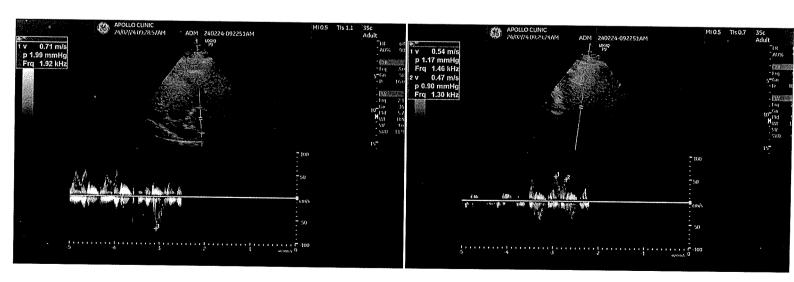
Normal LV systolic function - LVEF= 65%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST









LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. TEWARI DEEPAK
EC NO.	123178
DESIGNATION	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
PLACE OF WORK	GOLD LOAN
BIRTHDATE	BANGALORE, HO-VADODARA
PROPOSED DATE OF HEALTH	12-04-1984
CHECKUP OF HEALTH	24-02-2024
BOOKING REFERENCE NO.	23M123178100091670E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 17-02-2024 till 31-03-2024 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

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Your appointment is confirmed	and the second s	and the second of the second
Some content in this message has been blocked because the sender isn't in your Safe senders list Show blocked content	. I trust content from nor	reply@apolloclinics.info.
noreply@apolloclinics.info To: Deepak Tewari	⊕ ← Reply ←	Reply all → Forward 🖁 …
Cc: indiranagar@apolloclinic.com; manjunath.v@apolloclinic.com; syamsunder.m@apollohl.c	orn	Mon 19-02-2024 18:09
You don't often get email from noreply@apolloclinics.info. <u>Learn why this is important</u>		i in a saidh an

Dear MR.,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at INDIRANAGAR clinic on 2024-02-24 at 09:15-09:30.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP
Name	AGREEMENT]
Package	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D
Name	ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार



Unique Identification Authority of India Government of India

E-Aadhaar Letter

नामांकन क्रमांक/Enrolment No.: 0000/00199/58980

Deepak Tewari (दीपक तिवारी)

S/O,Raj Kumar Tiwari, 545 Ka/d-883, New Para Coloney Rajaj Ji Puram, Shubham Sweets House, Lucknow, Lucknow, Lucknow, Uttar Pradesh - 226017

आपका आधार क्रमांक/ Your Aadhaar No.:

3302 0792 9169



आधार-आम आदमी का अधिकार







सूचना

- 🏿 आधार पह्चान का प्रमाण है, नागरिकता का नहीं |
- 🏿 पहचान का प्रमाण ऑनलाइन ऑथेन्टिकेशन द्वारा प्राप्त करें |
- 🏿 यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है |

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

Signature Not Verified

Digitally signed by Sandeep Bhardwaj
Date: 2015.04.09 10:49:28 IST

- आधार देश भर में मान्य है.
- आधार के लिए आपको एक ही बार नामांकन दर्ज करवाने की आवश्यकता है.
- 🛮 कृपया अपना नवीनतम मोबाइल नंबर तथा ई-मेल पता दर्ज -कराएं. इससे आपको विभिन्न सुविधाएं प्राप्त करने में सहूलियत होगी.
- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.



भारत सरकार GOVERNMENT OF INDIA



दीपक तिवारी Deepak Tewari जन्म तिथि/ DOB: 12/04/1984 पुरुष / MALE



भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O राज कुमार तिवारी, 545 का/डी-883, नया परा क्लोनेय राजज जी पुरम, शुभम स्वीट्स हाउस, लुकनोव, लखनऊ, लखनऊ, उत्तर प्रदेश - 226017

Address:

S/O,Raj Kumar Tiwari, 545 Ka/d-883, New Para Coloney Rajaj Ji Puram, Shubham Sweets House, Lucknow, Lucknow, Lucknow, Uttar Pradesh - 226017

3302 0792 9169

3302 0792 9169

आधार-आम आदमी का अधिकार

Aadhaar-Aam Admi ka Adhikar



Patient Name : Mr. Deepak Tewari Age/Gender : 39 Y/M

 UHID/MR No.
 : CINR.0000163175
 OP Visit No
 : CINROPV219847

 Sample Collected on
 : 24-02-2024 17:11

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern **minimally increased.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

: 9044378488

Emp/Auth/TPA ID

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.0x4.8 cm.

Left kidney measures 10.6x5.3 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid is seen.

IMPRESSION:

1. MINIMAL FATTY LIVER.

2.PHS FEATURES ARE SUGGESTIVE OF URETEROSELES IN BOTH SIDE UN THE URINARY BLADDER.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY



Patient Name : Mr. Deepak Tewari Age/Gender : 39 Y/M

UHID/MR No.

: CINR.0000163175

OP Visit No : CINROPV219847

Specimen

Sample Collected on

LRN#

Ref Doctor

: RAD2246116

Reported on : 24-02-2024 18:57

: SELF

Emp/Auth/TPA ID : 9044378488

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

Dr. DHANALAKSHMI B

MBBS, DMRD

Radiology







Patient Name : Mr.DEEPAK TEWARI

Age/Gender : 39 Y 10 M 12 D/M

UHID/MR No : CINR.0000163175

Visit ID : CINROPV219847

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9044378488 Collected : 24/Feb/2024 08:12AM Received : 24/Feb/2024 10:13AM

: 24/Feb/2024 10:47AM Reported

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	Result	Unit	Bio. Ref. Range	Method
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.6	g/dL	13-17	Spectrophotometer
PCV	49.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.32	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92.3	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,640	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	62.3	%	40-80	Electrical Impedance
LYMPHOCYTES	24.3	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4759.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1856.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	320.88	Cells/cu.mm	20-500	Calculated
MONOCYTES	695.24	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.56		0.78- 3.53	Calculated
PLATELET COUNT	220000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergrer
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Dr. Karishma Dayanand M.B.B.S,M.D(Pathology) Consultant Pathologist

Dr Priya Murthy M.B.B.S, M.D (Pathology) Consultant Pathologist



SIN No:BED240047562
THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Address:
323/100/123, Doddathangur Villa

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telan www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034

Page 1 of 14









: Mr.DEEPAK TEWARI

Age/Gender

: 39 Y 10 M 12 D/M

UHID/MR No

: CINR.0000163175

Visit ID

: CINROPV219847

Ref Doctor Emp/Auth/TPA ID

: 9044378488

: Dr.SELF

Collected

: 24/Feb/2024 08:12AM

Received

: 24/Feb/2024 10:13AM

Reported

: 24/Feb/2024 10:47AM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 14

Dr. Karishma Dayanand M.B.B.S,M.D(Pathology) Consultant Pathologist

Dr Priya Murthy M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:BED240047562
THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED-RRL BANGALORE
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Address:
323/100/123, Doddathangur Villa

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









: Mr.DEEPAK TEWARI

Age/Gender

: 39 Y 10 M 12 D/M

UHID/MR No

: CINR.0000163175

Visit ID

: CINROPV219847

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 9044378488 Collected

: 24/Feb/2024 08:12AM

Received

: 24/Feb/2024 10:13AM

Reported

: 24/Feb/2024 12:22PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

Page 3 of 14

Dr. Karishma Dayanand M.B.B.S,M.D(Pathology) Consultant Pathologist

Consultant Pathologist

SIN No:BED240047562
THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Address:
323/100/123, Doddathangur Villa

Dr Priya Murthy

M.B.B.S, M.D (Pathology)

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









: Mr.DEEPAK TEWARI

Age/Gender

: 39 Y 10 M 12 D/M

UHID/MR No Visit ID

: CINR.0000163175

Ref Doctor

: CINROPV219847

Emp/Auth/TPA ID

· Dr SELE : 9044378488 Collected

: 24/Feb/2024 08:12AM

Received

: 24/Feb/2024 11:13AM

Reported Status

: 24/Feb/2024 12:04PM

: 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, NAF PLASMA	138	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

E d' Class Value in All	T	
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
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	217	mg/dL	70-140	HEXOKINASE

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN),	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	7.9	%		HPLC

Page 4 of 14



DR. SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:EDT240021191

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telar www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK









Patient Name : Mr.DE

: Mr.DEEPAK TEWARI

Age/Gender UHID/MR No : 39 Y 10 M 12 D/M : CINR.0000163175

Visit ID

: CINROPV219847

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 9044378488 Collected

: 24/Feb/2024 08:12AM

Received

: 24/Feb/2024 11:13AM

Reported

: 24/Feb/2024 12:04PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	180	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)

Page 5 of 14



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240021191

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Patient Name : Mr.DEEPAK TEWARI

Age/Gender : 39 Y 10 M 12 D/M

UHID/MR No : CINR.0000163175

Visit ID : CINROPV219847

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9044378488 Collected : 24/Feb/2024 08:12AM Received : 24/Feb/2024 11:49AM

Received : 24/Feb/2024 11:49AM Reported : 24/Feb/2024 12:56PM

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	121	mg/dL	<200	CHO-POD
TRIGLYCERIDES	134	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	58.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.37		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

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- **4.** 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.
- 5. 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.
- 6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 6 of 14



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04639392

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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APOLLO CLINICS NETWORK









: Mr.DEEPAK TEWARI

Age/Gender

: 39 Y 10 M 12 D/M

UHID/MR No Visit ID

: CINR.0000163175 : CINROPV219847

Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF : 9044378488 Collected

: 24/Feb/2024 08:12AM

Received

: 24/Feb/2024 11:49AM : 24/Feb/2024 12:56PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Page 7 of 14



DR. SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:SE04639392

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Emp/Auth/TPA ID





Patient Name : Mr.DEEPAK TEWARI

Age/Gender : 39 Y 10 M 12 D/M

UHID/MR No : CINR.0000163175 Visit ID : CINROPV219847

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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
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.38	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.26	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.12	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	92.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.31	g/dL	6.6-8.3	Biuret
ALBUMIN	4.75	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.86		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 > 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.
- 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.

Page 8 of 14



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04639392

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APOLLO CLINICS NETWORK









: Mr.DEEPAK TEWARI

Age/Gender

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: 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				
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM								
CREATININE	0.63	mg/dL	0.67-1.17	Jaffe's, Method				
UREA	24.90	mg/dL	17-43	GLDH, Kinetic Assay				
BLOOD UREA NITROGEN	11.6	mg/dL	8.0 - 23.0	Calculated				
URIC ACID	5.21	mg/dL	3.5–7.2	Uricase PAP				
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III				
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex				
SODIUM	134	mmol/L	136–146	ISE (Indirect)				
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)				
CHLORIDE	97	mmol/L	101–109	ISE (Indirect)				

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DR.SHIVARAJA SHETTY
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APOLLO CLINICS NETWORK









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Age/Gender

: 39 Y 10 M 12 D/M

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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
GAMMA GLUTAMYL	44.00	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

Page 10 of 14



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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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)	0.9	ng/mL	0.7-2.04	CLIA		
THYROXINE (T4, TOTAL)	10.30	μg/dL	5.48-14.28	CLIA		
THYROID STIMULATING HORMONE (TSH)	1.598	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	Т3	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

Page 11 of 14

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24031226

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APOLLO CLINICS NETWORK









: Mr.DEEPAK TEWARI

Age/Gender

: 39 Y 10 M 12 D/M

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Page 12 of 14



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24031226

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APOLLO CLINICS NETWORK









Patient Name : Mr.DEEPAK TEWARI

Age/Gender : 39 Y 10 M 12 D/M

UHID/MR No : CINR.0000163175 Visit ID : CINROPV219847

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9044378488 Collected : 24/Feb/2024 08:12AM Received : 24/Feb/2024 10:57AM

Reported : 24/Feb/2024 01:45PM

Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
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 13 of 14

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist



SIN No:UR2289716

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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









: Mr.DEEPAK TEWARI

Age/Gender

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UHID/MR No

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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
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++++)		NEGATIVE	Dipstick

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 14 of 14

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UF010684

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