

Name : Mr. Balasaheb Ganpat Bhange

Age: 55 Y

UHID:SPUN.0000047968

Sex: M



Address : Selke Wasti Baramati

OP Number:SPUNOPV64274

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10989

Date : 08.06.2024 09:30

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
<input type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input type="checkbox"/>	2 PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	3 2 D ECHO	
<input type="checkbox"/>	4 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	5 GLUCOSE, FASTING	
<input type="checkbox"/>	6 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE (POST PRANDIAL) 12-15 pm	
<input type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input type="checkbox"/>	12 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	13 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	14 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:15 pm	
<input type="checkbox"/>	15 VITAMIN D - 25 HYDROXY (D2+D3)	
<input type="checkbox"/>	16 URINE GLUCOSE (FASTING)	
<input type="checkbox"/>	17 HbA1c, GLYCATED HEMOGLOBIN	
<input type="checkbox"/>	18 ALKALINE PHOSPHATASE - SERUM/PLASMA	
<input checked="" type="checkbox"/>	19 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	20 ENT CONSULTATION	
<input checked="" type="checkbox"/>	21 FITNESS BY GENERAL PHYSICIAN	
<input type="checkbox"/>	22 BLOOD GROUP ABO AND RH FACTOR	
<input type="checkbox"/>	23 VITAMIN B12	
<input type="checkbox"/>	24 LIPID PROFILE	
<input checked="" type="checkbox"/>	25 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	26 OPHTHAL, BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	27 ULTRASOUND - WHOLE ABDOMEN	
<input type="checkbox"/>	28 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Apollo Clinic

CONSENT FORM

Patient Name: Balasaheb Bhanje Age: 55 17
UHID Number: Company Name: Arcofem!

Mr/Mrs/Ms Balasaheb Bhanje Employee of Arcofem!
(Company) Want to inform you that I am not interested in getting Dental, ECG

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: B. G. Bhanje Date: 08/06/2024

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Balasaheb Bhangar on 08/08/24

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <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>	
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	
<ul style="list-style-type: none">• Unfit	

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 202100702
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 08/06/24
MRNO :
Name : Balasaheb Chane
Age/Gender :
Mobile No : 551 m

Department : Gen Physician
Consultant :
Reg. No : Dr. Samrat
Qualification : Shah
Consultation Timing :

SPO2L 98%

Pulse: 88/m	B.P: 120/90	Resp: 20/m	Temp: 98.2
Weight: 80.8kg	Height: 165cm	BMI: 29.6	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

B12 low D3 low

Sugar : High

HbA1c 1. 12

Needs Consultation

And fit to join duty

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 2021087302
Consultant Internal Medicine
Apollo Speciality Hospital
Doctor Signature

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 UHID/MR No : SPUN.0000047968
 Visit ID : SPUNOPV64274
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 404809

Collected : 08/Jun/2024 09:41AM
 Received : 08/Jun/2024 12:16PM
 Reported : 08/Jun/2024 12:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.1	g/dL	13-17	Spectrophotometer
PCV	39.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.63	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	70.9	fL	83-101	Calculated
MCH	23.2	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	18.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,550	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66	%	40-80	Electrical Impedence
LYMPHOCYTES	21.3	%	20-40	Electrical Impedence
EOSINOPHILS	5.5	%	1-6	Electrical Impedence
MONOCYTES	6.8	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6963	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2247.15	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	580.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	717.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.1		0.78- 3.53	Calculated
PLATELET COUNT	281000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
 WBC's Mild Leucocytosis
 Platelets are Adequate
 No hemoparasite seen.



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

SIN No:BED240147555

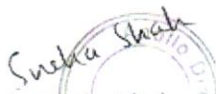
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

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DEPARTMENT OF HAEMATOLOGY

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:BED240147555



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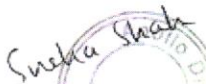
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DEPARTMENT OF HAEMATOLOGY

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

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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240147555

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Patient Name	: Mr.BALASAHEB GANPAT BHANGE	Collected	: 08/Jun/2024 09:41AM
Age/Gender	: 55 Y 0 M 7 D/M	Received	: 08/Jun/2024 12:32PM
UHID/MR No	: SPUN.0000047968	Reported	: 08/Jun/2024 01:14PM
Visit ID	: SPUNOPV64274	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 404809		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	230	mg/dL	70-100	HEXOKINASE

Comment:

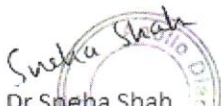
As per American Diabetes Guidelines, 2023

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.

Page 4 of 20



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLF02169892

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Collected : 08/Jun/2024 09:41AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	219	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	12	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	298	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.



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

SIN No: EDT240064448

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

- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - HbF >25%
 - 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:EDT240064448

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Patient Name	: Mr.BALASAHEB GANPAT BHANGE	Collected	: 08/Jun/2024 09:41AM
Age/Gender	: 55 Y 0 M 7 D/M	Received	: 08/Jun/2024 01:05PM
UHID/MR No	: SPUN.0000047968	Reported	: 08/Jun/2024 01:29PM
Visit ID	: SPUNOPV64274	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHO-POD
TRIGLYCERIDES	217	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.69	mg/dL	<100	Calculated
VLDL CHOLESTEROL	43.49	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.73		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.38		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

SIN No: SE04743896

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.4	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.3	U/L	<50	IFCC
ALKALINE PHOSPHATASE	49.37	U/L	30-120	IFCC
PROTEIN, TOTAL	7.43	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.18	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1

In Alcoholic Liver Disease AST: ALT usually >2

This ratio is also seen to be increased in NAFLD, 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.



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- 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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.87	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.05	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.09	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.19	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.24	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100.11	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.43	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.18	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated



DR. Sanjay Ingle
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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	49.37	U/L	30-120	IFCC
Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	57.30	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.135	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

Page 12 of 20



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

SIN No:SPL24097016

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



Patient Name : Mr.BALASAHEB GANPAT BHANGE
Age/Gender : 55 Y 0 M 7 D/M
UHID/MR No : SPUN.0000047968
Visit ID : SPUNOPV64274
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 404809

Collected : 08/Jun/2024 09:41AM
Received : 08/Jun/2024 01:06PM
Reported : 08/Jun/2024 01:44PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No:SPL24097016



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

Patient Name	: Mr.BALASAHEB GANPAT BHANGE	Collected	: 08/Jun/2024 09:41AM
Age/Gender	: 55 Y 0 M 7 D/M	Received	: 08/Jun/2024 01:06PM
UHID/MR No	: SPUN.0000047968	Reported	: 08/Jun/2024 02:01PM
Visit ID	: SPUNOPV64274	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 404809		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	10.08	ng/mL		CLIA

Comment:


BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients. Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:SPL24097016



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Patient Name	: Mr.BALASAHEB GANPAT BHANGE	Collected	: 08/Jun/2024 09:41AM
Age/Gender	: 55 Y 0 M 7 D/M	Received	: 08/Jun/2024 01:06PM
UHID/MR No	: SPUN.0000047968	Reported	: 08/Jun/2024 02:01PM
Visit ID	: SPUNOPV64274	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 404809		

DEPARTMENT OF IMMUNOLOGY

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

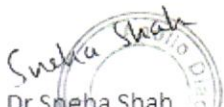
Vitamin D malabsorption.
 Severe Hepatocellular disease.
 Drugs like Anticonvulsants.
 Nephrotic syndrome.
Increased levels:
 Vitamin D intoxication

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	<80	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: SPL24097016



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

Patient Name	: Mr.BALASAHEB GANPAT BHANGE	Collected	: 08/Jun/2024 09:41AM
Age/Gender	: 55 Y 0 M 7 D/M	Received	: 08/Jun/2024 01:06PM
UHID/MR No	: SPUN.0000047968	Reported	: 08/Jun/2024 01:38PM
Visit ID	: SPUNOPV64274	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 404809		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.880	ng/mL	0-4	CLIA



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

SIN No:SPL24097016

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



Patient Name	: Mr.BALASAHEB GANPAT BHANGE	Collected	: 08/Jun/2024 09:41AM
Age/Gender	: 55 Y 0 M 7 D/M	Received	: 08/Jun/2024 01:07PM
UHID/MR No	: SPUN.0000047968	Reported	: 08/Jun/2024 01:43PM
Visit ID	: SPUNOPV64274	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 404809		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE+		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	POSITIVE+		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/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. Microscopy findings are reported as an average of 10 high power fields.

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

SIN No:UR2363081

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

Patient Name	: Mr.BALASAHEB GANPAT BHANGE	Collected	: 08/Jun/2024 09:41AM
Age/Gender	: 55 Y 0 M 7 D/M	Received	: 08/Jun/2024 01:07PM
UHID/MR No	: SPUN.0000047968	Reported	: 08/Jun/2024 01:43PM
Visit ID	: SPUNOPV64274	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 404809		

DEPARTMENT OF CLINICAL PATHOLOGY

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



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

SIN No:UR2363081

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



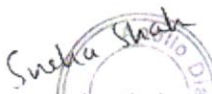
Patient Name : Mr.BALASAHEB GANPAT BHANGE
 Age/Gender : 55 Y 0 M 7 D/M
 UHID/MR No : SPUN.0000047968
 Visit ID : SPUNOPV64274
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 404809

Collected : 08/Jun/2024 12:43PM
 Received : 08/Jun/2024 02:32PM
 Reported : 08/Jun/2024 03:00PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UPP017668

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



Patient Name	: Mr.BALASAHEB GANPAT BHANGE	Collected	: 08/Jun/2024 09:41AM
Age/Gender	: 55 Y 0 M 7 D/M	Received	: 08/Jun/2024 01:07PM
UHID/MR No	: SPUN.0000047968	Reported	: 08/Jun/2024 02:02PM
Visit ID	: SPUNOPV64274	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 404809		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



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

SIN No:UF011805

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



Gender:
Image Count:
Arrival Time:

MR. BALASAHEB BHANGE 55Y
55 Years

M
1
08-Jun-2024 11:36

MR No:
Location:

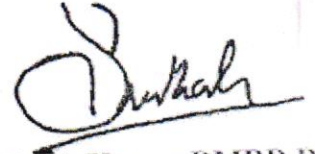
Physician:
Date of Exam:
Date of Report:

SPUN.00047983
Apollo Spectra Hospital Pune
(Swargate)
SELF
08-Jun-2024
08-Jun-2024 11:45

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.
There is no focal pulmonary mass lesion is seen.
No collapse or consolidation is evident.
The apices, costo and cardiophrenic angles are free.
No hilar or mediastinal lymphadenopathy is demonstrated.
There is no pleural or pericardial effusion.
No destructive osseous pathology is evident.
IMPRESSION:No significant abnormality is seen.



Dr. Santhosh Kumar DMRD, DNB
Consultant Radiologist
Reg.No: 59248

CONFIDENTIALITY:

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PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mrs. Balasahab Bhangre

Date: 08/06/24

Age / Sex: 55 y / M

Ref No.:

Complaint: No complaints

Examination

NO DM
NO HTN

aided Vision
 R 6/6 N6
 L 6/6 N6

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	1.00	←	←	6/6	0.75	←	←
Add → Read	+2.50	←	←	N6	+2.50	←	←	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R +1.00
 L +0.75 } Add +2.50 (BE)

Medications:

∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant:

08.06.2024 11:05:47

Room:

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

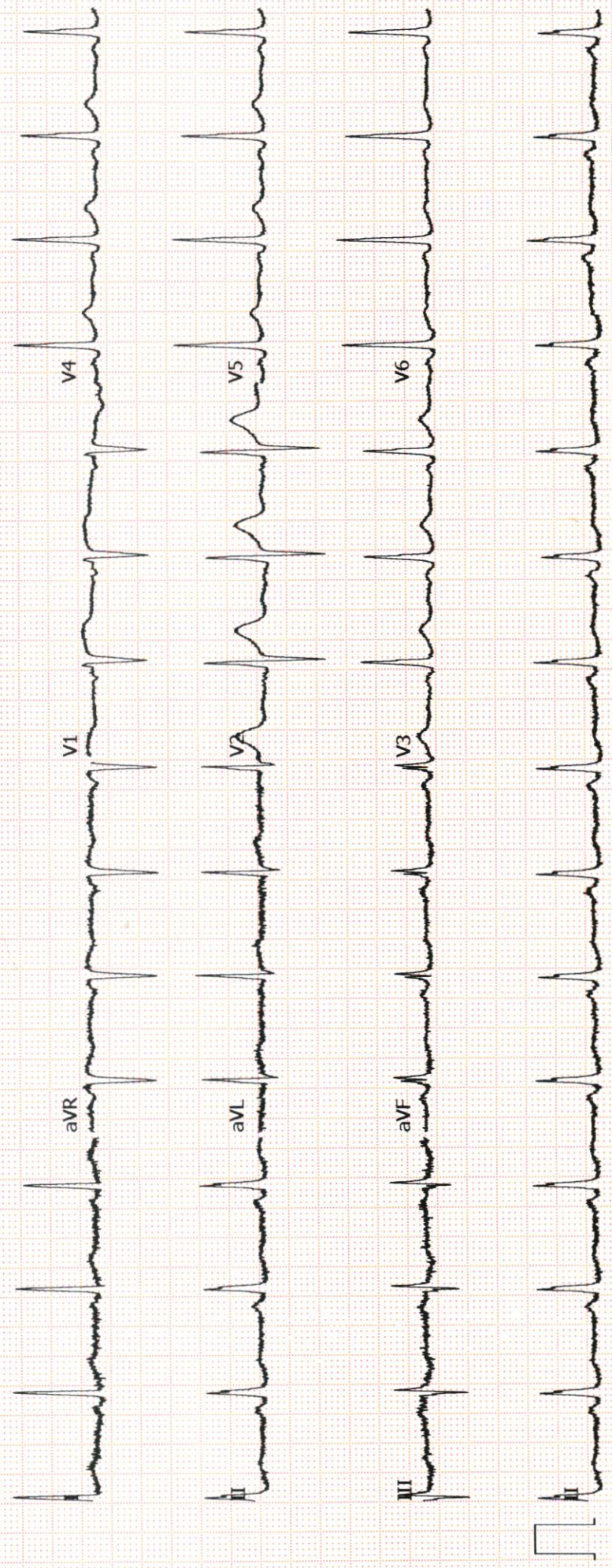
86 bpm
-- / -- mmHg

MR. Belasahab
m-SSy B.
Bhange

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal sinus rhythm
Normal ECG

QRS : 84 ms
QT / QTcBaz : 352 / 421 ms
PR : 128 ms
P : 104 ms
RR / PP : 700 / 697 ms
P / QRS / T : 55 / 23 / -7 degrees



Name	Mr Balasaheb Ganpat Bhanghe	Age	54 Years
Patient ID	DD/86/2024-2025/336	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	08/06/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen. Multiple tiny polyps are noted.

The pancreas appear normal in size and echotexture.

The spleen appears normal in size and echotexture.

The right kidney measures 11.7x5.0cms .

The left kidney measures 12x6.0cms and shows multiple simple cortical cysts. Largest measures 2.6x2.4.cm

Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

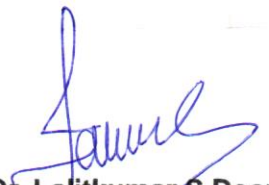
The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The prostate is normal in size, shape and echotexture. No focal lesion is seen.

There is no free fluid or paraaortic lymphadenopathy seen.

IMPRESSION:

**Multiple gall bladder polyps.
Simple cortical cyst on the left side.**



Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)

2D ECHO / COLOUR DOPPLER

Name : Mr. Balasaheb Bhange
Referred By : Health Checkup

Age : 55 YRS/ M
Date : 08/06/2024

LA – 36 AO – 27 IVS – 14 PW – 10
LVIDD – 42 LVIDS - 30
EF 60 %

Mild concentric LVH.
Grade I diastolic dysfunction
Good Biventricular Function with LVEF 60 %
Normal sized other cardiac chambers.
Normal valves. Mild mitral regurgitation.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
Minmial tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :

Mild concentric LVH.
Grade I diastolic dysfunction
Good biventricular function with LVEF 60 %
No PE/CLOT



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Appointment id	Corporate Name	Name	Email id	Mobile	At
192993	CONFEDERATION OF INDIAN INDUST...	Anisha Joshi	anishajoshi1604@gmail.com	9673856763	CC <input type="radio"/>
192772	SAIPEM INDIA PROJECTS PRIVATE ...	Dnyanendra Ashok Gangurde	Megala Raja@saipem.com	8425999518	Sr <input type="radio"/>
192283	ARCOFEMI HEALTHCARE LIMITED ...	BALASAHEB GANPAT BHANGE	balasahebbhange7066@gmail.com	7066321288	AR <input type="radio"/>
192280	ARCOFEMI HEALTHCARE LIMITED ...	SHINDE SUJEET RAMAKANT	sujeetshinde123@gmail.com	9028801727	AR <input type="radio"/>
191817	PHASORZ TECHNOLOGIES PRIVATE L...	Nalini Sudam Naikwadi	ss.naik@tcs.com	8237812253	Pf <input type="radio"/>
					Pf
					Pf
					Pf
					Pf
					Pf

भारत सरकार
Government of India

Issue Date: 29/03/2012

3323 2533 3182
VID : 9161 9311 8353 9213

माझे आधार, माझी ओळख

भारत सरकार
Government of India

आधार

Balasaheb Ganpat Bhangе
Balasaheb Ganpat Bhangе
जन्म तारीख/DOB: 01/06/1969
पुरुष/ MALE



भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

पत्ता:
गणपत भागे, शेळके वस्ती, तांदुळवाडी रोड, पुणे, बारामती,
बारामती, पुणे,
महाराष्ट्र - 413102

Address:
Ganpat Bhangе, Selke Wasti, Tandulwadi
Road, pune, baramati, Baramati, Pune,
Maharashtra - 413102

Download Date: 08/03/2012

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आधार

