

Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS	Collected : 17/Jun/2024 10:15AM
Age/Gender : 38 Y 9 M 18 D/M	Received : 17/Jun/2024 11:21AM
UHID/MR No : SPUN.0000048077	Reported : 17/Jun/2024 12:33PM
Visit ID : SPUNOPV64463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 716966	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.5	g/dL	13-17	Spectrophotometer
PCV	49.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>6.3</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>78.2</b>	fL	83-101	Calculated
MCH	<b>26.2</b>	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,990	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	<b>34.6</b>	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>42.6</b>	%	20-40	Electrical Impedance
EOSINOPHILS	<b>16.4</b>	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2418.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2977.74	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>1146.36</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	405.42	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.94	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.81		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	158000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	9	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC Moderate Eosinophilia**  
**Platelets are Adequate**  
**No hemoparasite seen.**



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



SIN No: BED240155581

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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Certificate No: MC-5697

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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	83	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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	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	4.9	%		HPLC



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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL	Calculated
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**Comment:**

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

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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

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

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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>133</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>109.97</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.39	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.29		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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.

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

SIN No:SE04752073



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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47.06	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	41.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	49.96	U/L	30-120	IFCC
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		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.

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04752073



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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.98	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.88	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.61	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.87	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.83	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>56.90</b>	U/L	<55	IFCC

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.36	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.838	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone 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 11 of 14



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



SIN No: SPL24101529

This test has been performed at Apollo Speciality Hospitals Private Limited - Sadashiv Peth Pune, Diagnostics Lab (Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

P. No. 9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



Certificate No: MC-5697

Patient Name	: Mr.SAGAR VINAYAKRAO TIKKAS	Collected	: 17/Jun/2024 10:15AM
Age/Gender	: 38 Y 9 M 18 D/M	Received	: 17/Jun/2024 11:56AM
UHID/MR No	: SPUN.0000048077	Reported	: 17/Jun/2024 12:58PM
Visit ID	: SPUNOPV64463	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 716966		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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: SPL24101529

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

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,  
Pune, Maharashtra



Certificate No: MC- 5697

Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS	Collected : 17/Jun/2024 10:15AM
Age/Gender : 38 Y 9 M 18 D/M	Received : 17/Jun/2024 11:47AM
UHID/MR No : SPUN.0000048077	Reported : 17/Jun/2024 12:35PM
Visit ID : SPUNOPV64463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 716966	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.018		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		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	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/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. Microscopy findings are reported as an average of 10 high power fields.

Page 13 of 14



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



SIN No:UR2368392

**Apollo Speciality Hospitals Private Limited**  
This test has been performed at Apollo Health and Lifestyle Hd- Sadashiv Peth Pune, Diagnostics Lab

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Certificate No: MC-5697

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Emp/Auth/TPA ID : 716966	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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

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



SIN No:UR2368392

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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,  
Pune, Maharashtra

Name : Mr. Sagar Vinayakrao Tikkas

Age: 38 Y

UHID:SPUN.0000048077

Sex: M



Address : Gedam Pura Morshi Amravati 444905

OP Number:SPUNOPV64463

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :SPUN-OCR-11041

Date : 17.06.2024 10:04

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	COMPLETE URINE EXAMINATION	
6	PERIPHERAL SMEAR	
7	ECG	
8	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:26	
10	HbA1c, GLYCATED HEMOGLOBIN	
11	X-RAY CHEST PA	
12	FITNESS BY GENERAL PHYSICIAN	
13	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI)	
16	OPHTHAL BY GENERAL PHYSICIAN	
17	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	


## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sagar Tikkar on 17/06/24

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

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</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"><li>• Currently Unfit. Review after _____ recommended</li></ul>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	

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. 2631097302  
Consultant Internal Medicine  
Apollo Speciality Hospital



Date : 17/06/24  
MRNO :  
Name : Sagar Tikkaraj  
Age/Gender :  
Mobile No : 381m

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

SpO2 - 100 %

Pulse : 76 /min	B. P. : 130/70	Resp : 18/min	Temp : Afebrile
Weight : 59.2 Kg	Height : 164 cm	BMI : 22	Waist Circum : -

General Examination / Allergias  
History

Clinical Diagnosis & Management Plan

Good fit to join duty

Follow up date:

**Dr. Samrat Shah**  
MBBS MD  
Reg No. 2021097302  
Consultant Internal Medicine  
Apollo Spectra Hospital  
Signature

Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS  
 Age/Gender : 38 Y 9 M 18 D/M  
 UHID/MR No : SPUN.0000048077  
 Visit ID : SPUNOPV64463  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 716966

Collected : 17/Jun/2024 10:15AM  
 Received : 17/Jun/2024 11:21AM  
 Reported : 17/Jun/2024 12:33PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.5	g/dL	13-17	Spectrophotometer
PCV	49.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.3	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	78.2	fL	83-101	Calculated
MCH	26.2	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,990	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	34.6	%	40-80	Electrical Impedance
LYMPHOCYTES	42.6	%	20-40	Electrical Impedance
EOSINOPHILS	16.4	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2418.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2977.74	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1146.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	405.42	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.94	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.81		0.78- 3.53	Calculated
PLATELET COUNT	158000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC Predominantly Normocytic Normochromic with Microcytes+  
 WBC Moderate Eosinophilia  
 Platelets are Adequate  
 No hemoparasite seen.



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

SIN No:BED240155581

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



Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS	Collected : 17/Jun/2024 10:15AM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 716966	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



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

SIN No:BED240155581

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



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Age/Gender : 38 Y 9 M 18 D/M	Received : 17/Jun/2024 11:21AM
UHID/MR No : SPUN.0000048077	Reported : 17/Jun/2024 12:41PM
Visit ID : SPUNOPV64463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 716966	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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




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

SIN No:BED240155581

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

Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS	Collected : 17/Jun/2024 10:15AM
Age/Gender : 38 Y 9 M 18 D/M	Received : 17/Jun/2024 11:21AM
UHID/MR No : SPUN.0000048077	Reported : 17/Jun/2024 12:40PM
Visit ID : SPUNOPV64463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 716966	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	83	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	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	4.9	%		HPLC

Page 4 of 14



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

SIN No:EDT240067160

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



Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS	Collected : 17/Jun/2024 10:15AM
Age/Gender : 38 Y 9 M 18 D/M	Received : 17/Jun/2024 11:21AM
UHID/MR No : SPUN.0000048077	Reported : 17/Jun/2024 12:40PM
Visit ID : SPUNOPV64463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG)	94	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:EDT240067160

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



Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS	Collected : 17/Jun/2024 10:15AM
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UHID/MR No : SPUN.0000048077	Reported : 17/Jun/2024 02:11PM
Visit ID : SPUNOPV64463	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	133	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.39	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.29		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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 Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04752073

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



Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47.06	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	41.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	49.96	U/L	30-120	IFCC
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

1. Hepatocellular Injury:

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

Values also correlate well with increasing BMI.

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

In Alcoholic Liver Disease AST: ALT usually >2

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

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04752073

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



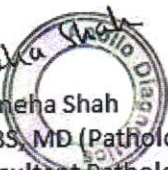



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
  - 3. Synthetic function impairment:
    - Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04752073

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.98	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.88	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.61	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.87	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.83	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04752073

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



Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS	Collected : 17/Jun/2024 10:15AM
Age/Gender : 38 Y 9 M 18 D/M	Received : 17/Jun/2024 11:56AM
UHID/MR No : SPUN.0000048077	Reported : 17/Jun/2024 02:11PM
Visit ID : SPUNOPV64463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 716966	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	56.90	U/L	<55	IFCC



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

SIN No:SE04752073

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Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS	Collected : 17/Jun/2024 10:15AM
Age/Gender : 38 Y 9 M 18 D/M	Received : 17/Jun/2024 11:56AM
UHID/MR No : SPUN.0000048077	Reported : 17/Jun/2024 12:58PM
Visit ID : SPUNOPV64463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 716966	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.36	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.838	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




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

SIN No: SPL24101529

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

Patient Name	: Mr.SAGAR VINAYAKRAO TIKKAS	Collected	: 17/Jun/2024 10:15AM
Age/Gender	: 38 Y 9 M 18 D/M	Received	: 17/Jun/2024 11:56AM
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Visit ID	: SPUNOPV64463	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SPL24101529

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



Patient Name : Mr.SAGAR VINAYAKRAO TIKKAS	Collected : 17/Jun/2024 10:15AM
Age/Gender : 38 Y 9 M 18 D/M	Received : 17/Jun/2024 11:47AM
UHID/MR No : SPUN.0000048077	Reported : 17/Jun/2024 12:35PM
Visit ID : SPUNOPV64463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 716966	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.018		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		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	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/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. Microscopy findings are reported as an average of 10 high power fields.




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

SIN No:UR2368392

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

Patient Name	: Mr.SAGAR VINAYAKRAO TIKKAS	Collected	: 17/Jun/2024 10:15AM
Age/Gender	: 38 Y 9 M 18 D/M	Received	: 17/Jun/2024 11:47AM
UHID/MR No	: SPUN.0000048077	Reported	: 17/Jun/2024 12:35PM
Visit ID	: SPUNOPV64463	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 716966		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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



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

SIN No:UR2368392

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



# EYE REPORT



TOUCHING LIVES  
ASH/PUN/OPHTH/06/02-0216

Name: Mr. Sagar Tikkar

Date: 17/06/24

Age / Sex: 38 Y / M

Ref No.:

Complaint: No complaints

**Examination**

No PM

No HTN

aided Vision   
 R 6/6 NG   
 L 6/6 NG

**Spectacle Rx**

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-0.75	—	—	6/6	-1.00	—	—
Read	—	—	—	NG	—	—	—	NG
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

**Remarks:**

WNL

PGP   
 R -0.75   
 L -1.00

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1805

Consultant:



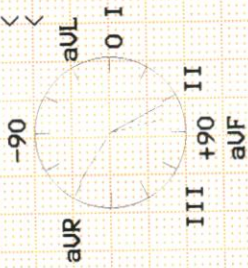
Mr. Sagar Tikas

Age - 38 yrs / male

Measurement Results:

QRS : 94 ms  
 QT/QTcB : 376 / 399 ms  
 PR : 120 ms  
 P : 88 ms  
 RR/PP : 868 / 880 ms  
 P/QRS/T : 75/ 62/ 213 degrees

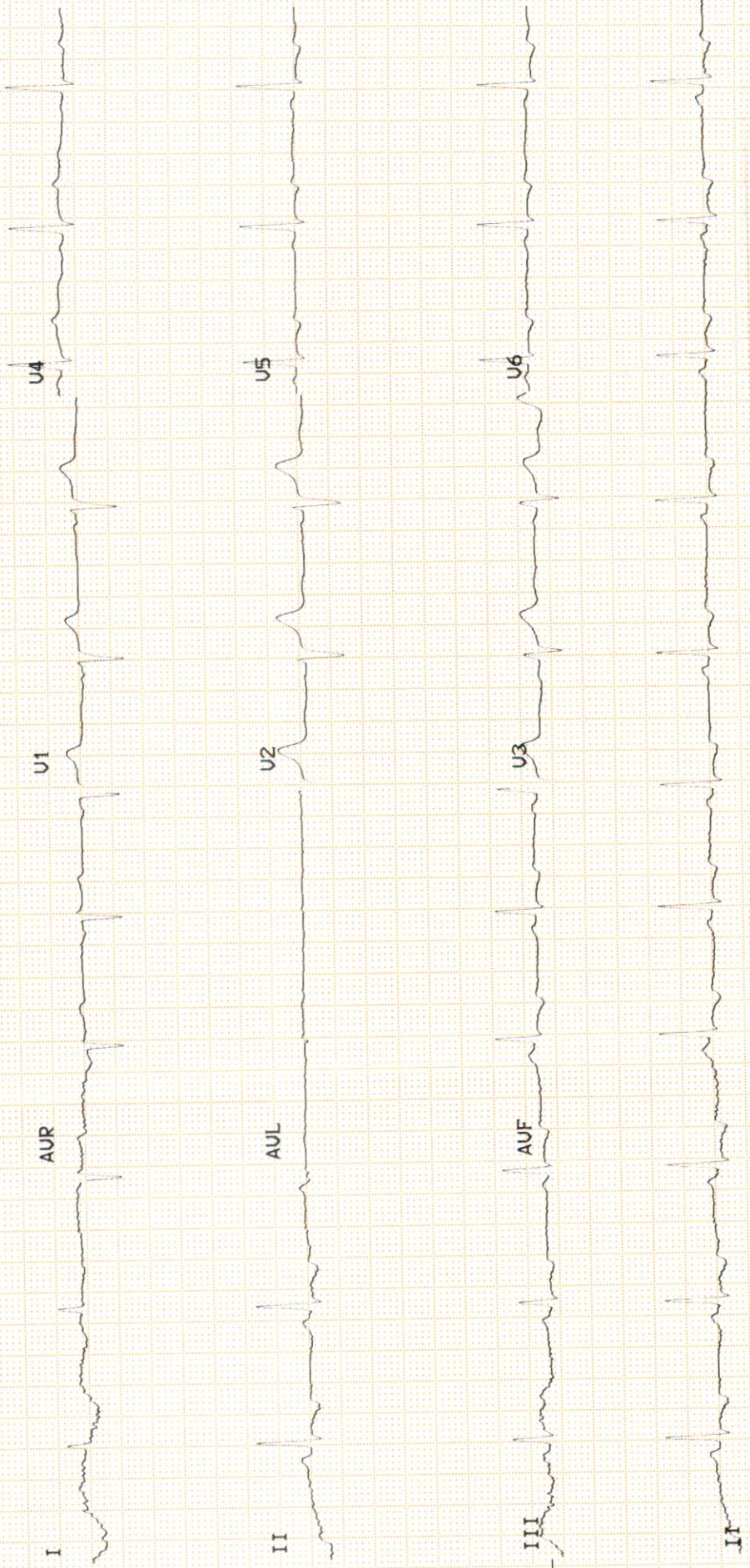
< P  
 < T  
 < QRS



Interpretation:

12SL - Interpretation:  
 Sinus rhythm with sinus arrhythmia  
 T wave abnormality, consider inferior ischemia  
 Abnormal ECG

Unconfirmed report.



**Patient Name:** MR.SAGAR TIKKAS 38Y  
**Age:** 38 Years

**MR No:** SPUN00048077  
**Location:** Apollo Spectra Hospital Pune (Swargate)

**Gender:** M

**Physician:** SELF

**Image Count:** 1

**Date of Exam:** 17-Jun-2024

**Arrival Time:** 17-Jun-2024 10:34

**Date of Report:** 17-Jun-2024 10:41

**X-RAY CHEST P.A VIEW**

**HISTORY:** Health check up

**FINDINGS**

Cardia is normal in size.

No pericardial effusion.

No focal lesion. No collapse. No consolidation.

The apices are free.


The costo and cardiophrenic angles are free. No pleural effusion

Normal mediastinum. No hilar or mediastinal lymphadenopathy.

No destructive osseous pathology is evident.

**IMPRESSION:**

No significant abnormality is seen.

  
**Dr. V. Pavan Kumar. MBBS, DMRD.**  
**Consultant Radiologist**  
**Reg.No : 57017**


**CONFIDENTIALITY:**


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Sagar Vinayakrao Tikkas  
जन्म वर्ष / Year of Birth : 1985  
पुरुष / Male




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आधार – सामान्य माणसाचा अधिकार


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