

Certificate No: MC-5697


|                 |                           |              |                               |
|-----------------|---------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.SHRUTI SANJAY DIXIT | Collected    | : 05/Apr/2024 08:53AM         |
| Age/Gender      | : 46 Y 9 M 12 D/F         | Received     | : 05/Apr/2024 01:39PM         |
| UHID/MR No      | : CVIM.0000238668         | Reported     | : 05/Apr/2024 02:59PM         |
| Visit ID        | : CVIMOPV600130           | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                 | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35ES4961                |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC Predominantly Normocytic Normochromic with Microcytes+  
WBC are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.**

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240094329

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



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**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name                                   | Result        | Unit                    | Bio. Ref. Range | Method                         |
|---|---------------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |               |                         |                 |                                |
| <b>HAEMOGLOBIN</b>                          | <b>11.9</b>   | g/dL                    | 12-15           | Spectrophotometer              |
| PCV   | <b>34.90</b>  | %                       | 36-46           | Electronic pulse & Calculation |
| RBC COUNT                                   | 4.14          | Million/cu.mm           | 3.8-4.8         | Electrical Impedence           |
| MCV   | 84.4          | fL                      | 83-101          | Calculated                     |
| MCH   | 28.7          | pg                      | 27-32           | Calculated                     |
| MCHC  | 34            | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                       | <b>15.8</b>   | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 5,500         | cells/cu.mm             | 4000-10000      | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |               |                         |                 |                                |
| NEUTROPHILS                                 | 66.2          | %                       | 40-80           | Electrical Impedence           |
| LYMPHOCYTES                                 | 24.4          | %                       | 20-40           | Electrical Impedence           |
| EOSINOPHILS                                 | 2.6           | %                       | 1-6             | Electrical Impedence           |
| MONOCYTES                                   | 6.6           | %                       | 2-10            | Electrical Impedence           |
| BASOPHILS                                   | 0.2           | %                       | <1-2            | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |               |                         |                 |                                |
| NEUTROPHILS                                 | 3641          | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                 | 1342          | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                 | 143           | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                   | 363           | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                   | 11            | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)           | 2.71          |                         | 0.78- 3.53      | Calculated                     |
| <b>PLATELET COUNT</b>                       | <b>270000</b> | cells/cu.mm             | 150000-410000   | Electrical impedence           |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | <b>10</b>     | mm at the end of 1 hour | 0-20            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                     |               |                         |                 |                                |

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**



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 Consultant Pathologist

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**No hemoparasite seen.**

  
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| 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 HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name                            | Result     | Unit  | Bio. Ref. Range | Method     |
|--------------------------------------|------------|-------|-----------------|------------|
| <b>GLUCOSE, FASTING , NAF PLASMA</b> | <b>116</b> | 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     |
|---|----------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |          |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | <b>6</b> | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 126      | 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

  
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**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

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)



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| Test Name                    | Result        | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|---------------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |               |       |                 |                            |
| TOTAL CHOLESTEROL            | 168           | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 92            | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | 40            | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 127           | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | <b>108.97</b> | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 18.46         | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 4.17          |       | 0-4.97          | Calculated                 |
| ATHEROGENIC INDEX (AIP)      | < 0.01        |       | <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      |
| ATHEROGENIC INDEX(AIP) | <0.11                               | 0.12 – 0.20     | >0.21     |           |

**Note:**

- 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

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 Consultant Pathologist

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method             |
|--|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.45   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.09   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.36   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 13.14  | U/L   | <35             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 17.0   | U/L   | <35             | IFCC               |
| ALKALINE PHOSPHATASE                     | 68.40  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 6.69   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.33   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.36   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.83   |       | 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'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.

  
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|---|--------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |        |        |                 |                          |
| CREATININE  | 0.74   | mg/dL  | 0.55-1.02       | Modified Jaffe, Kinetic  |
| UREA  | 21.02  | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 9.8    | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 4.03   | mg/dL  | 2.6-6.0         | Uricase PAP              |
| CALCIUM   | 8.95   | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 3.22   | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 142.66 | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.1    | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 106.82 | mmol/L | 101-109         | ISE (Indirect)           |
| PROTEIN, TOTAL  | 6.69   | g/dL   | 6.6-8.3         | Biuret                   |
| ALBUMIN   | 4.33   | g/dL   | 3.5-5.2         | BROMO CRESOL GREEN       |
| GLOBULIN  | 2.36   | g/dL   | 2.0-3.5         | Calculated               |
| A/G RATIO   | 1.83   |        | 0.9-2.0         | Calculated               |

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| Test Name  | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 22.66  | U/L  | <38             | IFCC   |

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 1.4    | ng/mL  | 0.7-2.04        | CLIA   |
| Thyroxine (T4, TOTAL)                              | 13.14  | µg/dL  | 5.48-14.28      | CLIA   |
| Thyroid Stimulating Hormone (TSH)                  | 3.037  | µIU/mL | 0.34-5.60       | CLIA   |

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

SIN No: SPL24063820

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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 **1860 500 7788**  
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Certificate No: MC-5697

|  |  |
|--|--|
| Patient Name : Mrs.SHRUTI SANJAY DIXIT | Collected : 05/Apr/2024 08:53AM            |
| Age/Gender : 46 Y 9 M 12 D/F           | Received : 05/Apr/2024 01:07PM             |
| UHID/MR No : CVIM.0000238668           | Reported : 05/Apr/2024 01:44PM             |
| Visit ID : CVIMOPV600130               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35ES4961             |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name  | Result      | Unit | Bio. Ref. Range  | Method                     |
|--|-------------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |      |                  |                            |
| COLOUR   | PALE YELLOW |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | HAZY        |      | CLEAR            | Visual                     |
| pH   | <5.5        |      | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY  | >1.025      |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE    |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE    |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL      |      | NORMAL           | MODIFIED EHRlich REACTION  |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 3 - 4       | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 2 - 3       | /hpf | <10              | MICROSCOPY                 |
| RBC  | 5 - 6       | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |

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

Result/s to Follow:  
LBC PAP TEST (PAPSURE)

Page 13 of 13

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UR2325426

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



Name : Mrs. Shruti Sanjay Dixit

Age: 46 Y

UHID:CVIM.0000238668



OP Number:CVIMOPV600130

Bill No :CVIM-OCR-64116

Date : 05.04.2024 08:30

Address : pune

Sex: F

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

| Sno | Service Type/ServiceName  | Department |
|-----|---|------------|
| 1   | ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324 |            |
| 1   | GAMMA GLUTAMYL TRANSFERASE (GGT)  |            |
| 2   | LIVER FUNCTION TEST (LFT)   |            |
| 3   | GLUCOSE, FASTING  |            |
| 4   | HEMOGRAM + PERIPHERAL SMEAR   |            |
| 5   | GYNAECOLOGY CONSULTATION  |            |
| 6   | DIET CONSULTATION   |            |
| 7   | COMPLETE URINE EXAMINATION  |            |
| 8   | PERIPHERAL SMEAR  |            |
| 9   | ECG   |            |
| 10  | LBC PAP TEST- PAPSURE   |            |
| 11  | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)                             |            |
| 12  | DENTAL CONSULTATION   |            |
| 13  | HbA1c, GLYCATED HEMOGLOBIN  |            |
| 14  | ENT CONSULTATION  |            |
| 15  | FITNESS BY GENERAL PHYSICIAN  |            |
| 16  | BLOOD GROUP ABO AND RH FACTOR   |            |
| 17  | LIPID PROFILE   |            |
| 18  | BODY MASS INDEX (BMI)   |            |
| 19  | OPHTHAL BY GENERAL PHYSICIAN  |            |
| 20  | ULTRASOUND - WHOLE ABDOMEN  |            |
| 21  | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)                               |            |

Niranani - 999

# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shruti Dixit on 05/04/24

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>  |                                     |
| <ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"><li>• Currently Unfit.</li></ul> <p>Review after _____ recommended</p>   |                                     |
| <ul style="list-style-type: none"><li>• Unfit</li></ul>  |                                     |

Dr. Baset  
Medical Officer  
The Apollo Clinic, (Location)

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

**DR. BASET HAKIM**  
**MBBS, MD (General Medicine)**  
Reg. No.- MMC2017062572

Shruti Sanjay Dixit

46 year.

|              |             |        |                |
|--------------|-------------|--------|----------------|
| Height : 158 | Weight : 73 | BMI :  | Waist Circum : |
| Temp :       | Pulse :     | Resp : | B.P : 120/80   |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

~~45~~ 46 year old female,  
postmenopausal, for regular  
gynaec check up.

M/H

Postmenopausal.

Adv.

- Tab. Shelcal - D

0-0-1

X 30 days.



Doctor Signature

Follow up date:



Mrs. Shruti Sanjay Dixit  
46 yrs 12.

05/04/2024

|              |             |           |                   |
|--------------|-------------|-----------|-------------------|
| Height : 158 | Weight : 73 | BMI :     | Waist Circum : 95 |
| Temp : 80    | Pulse : 80  | Resp : 20 | B.P : 120/80      |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

pt. came for Routine ENT check-up;  
- No active ENT complaints,  
- No h/o hearing loss.

O/E BIL EAC - clear; BIL TM - intact -  
Nose & throat - WNL.



Follow up date:

Doctor Signature



238668  
46 Years

SHRUTI DIXIT (VN)  
Female

05-Apr-24 10:10:09 AM

Rate 86 Sinus rhythm.....normal P axis, V-rate 50- 99

PR 127  
QRS 77  
QT 368  
QTc 440

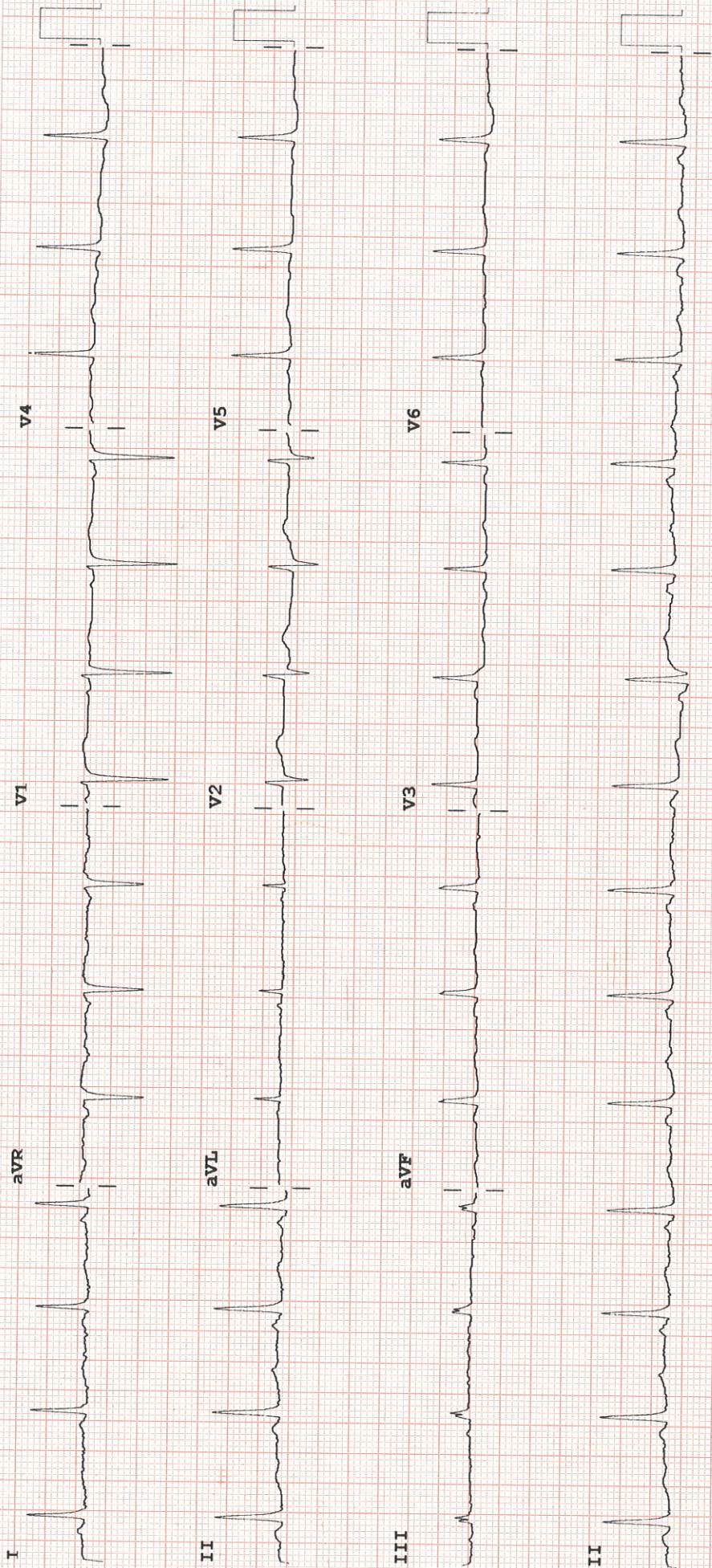
--AXIS--

P 50  
QRS 50  
T 56

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50- 40 Hz W

PH100B CL

P?

PHILIPS

REORDER M3708A



Date : 05-04-2024

MR NO : CVIM.0000238668

Department : GENERAL

Doctor :

Name : Mrs. Shruti Sanjay Dixit

Registration No :

Age/ Gender : 46 Y / Female

Qualification :

Consultation Timing: 08:30

|              |               |           |                   |
|--------------|---------------|-----------|-------------------|
| Height : 158 | Weight : 73.3 | BMI : 30  | Waist Circum : 95 |
| Temp : 96.9  | Pulse : 80    | Resp : 17 | B.P : 120/80      |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

(A)  
EYE EXAMINATION.

DATE: 5/1/20

MOBILE NO: 9

NAME: Shankar Sagar D. D. R.

AGE: 46

CORPORATE: Apollo

|                      | Right Eye | Left Eye |
|----------------------|-----------|----------|
| Distant vision       | 6/6       | 6/6      |
| Near vision          | N/6       | N/6      |
| Color vision         | Normal    | Normal   |
| Fundus examination   | Normal    | Normal   |
| Intraocular pressure | Normal    | Normal   |
| Slit lamp exam.      | Normal    | Normal   |

Dr. M. D. Alavand

Impression - Normal Eye Check Up.

*[Signature]*

(Ophthalmology)

The Apollo Clinic  
DR. M. D. ALAVAND  
MBBS, DCO, MS.  
Cor: Eye Surgeon  
Reg. no.: 30319





|                 |                           |              |                               |
|-----------------|---------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.SHRUTI SANJAY DIXIT | Collected    | : 05/Apr/2024 08:53AM         |
| Age/Gender      | : 46 Y 9 M 12 D/F         | Received     | : 05/Apr/2024 01:39PM         |
| UHID/MR No      | : CVIM.0000238668         | Reported     | : 05/Apr/2024 02:55PM         |
| Visit ID        | : CVIMOPV600130           | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                 | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35ES4961                |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

- 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 glyceic 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)



*Sneha Shah*  
Dr Sneha Shah

MBBS, MD (Pathology)  
**Apollo Health and Lifestyle Limited**  
Consultant Pathologist  
(CIN - 085110TG2000PLC115819)

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

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|                 |                           |              |                               |
|-----------------|---------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.SHRUTI SANJAY DIXIT | Collected    | : 05/Apr/2024 08:53AM         |
| Age/Gender      | : 46 Y 9 M 12 D/F         | Received     | : 05/Apr/2024 01:01PM         |
| UHID/MR No      | : CVIM.0000238668         | Reported     | : 05/Apr/2024 02:55PM         |
| Visit ID        | : CVIMOPV600130           | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                 | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35ES4961                |              |                               |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

| Test Name                    | Result        | Unit  | Bio. Ref. Range | Method                        |
|------------------------------|---------------|-------|-----------------|-------------------------------|
| <b>LIPID PROFILE , SERUM</b> |               |       |                 |                               |
| TOTAL CHOLESTEROL            | 168           | mg/dL | <200            | CHO-POD                       |
| TRIGLYCERIDES                | 92            | mg/dL | <150            | GPO-POD                       |
| HDL CHOLESTEROL              | 40            | mg/dL | 40-60           | Enzymatic<br>Immunoinhibition |
| NON-HDL CHOLESTEROL          | 127           | mg/dL | <130            | Calculated                    |
| LDL CHOLESTEROL              | <b>108.97</b> | mg/dL | <100            | Calculated                    |
| VLDL CHOLESTEROL             | 18.46         | mg/dL | <30             | Calculated                    |
| CHOL / HDL RATIO             | 4.17          |       | 0-4.97          | Calculated                    |
| ATHEROGENIC INDEX (AIP)      | < 0.01        |       | <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      |
| ATHEROGENIC INDEX(AIP) | <0.11                               | 0.12 – 0.20     | >0.21     |           |

**Note:**

- 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

Dr. Sneha Shah  
MBBS, MD (Pathology)

**Apollo Health and Lifestyle Limited**  
CIN: U85110TG2000PLC15819

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**1860 500 7788 8**



Patient Name : Mrs.SHRUTI SANJAY DIXIT  
Age/Gender : 46 Y 9 M 12 D/F  
UHID/MR No : CVIM.0000238668  
Visit ID : CVIMOPV600130  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES4961

Collected : 05/Apr/2024 08:53AM  
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Reported : 05/Apr/2024 02:55PM  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

*Sneha Shah*  
Dr Sneha Shah

MBBS, MD (Pathology)  
**Apollo Health and Lifestyle Limited**  
Consultant Pathologist  
(CIN - U85110TG2000PLC115819)

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Patient Name : Mrs.SHRUTI SANJAY DIXIT  
 Age/Gender : 46 Y 9 M 12 D/F  
 UHID/MR No : CVIM.0000238668  
 Visit ID : CVIMOPV600130  
 Ref Doctor : Dr.SELF  
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**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method             |
|--|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.45   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.09   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.36   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 13.14  | U/L   | <35             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 17.0   | U/L   | <35             | IFCC               |
| ALKALINE PHOSPHATASE                     | 68.40  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 6.69   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.33   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.36   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.83   |       | 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.
- 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.

*Sneha Shah*

Dr Sneha Shah

MBBS, MD (Pathology)

**Apollo Health and Lifestyle Limited**

Consultant (U8510TG2006ELC115819)

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**APOLLO CLINICS NETWORK MAHARASHTRA**

**Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)**

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.SHRUTI SANJAY DIXIT  
Age/Gender : 46 Y 9 M 12 D/F  
UHID/MR No : CVIM.0000238668  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name   | Result | Unit   | Bio. Ref. Range | Method                   |
|---|--------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |        |        |                 |                          |
| CREATININE  | 0.74   | mg/dL  | 0.55-1.02       | Modified Jaffe, Kinetic  |
| UREA  | 21.02  | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 9.8    | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 4.03   | mg/dL  | 2.6-6.0         | Uricase PAP              |
| CALCIUM   | 8.95   | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 3.22   | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 142.66 | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.1    | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 106.82 | mmol/L | 101-109         | ISE (Indirect)           |
| PROTEIN, TOTAL  | 6.69   | g/dL   | 6.6-8.3         | Biuret                   |
| ALBUMIN   | 4.33   | g/dL   | 3.5-5.2         | BROMO CRESOL GREEN       |
| GLOBULIN  | 2.36   | g/dL   | 2.0-3.5         | Calculated               |
| A/G RATIO   | 1.83   |        | 0.9-2.0         | Calculated               |

*Smeha Shah*  
Dr Smeha Shah

MBBS, MD (Pathology)  
**Apollo Health and Lifestyle Limited**

CIN: U85107TS2000PL115819

Regd. Office: J-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

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

**APOLLO CLINICS NETWORK MAHARASHTRA**

**Pune (Aundh | Kharede | Nigdi Pradhikaran | Viman Nagar | Wanowrie)**

Regd. Office: J-10, 60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |

www.apollohl.com | Email ID: enquiry@apollohl.com | Ph No: 040-4904 7777 | Fax No: 4904 7744

APOLLO CLINICS NETWORK

Hyderabad | Ashok Nagar | Chembur | Durgam | Kondapur | Kallakurta | Nizampet | Manikonda | Uppal | Andhra Pradesh | Vizag (Sethamma) | Vizag (Sankarababu) | Bangalore (Basavanagudi) | Bellary | Electronics City | Exotic Town | HF | Mumbai | Delhi

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014

TO BOOK AN APPOINTMENT

 **1860 500 7788 8**

www.apolloclinic.com





Certificate No: MC-5697

|                 |                           |              |                               |
|-----------------|---------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.SHRUTI SANJAY DIXIT | Collected    | : 05/Apr/2024 08:53AM         |
| Age/Gender      | : 46 Y 9 M 12 D/F         | Received     | : 05/Apr/2024 01:01PM         |
| UHID/MR No      | : CVIM.0000238668         | Reported     | : 05/Apr/2024 02:55PM         |
| Visit ID        | : CVIMOPV600130           | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                 | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35ES4961                |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name   | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM</b> | 22.66  | U/L  | <38             | IFCC   |



*Sheha Shah*  
Dr Sheha Shah

MBBS, MD (Pathology)  
**Apollo Health and Lifestyle Limited**  
Consultant Pathologist  
(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: [enquiry@apollohl.com](mailto:enquiry@apollohl.com) | [www.apollohl.com](http://www.apollohl.com)  
This test has been performed at Apollo Health and Lifestyle (r)-Sadasiv Petn Pune, Diagnostics Lab

**APOLLO CLINICS NETWORK MAHARASHTRA**  
Pune (Aundh) | Kharadi | Nigdi | Pradhikaran | Viman Nagar | Wanowrie  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
[www.apollohl.com](http://www.apollohl.com) | Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com) | No: 4904 7744

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Silt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014

TO BOOK AN APPOINTMENT

**1860 500 7788**

[www.apolloclinic.com](http://www.apolloclinic.com)



Certificate No: MC-5697

Patient Name : Mrs.SHRUTI SANJAY DIXIT  
Age/Gender : 46 Y 9 M 12 D/F  
UHID/MR No : CVIM.0000238668  
Visit ID : CVIMOPV600130  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES4961

Collected : 05/Apr/2024 08:53AM  
Received : 05/Apr/2024 01:02PM  
Reported : 05/Apr/2024 02:08PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 1.4    | ng/mL  | 0.7-2.04        | CLIA   |
| Thyroxine (T4, TOTAL)                              | 13.14  | µg/dL  | 5.48-14.28      | CLIA   |
| Thyroid Stimulating Hormone (TSH)                  | 3.037  | µIU/mL | 0.34-5.60       | CLIA   |



*Signature*

DR Sanjay Ingle  
**Apollo Health and Lifestyle Limited**  
M.B.B.S. (M.D. Pathology)  
(CIN: U85110TG2000PLCT15819)  
Consultant Pathologist  
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  
SIN No: SP1-2403876

**APOLLO CLINICS NETWORK MAHARASHTRA** Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab  
Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apolloclinics.com Online appointments: www.apolloclinic.com Fax No: 4904 7744

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014

TO BOOK AN APPOINTMENT



www.apolloclinic.com









Certificate No: MC-5697

Patient Name : Mrs.SHRUTI SANJAY DIXIT  
Age/Gender : 46 Y 9 M 12 D/F  
UHID/MR No : CVIM.0000238668  
Visit ID : CVIMOPV600130  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES4961

Collected : 05/Apr/2024 08:53AM  
Received : 05/Apr/2024 01:39PM  
Reported : 05/Apr/2024 02:59PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**

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

SIN No:BED240094329

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



Certificate No: MC-5697

|  |  |
|--|--|
| Patient Name : Mrs.SHRUTI SANJAY DIXIT | Collected : 05/Apr/2024 08:53AM            |
| Age/Gender : 46 Y 9 M 12 D/F           | Received : 05/Apr/2024 01:39PM             |
| UHID/MR No : CVIM.0000238668           | Reported : 05/Apr/2024 02:59PM             |
| Visit ID : CVIMOPV600130               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35ES4961             |  |

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name                                  | Result | Unit                    | Bio. Ref. Range | Method                         |
|--|--------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |        |                         |                 |                                |
| HAEMOGLOBIN                                | 11.9   | g/dL                    | 12-15           | Spectrophotometer              |
| PCV  | 34.90  | %                       | 36-46           | Electronic pulse & Calculation |
| RBC COUNT                                  | 4.14   | Million/cu.mm           | 3.8-4.8         | Electrical Impedence           |
| MCV  | 84.4   | fL                      | 83-101          | Calculated                     |
| MCH  | 28.7   | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 34     | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 15.8   | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 5,500  | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |        |                         |                 |                                |
| NEUTROPHILS                                | 66.2   | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                | 24.4   | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                | 2.6    | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                  | 6.6    | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                  | 0.2    | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |        |                         |                 |                                |
| NEUTROPHILS                                | 3641   | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 1342   | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 143    | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 363    | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 11     | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 2.71   |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                             | 270000 | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 10     | mm at the end of 1 hour | 0-20            | Modified Westergren            |

**PERIPHERAL SMEAR**

**RBC Predominantly Normocytic Normochromic with Microcytes+**

**WBC are normal in number and morphology**

**Platelets are Adequate**

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

SIN No:BED240094329

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





Certificate No: MC-5697

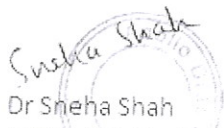
|  |  |
|--|--|
| Patient Name : Mrs.SHRUTI SANJAY DIXIT | Collected : 05/Apr/2024 08:53AM            |
| Age/Gender : 46 Y 9 M 12 D/F           | Received : 05/Apr/2024 01:39PM             |
| UHID/MR No : CVIM.0000238668           | Reported : 05/Apr/2024 02:59PM             |
| Visit ID : CVIMOPV600130               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35ES4961             |  |

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

**No hemoparasite seen.**



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

SIN No:BED240094329

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







Certificate No: MC-5697

|                 |                           |              |                               |
|-----------------|---------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.SHRUTI SANJAY DIXIT | Collected    | : 05/Apr/2024 08:53AM         |
| Age/Gender      | : 46 Y 9 M 12 D/F         | Received     | : 05/Apr/2024 01:39PM         |
| UHID/MR No      | : CVIM.0000238668         | Reported     | : 05/Apr/2024 02:55PM         |
| Visit ID        | : CVIMOPV600130           | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                 | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35ES4961                |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 116    | 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     |
|--|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                     | 6      | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                | 126    | 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

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

SIN No:EDT240043578

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



|                    |                            |             |                    |
|--------------------|----------------------------|-------------|--------------------|
| Patient Name       | : Mrs. Shruti Sanjay Dixit | Age         | : 46 Y F           |
| UHID               | : CVIM.0000238668          | OP Visit No | : CVIMOPV600130    |
| Reported on        | : 05-04-2024 10:08         | Printed on  | : 05-04-2024 17:22 |
| Adm/Consult Doctor | :                          | Ref Doctor  | : SELF             |

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, shape and shows Grade I increased echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is physiologically distended. Approx 3-4 mm sized echogenic foci along anterior wall noted with comet tail artifacts. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. Bilateral tiny concretions largest 2.8 mm on right side. No obvious focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Uterus is anteverted & normal in size. No focal lesion noted. The endometrium is central with empty cavity. Both the ovaries obscured due to bowel gas. However No adnexal pathology noted on either side. TVS would be more informative

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present. Excessive bowel gases noted. Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF t present/. Follow up is advised

### **IMPRESSION:**

#### **Apollo Health and Lifestyle Limited**

(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

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

Patient Name : Mrs. Shruti Sanjay Dixit  
UHID : CVIM.0000238668  
Reported on : 05-04-2024 10:08  
Adm/Consult Doctor :

Age : 46 Y F  
OP Visit No : CVIMOPV600130  
Printed on : 05-04-2024 17:22  
Ref Doctor : SELF

- **Fatty infiltration of liver.**
- **Bilateral renal tiny concretions.**
- **Echogenic foci in gall bladder wall possibly soft adherent calculi / adenomyomatosis.**
- **Poor bowel preparation**

Suggest : clinical correlation and further evaluation / imaging  
This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable.  
Second radiologist opinion can be advocated if required.

Printed on:05-04-2024 10:08

---End of the Report---



**Dr. BHUSHANA SURYAWANSHI**  
MBBS, DMRE  
Radiology



# NO SAMPLE GIVEN

TO,  
apollo clinic  
viman nagar

dear sir/ madam

I- shwanti S Dixit

Union Bank of India

-----working at company name

----- have not given the -----

----- sample do not

wish to given it

consultation

will be done at taking reports

I AGREE.....

UHID =

SIGN-

shwanti

**Patient Name** : Mrs. Shruti Sanjay Dixit

**Age/Gender** : 46 Y/F

**UHID/MR No.** : CVIM.0000238668

**OP Visit No** : CVIMOPV600130

**Sample Collected on** :

**Reported on** : 05-04-2024 10:09

**LRN#** : RAD2293317

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 35ES4961

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, shape and shows Grade I increased echogenicity. No focal lesion is noted.No e/o IHBR dilatation is seen.Portal vein appears normal in size, flow & phasicity.  
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Both the ovaries obscured due to bowel gas. however No adnexal pathology noted on either side. .TVS would be more informative

No e/o any free fluid noted.

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### IMPRESSION:

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- **Bilateral renal tiny concretions.**
- **Echogenic foci in gall bladder wall possibly soft adherent calculi / adenomyomatosis.**
- **Poor bowel preparation**

Suggest : clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required.



**Dr. BHUSHANA SURYAWANSHI**



**Patient Name** : Mrs. Shruti Sanjay Dixit

**Age/Gender** : 46 Y/F

MBBS, DMRE  
Radiology



यूनियन बैंक ऑफ इंडिया  Union Bank of India

भारत सरकार का प्रमुख A Government of India Undertaking



नाम / श्रुती संजय दीक्षित

Name: SHRUTI SANJAY DIXIT

कर्मचारी नं / Employee No.: 426141

जन्म तिथि / Birth Date : 23/06/1977

रक्त समूह / Blood Group : B+

  
हस्ताक्षर Signature

कार्यालय का स्थान  
Place of Office :

R.O. PUNE EAST

कार्यालय की तारीख  
Date of Issue :

20.07.2022

कार्यालय अधिकारी

  
Issuing Authority

vivo V27

Apr 5, 2024, 08:22

Fwd: Health Check up Booking Confirmed Request(35ES4961),Package Code-PKG10000450, Beneficiary Code-313016

Shruti Dixit <dixitshruti2306@gmail.com>

Thu 4/4/2024 4:53 PM

To:Bh - Agakhan Palace Pune [Union Bank Of India] <ubin0546771@unionbankofindia.bank>

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है, कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं), प्रेषक को पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्नकों न खोलें और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं, संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank) पर रिपोर्ट करें

**CAUTION AND ATTENTION PLEASE:** This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank)

Pfa

----- Forwarded message -----

From: **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

Date: Thu, Apr 4, 2024, 1:45 PM

Subject: Health Check up Booking Confirmed Request(35ES4961),Package Code-PKG10000450, Beneficiary Code-313016

To: <[dixitshruti2306@gmail.com](mailto:dixitshruti2306@gmail.com)>

Cc: <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

011-41195959

Dear **Dixit Shruti Sanjay**,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Annual Health Checkup Female Starter

**Patient Package Name** : MediWheel Full Body Health Checkup Female 50 To 60 For Self and Spouse

**Name of Diagnostic/Hospital** : Apollo Clinic - Viman Nagar

**Address of Diagnostic/Hospital** : Shop no S1, Ground Floor, Datta Mandir Chowk, Nyati Millenium Premises, Viman Nagar, Pune - 411014

**City** : Pune

**State** : Maharashtra

**Pincode** : 411014

**Appointment Date** : 05-04-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 9:00am

**Booking Status** : Booking Confirmed

| Member Information  |         |        |
|---------------------|---------|--------|
| Booked Member Name  | Age     | Gender |
| Dixit Shruti Sanjay | 46 year | Female |

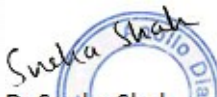
|                 |                          |              |                               |
|-----------------|--------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SANJAY ACHYUT DIXIT | Collected    | : 05/Apr/2024 08:57AM         |
| Age/Gender      | : 51 Y 2 M 25 D/M        | Received     | : 05/Apr/2024 01:39PM         |
| UHID/MR No      | : CVIM.0000238670        | Reported     | : 05/Apr/2024 02:42PM         |
| Visit ID        | : CVIMOPV600132          | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35ES49618              |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's are Normocytic Normochromic  
WBC's Mild Eosinophilia  
Platelets are Adequate  
No hemoparasite seen.**

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240094346

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 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  | 48.30   | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                  | 5.31    | Million/cu.mm           | 4.5-5.5         | Electrical Impedence           |
| MCV  | 90.9    | fL                      | 83-101          | Calculated                     |
| MCH  | 31.2    | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 34.3    | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 14.5    | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 7,460   | cells/cu.mm             | 4000-10000      | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |         |                         |                 |                                |
| NEUTROPHILS                                | 44.8    | %                       | 40-80           | Electrical Impedence           |
| LYMPHOCYTES                                | 37.6    | %                       | 20-40           | Electrical Impedence           |
| EOSINOPHILS                                | 11.7    | %                       | 1-6             | Electrical Impedence           |
| MONOCYTES                                  | 5.3     | %                       | 2-10            | Electrical Impedence           |
| BASOPHILS                                  | 0.6     | %                       | <1-2            | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |         |                         |                 |                                |
| NEUTROPHILS                                | 3342.08 | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 2804.96 | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 872.82  | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 395.38  | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 44.76   | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 1.19    |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                             | 188000  | cells/cu.mm             | 150000-410000   | Electrical impedence           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 4       | mm at the end of 1 hour | 0-15            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                    |         |                         |                 |                                |

RBC's are Normocytic Normochromic  
WBC's Mild Eosinophilia  
Platelets are Adequate



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MBBS, MD (Pathology)  
Consultant Pathologist

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| UHID/MR No : CVIM.0000238670          | Reported : 05/Apr/2024 02:42PM             |
| Visit ID : CVIMOPV600132              | Status : Final Report                      |
| Ref Doctor : Dr.SELF                  | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35ES49618           |  |

**DEPARTMENT OF HAEMATOLOGY**

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

**No hemoparasite seen.**

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240094346

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|                                       |  |
|---------------------------------------|--|
| Patient Name : Mr.SANJAY ACHYUT DIXIT | Collected : 05/Apr/2024 08:57AM            |
| Age/Gender : 51 Y 2 M 25 D/M          | Received : 05/Apr/2024 01:39PM             |
| UHID/MR No : CVIM.0000238670          | Reported : 05/Apr/2024 03:34PM             |
| Visit ID : CVIMOPV600132              | Status : Final Report                      |
| Ref Doctor : Dr.SELF                  | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35ES49618           |  |

**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 |



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|                                       |  |
|---------------------------------------|--|
| Patient Name : Mr.SANJAY ACHYUT DIXIT | Collected : 05/Apr/2024 08:57AM            |
| Age/Gender : 51 Y 2 M 25 D/M          | Received : 05/Apr/2024 01:38PM             |
| UHID/MR No : CVIM.0000238670          | Reported : 05/Apr/2024 02:39PM             |
| Visit ID : CVIMOPV600132              | Status : Final Report                      |
| Ref Doctor : Dr.SELF                  | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35ES49618           |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                            | Result     | Unit  | Bio. Ref. Range | Method     |
|--------------------------------------|------------|-------|-----------------|------------|
| <b>GLUCOSE, FASTING , NAF PLASMA</b> | <b>194</b> | 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     |
|---|------------|-------|-----------------|------------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | <b>292</b> | 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     |
|---|------------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |            |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | <b>8.4</b> | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 194        | mg/dL |                 | Calculated |



Dr Sneha Shah  
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Consultant Pathologist

SIN No:EDT240043583

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



Certificate No: MC-5697

|                                       |  |
|---------------------------------------|--|
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| UHID/MR No : CVIM.0000238670          | Reported : 05/Apr/2024 02:39PM             |
| Visit ID : CVIMOPV600132              | Status : Final Report                      |
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| Emp/Auth/TPA ID : 35ES49618           |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

**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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Consultant Pathologist

SIN No:EDT240043583

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|                                       |  |
|---------------------------------------|--|
| Patient Name : Mr.SANJAY ACHYUT DIXIT | Collected : 05/Apr/2024 08:57AM            |
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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            | 136         | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 121         | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | <b>31</b>   | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 104         | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | 80.18       | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 24.23       | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 4.32        |       | 0-4.97          | Calculated                 |
| ATHEROGENIC INDEX (AIP)      | <b>0.23</b> |       | <0.11           | Calculated                 |

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

|                        | Desirable                           | Borderline High | High      | Very High |
|------------------------|-------------------------------------|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL      | < 200                               | 200 - 239       | ≥ 240     |           |
| TRIGLYCERIDES          | <150                                | 150 - 199       | 200 - 499 | ≥ 500     |
| LDL                    | Optimal < 100; Near Optimal 100-129 | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                    | ≥ 60                                |                 |           |           |
| NON-HDL CHOLESTEROL    | Optimal <130; Above Optimal 130-159 | 160-189         | 190-219   | >220      |
| ATHEROGENIC INDEX(AIP) | <0.11                               | 0.12 – 0.20     | >0.21     |           |

**Note:**

- 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



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04687747

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|                 |                          |              |                               |
|-----------------|--------------------------|--------------|-------------------------------|
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**DEPARTMENT OF BIOCHEMISTRY**

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

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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Certificate No: MC- 5697

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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                         | 0.78   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.18   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.60   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 24.5   | U/L   | <50             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 23.6   | U/L   | <50             | IFCC               |
| ALKALINE PHOSPHATASE                     | 78.55  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 6.90   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.53   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.37   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.91   |       | 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'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.

  
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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  | 0.91   | mg/dL  | 0.72 – 1.18     | Modified Jaffe, Kinetic  |
| UREA  | 17.10  | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 8.0    | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 4.26   | mg/dL  | 3.5–7.2         | Uricase PAP              |
| CALCIUM   | 9.27   | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 2.68   | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 140.17 | mmol/L | 136–146         | ISE (Indirect)           |
| POTASSIUM   | 3.9    | mmol/L | 3.5–5.1         | ISE (Indirect)           |
| CHLORIDE  | 105.14 | mmol/L | 101–109         | ISE (Indirect)           |
| PROTEIN, TOTAL  | 6.90   | g/dL   | 6.6-8.3         | Biuret                   |
| ALBUMIN   | 4.53   | g/dL   | 3.5-5.2         | BROMO CRESOL GREEN       |
| GLOBULIN  | 2.37   | g/dL   | 2.0-3.5         | Calculated               |
| A/G RATIO   | 1.91   |        | 0.9-2.0         | Calculated               |

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Dr Sneha Shah  
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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>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 48.78  | U/L  | <55             | IFCC   |

Page 11 of 13

*Sneha Shah*  
  
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|---------------------------------------|--|
| Patient Name : Mr.SANJAY ACHYUT DIXIT | Collected : 05/Apr/2024 08:57AM            |
| Age/Gender : 51 Y 2 M 25 D/M          | Received : 05/Apr/2024 01:03PM             |
| UHID/MR No : CVIM.0000238670          | Reported : 05/Apr/2024 02:01PM             |
| Visit ID : CVIMOPV600132              | Status : Final Report                      |
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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)                      | 0.96   | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 9.1    | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 0.920  | 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   |
| High  | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma  |



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

SIN No:SPL24063830

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014

 **1860 500 7788**  
www.apolloclinic.com

|                                       |  |
|---------------------------------------|--|
| Patient Name : Mr.SANJAY ACHYUT DIXIT | Collected : 05/Apr/2024 08:57AM            |
| Age/Gender : 51 Y 2 M 25 D/M          | Received : 05/Apr/2024 01:07PM             |
| UHID/MR No : CVIM.0000238670          | Reported : 05/Apr/2024 02:10PM             |
| Visit ID : CVIMOPV600132              | Status : Final Report                      |
| Ref Doctor : Dr.SELF                  | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35ES49618           |  |

**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   | PALE YELLOW |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR            | Visual                     |
| pH   | <5.5        |      | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY  | >1.025      |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE    |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE    |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL      |      | NORMAL           | MODIFIED EHRlich REACTION  |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 3 - 4       | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 2 - 3       | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |

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



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UR2325441

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





Name : Mr. Sanjay Achyut Dixit

Age: 51 Y

Sex: M

UHID:CVIM.0000238670



OP Number:CVIMOPV600132

Bill No :CVIM-OCR-64117

Date : 05.04.2024 08:37

Address : pune

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

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

# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sanjay Dixit on 05/04/24

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

Dr. Baset  
Medical Officer  
The Apollo Clinic, (Location)

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

**DR. BASET HAKIM**  
**MBBS, MD (General Medicine)**  
**Reg. No.- MMC2017062572**

Date : 05-04-2024  
MR NO : CVIM.0000238670

Department : GENERAL  
Doctor :

Name : Mr. Sanjay Achyut Dixit

Registration No :  
Qualification :

Age/ Gender : 51 Y / Male

Consultation Timing: 08:37

|               |             |           |                    |
|---------------|-------------|-----------|--------------------|
| Height : 172  | Weight : 75 | BMI : 25  | Waist Circum : 104 |
| Temp : 96.9 F | Pulse : 82  | Resp : 17 | B.P : 130/70       |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature



(H)  
EYE EXAMINATION.

DATE: 27/9/20

MOBILE NO: 9

NAME:- Jayar Achu Arak

AGE:- 50

CORPORATE:- Arcopai

|                      | Right Eye | Left Eye |
|----------------------|-----------|----------|
| Distant vision       | 6/6       | 6/6      |
| Near vision          | N/6       | N/6      |
| Color vision         | Normal    | Normal   |
| Fundus examination   | Normal    | Normal   |
| Intraocular pressure | Normal    | Normal   |
| Slit lamp exam.      | Normal    | Normal   |

NOO Eye - for 15 days

Impression - Normal Eye Check Up.

(Ophthalmology)



The Apollo Clinic  
DR. M. D. ALAVAND  
MBBS, DCO, MS.  
Cor: Eye Surgeon  
Reg. no.: 30318





51 Years

Male

05-Apr-24 11:02:03 AM

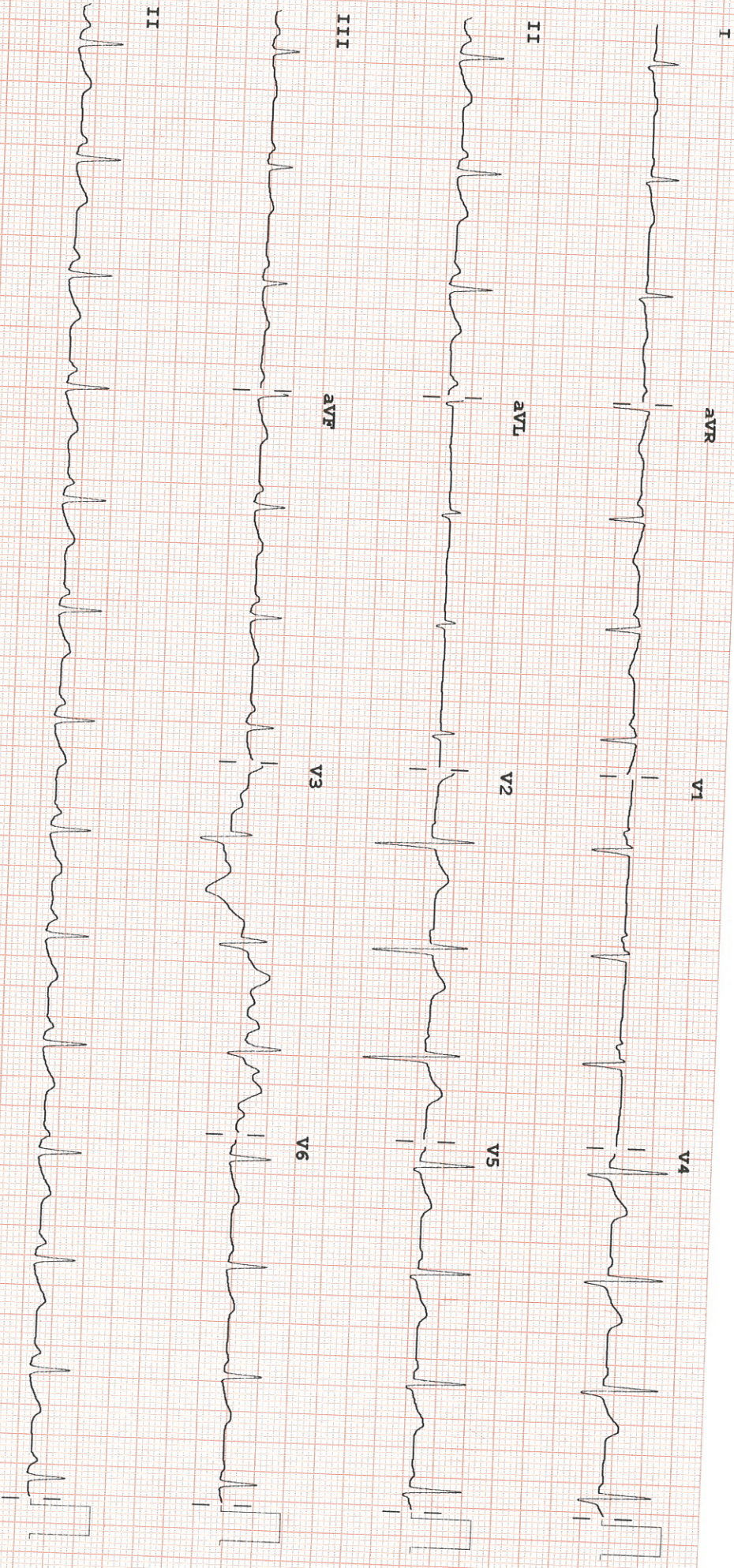
Rate 82 Sinus rhythm  
 normal P axis, V-rate 50-99

PR 146  
 QRSD 89  
 QT 394  
 QTc 461

--AXIS--  
 P 72  
 QRS 53  
 T 56  
 12 Lead, Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

PHILIPS

F 50 ~ 0.50 ~ 40 Hz W

PH100B CL

P?

REORDER M3708A



Patient Name : Mr.SANJAY ACHYUT DIXIT  
 Age/Gender : 51 Y 2 M 25 D/M  
 UHID/MR No : CVIM.0000238670  
 Visit ID : CVIMOPV600132  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 35ES49618

Collected : 05/Apr/2024 08:57AM  
 Received : 05/Apr/2024 01:39PM  
 Reported : 05/Apr/2024 02:42PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBC's are Normocytic Normochromic  
 WBC's Mild Eosinophilia  
 Platelets are Adequate  
 No hemoparasite seen.

*Sneha Shah*  
 Dr Sneha Shah

MBBS, MD (Pathology)  
**Apollo Health and Lifestyle Limited**  
 Consultant Pathologist  
 (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@apollobl.com | www.apollohl.com

This test has been performed at Apollo Health and Lifestyle - Sagashiv Pet, Pune, Diagnostics Lab

**APOLLO CLINICS NETWORK MAHARASHTRA**

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |

www.apollohl.com Online appointments: www.apolloclinic.com No: 4904 7744

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Still Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



TO BOOK AN APPOINTMENT

 **1860 500 7788**

www.apolloclinic.com





Certificate No: MC-5697

Patient Name : Mr.SANJAY ACHYUT DIXIT  
 Age/Gender : 51 Y 2 M 25 D/M  
 UHID/MR No : CVIM.0000238670  
 Visit ID : CVIMOPV600132  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 35ES49618

Collected : 05/Apr/2024 08:57AM  
 Received : 05/Apr/2024 01:39PM  
 Reported : 05/Apr/2024 02:42PM  
 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  | 48.30   | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                  | 5.31    | Million/cu.mm           | 4.5-5.5         | Electrical Impedance           |
| MCV  | 90.9    | fL                      | 83-101          | Calculated                     |
| MCH  | 31.2    | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 34.3    | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 14.5    | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 7,460   | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b> |         |                         |                 |                                |
| NEUTROPHILS                                | 44.8    | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                | 37.6    | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                | 11.7    | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                  | 5.3     | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                  | 0.6     | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |         |                         |                 |                                |
| NEUTROPHILS                                | 3342.08 | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 2804.96 | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 872.82  | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 395.38  | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 44.76   | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 1.19    |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                             | 188000  | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 4       | mm at the end of 1 hour | 0-15            | Modified Westergren            |

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic

WBC's Mild Eosinophilia

Platelets are Adequate

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

SIN No:BED240094346

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







Certificate No: MC-5697

|                 |                          |              |                               |
|-----------------|--------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SANJAY ACHYUT DIXIT | Collected    | : 05/Apr/2024 08:57AM         |
| Age/Gender      | : 51 Y 2 M 25 D/M        | Received     | : 05/Apr/2024 01:39PM         |
| UHID/MR No      | : CVIM.0000238670        | Reported     | : 05/Apr/2024 03:34PM         |
| Visit ID        | : CVIMOPV600132          | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35ES49618              |              |                               |

DEPARTMENT OF HAEMATOLOGY

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

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

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

SIN No:BED240094346

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





|                 |                          |              |                               |
|-----------------|--------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SANJAY ACHYUT DIXIT | Collected    | : 05/Apr/2024 08:57AM         |
| Age/Gender      | : 51 Y 2 M 25 D/M        | Received     | : 05/Apr/2024 01:38PM         |
| UHID/MR No      | : CVIM.0000238670        | Reported     | : 05/Apr/2024 02:39PM         |
| Visit ID        | : CVIMOPV600132          | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35ES49618              |              |                               |

**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 | 194    | 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) | 292    | 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                     | 8.4    | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                | 194    | mg/dL |                 | Calculated |

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

SIN No:EDT240043583

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





Certificate No: MC-5697

|                 |                          |              |                               |
|-----------------|--------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SANJAY ACHYUT DIXIT | Collected    | : 05/Apr/2024 08:57AM         |
| Age/Gender      | : 51 Y 2 M 25 D/M        | Received     | : 05/Apr/2024 01:38PM         |
| UHID/MR No      | : CVIM.0000238670        | Reported     | : 05/Apr/2024 02:39PM         |
| Visit ID        | : CVIMOPV600132          | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35ES49618              |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

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

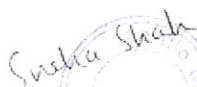
**Comment:**

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)

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

SIN No: EDT240043583

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







Certificate No: MC-5697

Patient Name : Mr.SANJAY ACHYUT DIXIT  
 Age/Gender : 51 Y 2 M 25 D/M  
 UHID/MR No : CVIM.0000238670  
 Visit ID : CVIMOPV600132  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 35ES49618

Collected : 05/Apr/2024 08:57AM  
 Received : 05/Apr/2024 01:00PM  
 Reported : 05/Apr/2024 02:55PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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            | 136    | mg/dL | <200            | CHO-POD                       |
| TRIGLYCERIDES                | 121    | mg/dL | <150            | GPO-POD                       |
| HDL CHOLESTEROL              | 31     | mg/dL | 40-60           | Enzymatic<br>Immunoinhibition |
| NON-HDL CHOLESTEROL          | 104    | mg/dL | <130            | Calculated                    |
| LDL CHOLESTEROL              | 80.18  | mg/dL | <100            | Calculated                    |
| VLDL CHOLESTEROL             | 24.23  | mg/dL | <30             | Calculated                    |
| CHOL / HDL RATIO             | 4.32   |       | 0-4.97          | Calculated                    |
| ATHEROGENIC INDEX (AIP)      | 0.23   |       | <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      |
| ATHEROGENIC INDEX(AIP) | <0.11                               | 0.12 - 0.20     | >0.21     |           |

**Note:**

- 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

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

SIN No:SE04687747

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







Patient Name : Mr.SANJAY ACHYUT DIXIT  
 Age/Gender : 51 Y 2 M 25 D/M  
 UHID/MR No : CVIM.0000238670  
 Visit ID : CVIMOPV600132  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 35ES49618

Collected : 05/Apr/2024 08:57AM  
 Received : 05/Apr/2024 01:00PM  
 Reported : 05/Apr/2024 02:55PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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                         | 0.78   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.18   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.60   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 24.5   | U/L   | <50             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 23.6   | U/L   | <50             | IFCC               |
| ALKALINE PHOSPHATASE                     | 78.55  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 6.90   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.53   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.37   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.91   |       | 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.
- 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.

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

SIN No:SE04687747

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





Certificate No: MC-5697

Patient Name : Mr.SANJAY ACHYUT DIXIT  
Age/Gender : 51 Y 2 M 25 D/M  
UHID/MR No : CVIM.0000238670  
Visit ID : CVIMOPV600132  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES49618

Collected : 05/Apr/2024 08:57AM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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  | 0.91   | mg/dL  | 0.72 – 1.18     | Modified Jaffe, Kinetic<br>GLDH, Kinetic Assay |
| UREA  | 17.10  | mg/dL  | 17-43           |  |
| BLOOD UREA NITROGEN   | 8.0    | mg/dL  | 8.0 - 23.0      | Calculated                                     |
| URIC ACID   | 4.26   | mg/dL  | 3.5-7.2         | Uricase PAP                                    |
| CALCIUM   | 9.27   | mg/dL  | 8.8-10.6        | Arsenazo III                                   |
| PHOSPHORUS, INORGANIC                                       | 2.68   | mg/dL  | 2.5-4.5         | Phosphomolybdate<br>Complex                    |
| SODIUM  | 140.17 | mmol/L | 136-146         | ISE (Indirect)                                 |
| POTASSIUM   | 3.9    | mmol/L | 3.5-5.1         | ISE (Indirect)                                 |
| CHLORIDE  | 105.14 | mmol/L | 101-109         | ISE (Indirect)                                 |
| PROTEIN, TOTAL  | 6.90   | g/dL   | 6.6-8.3         | Biuret   |
| ALBUMIN   | 4.53   | g/dL   | 3.5-5.2         | BROMO CRESOL<br>GREEN                          |
| GLOBULIN  | 2.37   | g/dL   | 2.0-3.5         | Calculated                                     |
| A/G RATIO   | 1.91   |        | 0.9-2.0         | Calculated                                     |

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

SIN No:SE04687747

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







Certificate No: MC-5697

Patient Name : Mr.SANJAY ACHYUT DIXIT  
Age/Gender : 51 Y 2 M 25 D/M  
UHID/MR No : CVIM.0000238670  
Visit ID : CVIMOPV600132  
Ref Doctor : Dr.SELF  
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Collected : 05/Apr/2024 08:57AM  
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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 |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL<br>TRANSPEPTIDASE (GGT) , SERUM | 48.78  | U/L  | <55             | IFCC   |

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

SIN No:SE04687747

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





Certificate No: MC-5697

Patient Name : Mr.SANJAY ACHYUT DIXIT  
 Age/Gender : 51 Y 2 M 25 D/M  
 UHID/MR No : CVIM.0000238670  
 Visit ID : CVIMOPV600132  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 35ES49618

Collected : 05/Apr/2024 08:57AM  
 Received : 05/Apr/2024 01:03PM  
 Reported : 05/Apr/2024 02:01PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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)                      | 0.96   | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 9.1    | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 0.920  | 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   |
| High  | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma  |

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



SIN No:SPI.24063830

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab  
**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & S11 Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



Certificate No: MC-5697

Patient Name : Mr.SANJAY ACHYUT DIXIT  
 Age/Gender : 51 Y 2 M 25 D/M  
 UHID/MR No : CVIM.0000238670  
 Visit ID : CVIMOPV600132  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 35ES49618

Collected : 05/Apr/2024 08:57AM  
 Received : 05/Apr/2024 01:07PM  
 Reported : 05/Apr/2024 02:10PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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   | PALE YELLOW |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR            | Visual                     |
| pH   | <5.5        |      | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY  | >1.025      |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE    |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE    |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL      |      | NORMAL           | MODIFIED EHRlich REACTION  |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 3 - 4       | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 2 - 3       | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |

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

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



SIN No:UR2325441

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



Patient Name : Mr. Sanjay Achyut Dixit  
UHID : CVIM.0000238670  
Reported on : 05-04-2024 11:17  
Adm/Consult Doctor :

Age : 51 Y M  
OP Visit No : CVIMOPV600132  
Printed on : 05-04-2024 17:24  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**X-RAY CHEST PA**

Trachea appears normal.

Both lower lobes show few infiltrates.

Rest of the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:**

Both lower lobes show few infiltrates.

Printed on:05-04-2024 11:17

---End of the Report---

*Preeti*  
Dr. PREETI P KATHE

Patient Name : Mr. Sanjay Achyut Dixit  
UHID : CVIM.0000238670  
Reported on : 05-04-2024 11:17  
Adm/Consult Doctor :

Age : 51 Y M  
OP Visit No : CVIMOPV600132  
Printed on : 05-04-2024 17:24  
Ref Doctor : SELF

DMRE, MD, DNB  
Radiology

**Apollo Health and Lifestyle Limited**

(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

**APOLLO CLINICS NETWORK MAHARASHTRA**

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

# NO SAMPLE GIVEN

TO,  
APOLLO CLINIC  
VIMAN NAGAR

Dear sir / madam

I am Sanjay Dixit (spouse) working at

Company Name Union Bank Co.

Have not given the consultation Sample do not wish given it.

will be done at taking reports

I AGREE \_\_\_\_\_

UHID =

Writ

SIGN -



**Patient Name** : Mr. Sanjay Achyut Dixit

**Age/Gender** : 51 Y/M

**UHID/MR No.** : CVIM.0000238670

**OP Visit No** : CVIMOPV600132

**Sample Collected on** :

**Reported on** : 05-04-2024 11:17

**LRN#** : RAD2293343

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 35ES49618

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

**X-RAY CHEST PA**

Trachea appears normal.

Both lower lobes show few infiltrates.

Rest of the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

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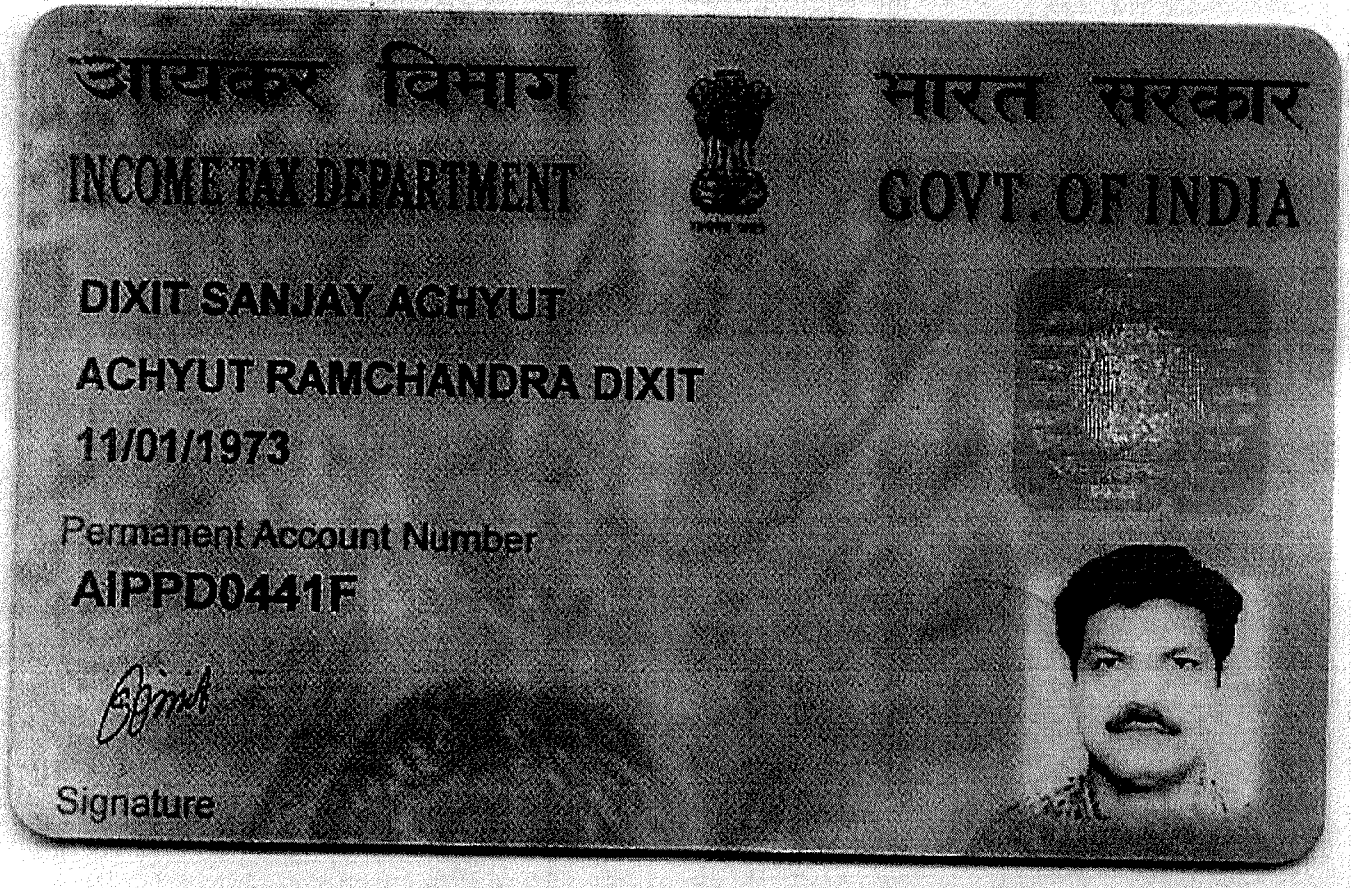
Soft tissues appear normal.

**Impression:**

Both lower lobes show few infiltrates.



**Dr. PREETI P KATHE**  
**DMRE, MD, DNB**  
Radiology



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - PUNE METRO  
"JEEVAN PRAKASH", 6/7, L.I.C. BLDG.,  
University Rd,p.b no.950, Shivaji Nagar,  
Pune,maharashtra, Pin

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 40-50 Female**

Shri/Smt./Kum. DIXIT,SHRUTI SANJAY

P.F. No. 426141 Designation : Single Window Operator - B

Checkup for Financial Year 2023-2024 **Approved Charges Rs. 4500.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

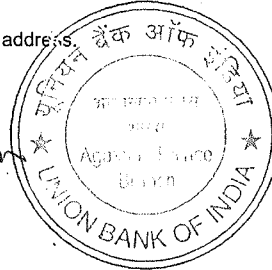
Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS : Status of the application- Sanctioned



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

**Employee Request for Health Checkup at Tie-up Centre/Clinic**

Employee Id 426141

Name DIXIT,SHRUTI SANJAY Date of Birth 23/06/1977 Gender Female

Designation Single Window Operator - B Grade CLERK  
Department RO - PUNE METRO Location AGAKHAN PALACE AREA - PUNE

I wish to undergo Health Checkup at M/S Mediwheel  
under tie up arrangement with our bank for the FinancialYear 2023-2024

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 4500.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

\*\*As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Submit

Date of Request 27/03/2024 Status of the application Sanctioned

Approve

Decline

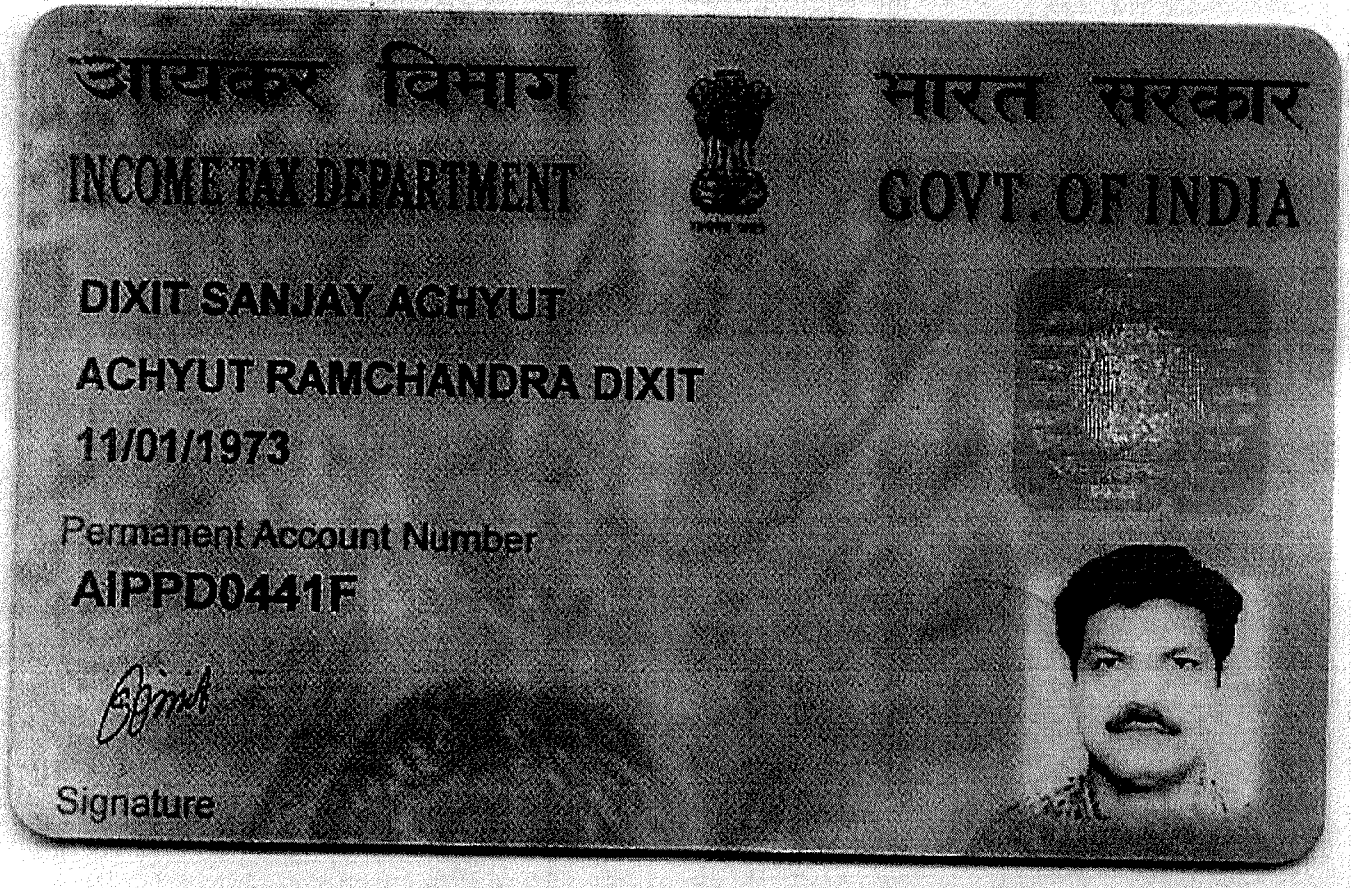
Approved by: 622719

Date 27/03/2024

Remarks, if declined

Approved

Approver Name KISHORE,SONKULE



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - PUNE METRO  
"JEEVAN PRAKASH", 6/7, L.I.C. BLDG.,  
University Rd,p.b no.950, Shivaji Nagar,  
Pune,maharashtra, Pin

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 40-50 Female**

Shri/Smt./Kum. DIXIT,SHRUTI SANJAY

P.F. No. 426141 Designation : Single Window Operator - B

Checkup for Financial Year 2023-2024 **Approved Charges Rs. 4500.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

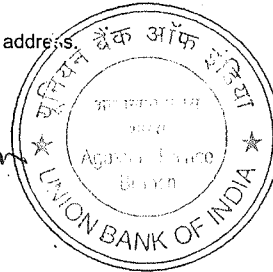
Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS : Status of the application- Sanctioned



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

**Employee Request for Health Checkup at Tie-up Centre/Clinic**

Employee Id 426141

Name DIXIT,SHRUTI SANJAY Date of Birth 23/06/1977 Gender Female

Designation Single Window Operator - B Grade CLERK  
Department RO - PUNE METRO Location AGAKHAN PALACE AREA - PUNE

I wish to undergo Health Checkup at M/S Mediwheel  
under tie up arrangement with our bank for the FinancialYear 2023-2024

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 4500.00

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Submit

Date of Request 27/03/2024 Status of the application Sanctioned

Approve

Decline

Approved by: 622719

Date 27/03/2024

Remarks, if declined

Approved

Approver Name KISHORE,SONKULE