

Patient Name : Mr.KAUSTUBH TELRANDHE	Collected : 17/Apr/2024 02:38PM
Age/Gender : 31 Y 0 M 16 D/M	Received : 17/Apr/2024 02:47PM
UHID/MR No : SCHE.0000085241	Reported : 17/Apr/2024 02:56PM
Visit ID : SCHEOPV100699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8669091852	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.6	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.32	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>79</b>	fL	83-101	Calculated
MCH	<b>25.6</b>	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,100	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Electrical Impedence
LYMPHOCYTES	31	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3213	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1581	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102	Cells/cu.mm	20-500	Calculated
MONOCYTES	204	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.03		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	186000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

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**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240103843



Patient Name : Mr.KAUSTUBH TELRANDHE  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST  
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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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Visit ID : SCHEOPV100699	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

**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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  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)	80	mg/dL	70-110	Oxidase & Peroxidase-reflectance spectrophotometry

**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.



**DR. APARNA NAIK**  
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CONSULTANT PATHOLOGIST

SIN No:PLP1446222



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Emp/Auth/TPA ID : 8669091852

Collected : 17/Apr/2024 02:38PM  
Received : 17/Apr/2024 05:07PM  
Reported : 17/Apr/2024 05:40PM  
Status : Final Report  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

**Comment:**

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

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

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

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



Dr. Pratibha Kadam  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: EDT240047574



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	162	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	45	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	28	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated
LDL CHOLESTEROL	125	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.79		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	

  
**DR. APARNA NAIK**  
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CONSULTANT PATHOLOGIST

SIN No:SE04697860





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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

**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 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>50</b>	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
ALKALINE PHOSPHATASE	91.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	<b>6.40</b>	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.50	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	<b>1.90</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.37</b>		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.

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**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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.77	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	<b>10.90</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>5.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	<b>7.90</b>	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	143	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.4	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	101	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	<b>6.40</b>	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.50	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	<b>1.90</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.37</b>		0.9-2.0	Calculated

Result Rechecked

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**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

**Address:**

Ujagar Compound, Opp. Cleaner Bus Depot Main Gate,  
Deonar, Chembur, Mumbai, Maharashtra  
Ph: 022-43344900

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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	91.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto



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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	7.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot

**Comments:-**

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

**Decreased in:** Parathyroid mediated, Vitamin D Deficiency, Liver disease and malnutrition

Result Rechecked

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	16-73	catalytic activity-reflectance spectrophotometry



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.57	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.591	µIU/mL	0.38-5.33	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.Sandip Kumar Banerjee  
M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist



SIN No:SPL24070057



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	6.11	ng/mL		CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

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

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

**Increased levels:**

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	85	pg/mL	120-914	CLIA

**Comment:**

Page 14 of 17



Dr. Pratibha Kadam  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: SPL24070057



**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

**Address:**

Ujagar Compound, Opp. Cleaner Bus Depot Main Gate,  
Deonar, Chennai, Mumbai, Maharashtra  
Ph: 022-4334-4600

Patient Name : Mr.KAUSTUBH TELRANDHE  
 Age/Gender : 31 Y 0 M 16 D/M  
 UHID/MR No : SCHE.0000085241  
 Visit ID : SCHEOPV100699  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8669091852

Collected : 17/Apr/2024 02:38PM  
 Received : 17/Apr/2024 05:07PM  
 Reported : 17/Apr/2024 06:28PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



Dr. Pratibha Kadam  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist

SIN No: SPL24070057



Patient Name : Mr.KAUSTUBH TELRANDHE  
 Age/Gender : 31 Y 0 M 16 D/M  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.470	ng/mL	0-4	CLIA



Dr.Sandip Kumar Banerjee  
 M.B.B.S.,M.D(PATHOLOGY),D.P.B  
 Consultant Pathologist

SIN No:SPL24070057



Patient Name : Mr.KAUSTUBH TELRANDHE	Collected : 17/Apr/2024 02:38PM
Age/Gender : 31 Y 0 M 16 D/M	Received : 17/Apr/2024 02:47PM
UHID/MR No : SCHE.0000085241	Reported : 17/Apr/2024 05:00PM
Visit ID : SCHEOPV100699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8669091852	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Page 17 of 17




**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2332182





<b>Name</b> : Mr. Kaustubh Telrandhe  <b>Address</b> : DADAR  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OF AGREEMENT	<b>Age</b> : 31 Y  <b>Sex</b> : M	<b>UHID</b> :SCHE.0000085241  <b>OP Number</b> :SCHEOPV100699 <b>Bill No</b> :SCHE-OCR-23634 <b>Date</b> : 17.04.2024 14:36
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2D ECHO	
4	CALCIUM, SERUM	
5	LIVER FUNCTION TEST (LFT)	
6	GLUCOSE, FASTING	
7	HEMOGRAM + PERIPHERAL SMEAR	
8	DIET CONSULTATION	
9	COMPLETE URINE EXAMINATION	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	VITAMIN D - 25 HYDROXY (D2+D3)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	ALKALINE PHOSPHATASE - SERUM/PLASMA	
19	X-RAY CHEST PA	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	VITAMIN B12	
24	LIPID PROFILE	
25	BODY MASS INDEX (BMI)	
26	OPHTHAL BY GENERAL PHYSICIAN	
27	ULTRASOUND - WHOLE ABDOMEN	
28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



Patient Name : Mr.KAUSTUBH TELRANDHE	Collected : 17/Apr/2024 02:38PM
Age/Gender : 31 Y 0 M 16 D/M	Received : 17/Apr/2024 02:47PM
UHID/MR No : SCHE.0000085241	Reported : 17/Apr/2024 02:56PM
Visit ID : SCHEOPV100699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8669091852	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.32	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	79	fL	83-101	Calculated
MCH	25.6	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3213	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1581	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102	Cells/cu.mm	20-500	Calculated
MONOCYTES	204	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.03		0.78- 3.53	Calculated
PLATELET COUNT	186000	cells/cu.mm	150000-410000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

Page 1 of 17

  
**DR. APARNA NAIK**  
 MBBS OPB  
 CONSULTANT PATHOLOGIST  
 SIN No:BED240103843



Patient Name	: Mr.KAUSTUBH TELRANDHE	Collected	: 17/Apr/2024 02:38PM
Age/Gender	: 31 Y 0 M 16 D/M	Received	: 17/Apr/2024 02:47PM
LHID/MR No	: SCHE.0000085241	Reported	: 17/Apr/2024 02:56PM
Visit ID	: SCHEOPV100899	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8669091852		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -



DR. APARNA NAIK  
MBBS DPM  
CONSULTANT PATHOLOGIST  
SIN No:BED240105843

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Patient Name : Mr.KAUSTUBH TELRANDHE	Collected : 17/Apr/2024 02:38PM
Age/Gender : 31 Y 0M 16 D/M	Received : 17/Apr/2024 02:47PM
LHID/MR No : SCHE.0000085241	Reported : 17/Apr/2024 02:56PM
Visit ID : SCHEOPV100699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8669091852	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination





Patient Name	: Mr.KAUSTUBH TELRANDHE	Collected	: 17/Apr/2024 02:38PM
Age/Gender	: 31 Y 0 M 16 D/M	Received	: 17/Apr/2024 02:47PM
UHID/MR No	: SCHE.0000085241	Reported	: 17/Apr/2024 04:58PM
Visit ID	: SCHEOPV100699	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8669091852		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

**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  $>= 126$  mg/dL and/or a random / 2 hr post glucose value of  $>= 200$  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)	80	mg/dL	70-110	Oxidase & Peroxidase-reflectance spectrophotometry

**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.



Patient Name : Mr.KAUSTUBH TELRANDHE	Collected : 17/Apr/2024 02:38PM
Age/Gender : 31 Y 0 M 16 DM	Received : 17/Apr/2024 05:07PM
UHID/MR No : SCHE.0000085241	Reported : 17/Apr/2024 05:40PM
Visit ID : SCHEOPV100699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
EmpiAuth/TPA ID : 8669091852	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

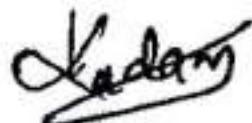
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interferance of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. Pratibha Kadam  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: EDT240047574





Patient Name	: Mr.KAUSTUBH TELRANDHE	Collected	: 17/Apr/2024 02:38PM
Age/Gender	: 31 Y DM 18 D/M	Received	: 17/Apr/2024 02:47PM
UHID/MR No	: SCHE.0000085241	Reported	: 17/Apr/2024 06:24PM
Visit ID	: SCHEOPV100699	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8669091852		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	162	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	45	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	28	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated
LDL CHOLESTEROL	125	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.79		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	



*Aparna Naik*  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:SE04697860

Patient Name : Mr.KAJSTUBH TELRANDHE  
 Age/Gender : 31 Y 0 M 16 D/M  
 UHID/MR No : SCHE\_0000085241  
 Visit ID : SCHEOPV100699  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

**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 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).

  
**DR. APARNA NAIK**  
 MBBS DPM  
 CONSULTANT PATHOLOGIST  
 SIN No:SE04697860





Patient Name : Mr.KAUSTUBH TELRANDHE  
 Age/Gender : 31 Y 0 M 16 D/M  
 UHID/MR No : SCHE.0000085241  
 Visit ID : SCHEOPV100699  
 Ref Doctor : Dr.SELF  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
ALKALINE PHOSPHATASE	91.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	6.40	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.50	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	1.90	g/dL	2.0-3.5	Calculated
A/G RATIO	2.37		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.

Page 8 of 17

  
**DR. APARNA NAIK**  
 MBBS DPM  
 CONSULTANT PATHOLOGIST  
 SIN No:SE04697860



Patient Name : Mr.KAUSTUBH TELRANDHE  
 Age/Gender : 31 Y 0 M 18 DM  
 UHID/MR No : SCHE.0000085241  
 Visit ID : SCHEOPV100699  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8869091852

Collected : 17/Apr/2024 02:38PM  
 Received : 17/Apr/2024 02:47PM  
 Reported : 17/Apr/2024 08:24PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

**2. Cholestatic Patters:**

- 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.



*Aparna Naik*  
**DR. APARNA NAIK**  
 MBBS DPM  
 CONSULTANT PATHOLOGIST  
 SIN No:SE04697860

Patient Name : Mr.KAUSTUBH TELRANDHE  
Age/Gender : 31 Y 0 M 16 D/M  
UHID/MR No : SCHE.D000085241  
Visit ID : SCHEDPV100699  
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Collected : 17/Apr/2024 02:38PM  
Received : 17/Apr/2024 02:47PM  
Reported : 17/Apr/2024 06:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.77	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	10.90	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	5.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	7.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	143	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.4	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	101	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	6.40	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.50	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	1.90	g/dL	2.0-3.5	Calculated
A/G RATIO	2.37		0.9-2.0	Calculated
Result Rechecked				

Page 10 of 17

  
**DR. APARNA NAIK**  
MBBS DPM  
CONSULTANT PATHOLOGIST  
SIN No.SE04697860





Patient Name	: Mr.KAUSTUBH TELRANDHE	Collected	: 17/Apr/2024 02:38PM
Age/Gender	: 31 Y 0 M 16 DM	Received	: 17/Apr/2024 02:47PM
UHIDIMR No	: SCHE.0000085241	Reported	: 17/Apr/2024 03:14PM
Visit ID	: SCHEOPV100699	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8669091852		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	91.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto

  
**DR. APARNA NAIK**  
 MBBS DPB  
 CONSULTANT PATHOLOGIST  
 SIN No:SE04697860



Patient Name	: Mr.KAUSTUBH TELRANDHE	Collected	: 17/Apr/2024 02:38PM
Age/Gender	: 31 Y 0 M 16 D/M	Received	: 17/Apr/2024 02:47PM
UHID/MR No	: SCHE.D000085241	Reported	: 17/Apr/2024 06:24PM
Visit ID	: SCHEOPV100699	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8669091852		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	7.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot

**Comments:-**

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

**Decreased in:** Parathyroid mediated, Vitamin D Deficiency, Liver disease and malnutrition

Result Rechecked

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	16-73	catalytic activity-reflectance spectrophotometry



Patient Name	: Mr.KAUSTUBH TELRANDE	Collected	: 17/Apr/2024 02:38PM
Age/Gender	: 31 Y 0 M 18 DIM	Received	: 17/Apr/2024 05:07PM
UHID/IR No	: SCHE.0000085241	Reported	: 17/Apr/2024 08:28PM
Visit ID	: SCHEOPV100699	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8669091852		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.57	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.591	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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



Dr. Sandip Kumar Banerjee  
M.B.B.S., M.D (PATHOLOGY), D.P.B  
Consultant Pathologist

SIN No: SPL24070037





Patient Name : Mr.KAUSTUBH TELRANDE  
Age/Gender : 31 Y 0 M 18 DIM  
UHID/MR No : SCHE.0000085241  
Visit ID : SCHEOPV100699  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8669091852

Collected : 17/Apr/2024 02:38PM  
Received : 17/Apr/2024 05:07PM  
Reported : 17/Apr/2024 06:28PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	6.11	ng/mL		CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

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

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

Inadequate exposure to sunlight.  
Dietary deficiency.  
Vitamin D malabsorption.  
Severe Hepatocellular disease.  
Drugs like Anticonvulsants.  
Nephrotic syndrome.


**Increased levels:**

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	85	pg/mL	120-914	CLIA

**Comment:**

Page 14 of 17

Dr. Pratibha Kadam  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: SPL24070057


Patient Name : Mr.KAUSTUBH TELRANDHE  
Age/Gender : 31 Y 0 M 16 D/M  
UHID/MR No : SCHE.0000085241  
Visit ID : SCHEOPV100699  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8669091852

Collected : 17/Apr/2024 02:38PM  
Received : 17/Apr/2024 05:07PM  
Reported : 17/Apr/2024 06:28PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Dr. Pratibha Kadam  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: SPL24070057



Patient Name	: Mr.KAUSTUBH TELRANDHE	Collected	: 17/Apr/2024 02:38PM
Age/Gender	: 31 Y 0 M 16 DM	Received	: 17/Apr/2024 05:07PM
UHID/MR No	: SCHE.0000085241	Reported	: 17/Apr/2024 06:28PM
Visit ID	: SCHEOPV100899	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8669091852		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENSIVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.470	ng/mL	0-4	CLIA



Dr.Sandip Kumar Banerjee  
M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist

SEN No: SPL24070057



Patient Name : Mr.KAUSTUBH TELRANDHE  
Age/Gender : 31 Y 0 M 18 D/M  
UHID/MR No : SCHE.0030085241  
Visit ID : SCHEOPV100699  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8669091852

Collected : 17/Apr/2024 02:38PM  
Received : 17/Apr/2024 02:47PM  
Reported : 17/Apr/2024 05:00PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA -**

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Page 17 of 17

  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SEN No:UR2332182





Patient Name : Mr. Kaustubh Telrandhe  
Age / Sex : 31 yrs / Male.  
Ref Doctor : Health Check

Test : 2 D Echo.  
UHID NO : SCHE.00000  
Report Date : 17 / 04 / 2024

## **2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.**

### **Interpretation Summary :**

1. NORMAL LV SYSTOLIC FUNCTION (EF: 60%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

#### **Left Ventricle.**

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

#### **Right Ventricle.**

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

#### **Atria.**

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

#### **Mitral Valve.**

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

#### **Aortic Valve.**

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.





**Pulmonic Valve.**

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

**Great Vessels.**

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.


**Pericardium/Pleural.**

There is no Pericardial effusion.

**M MODE/2D MEASUREMENTS & CALCULATIONS.**

AO (mm) : 26  
IVSd (mm) : 9  
IVSs (mm) : 15  
LVPWd (mm) : 9  
EF(Teich)(mm) : 60%

LA (mm) : 33  
LVIDd (mm) : 46  
LVIDs (mm) : 31  
LVPWs (mm) : 13

  
Dr. AMIT SHOBHAVAT  
M.B.B.S  
DNB ( INTERNAL MEDICINE)



Patient Name	: Mr. Kaustubh Telrandhe	Age	: 31 Y M
UHID	: SCHE.0000085241	OP Visit No	: SCHEOPV100699
Reported on	: 17-04-2024 15:05	Printed on	: 17-04-2024 15:05
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.  
**Gall Bladder**: Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

**Pancreas**: Normal in size and echopattern.

**Spleen** : Normal in size, echopattern

**Kidneys** : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 10.3 x 4.2 cm.

LK : 10.7 x 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

**Urinary bladder**: Well distended with clear contents. Wall thickness is within normal limits.

**Prostate**: appears normal in size and echotexture. (Volume- 17cc).

**IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.**

Printed on: 17-04-2024 15:05

---End of the Report---

**Dr. JAVED SIKANDAR TADVI**  
MBBS, DMRD, Radiologist  
Radiology





Patient Name	: Mr. Kaustubh Telrandhe	Age	: 31 Y M
UHID	: SCHE.0000085241	OP Visit No	: SCHEOPV100699
Reported on	: 17-04-2024 15:06	Printed on	: 17-04-2024 15:06
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

### CONCLUSION :

No obvious abnormality seen

Printed on:17-04-2024 15:06

---End of the Report---

**Dr. JAVED SIKANDAR TADVI**  
MBBS, DMRD, Radiologist  
Radiology



**OUT-PATIENT RECORD**

Date: 17/12/24  
MRNO: 85241  
Name: Kavitak Tetrandhe  
Age / Gender: 31  
Mobile No: \_\_\_\_\_

Department: M.B.D.N.B.(General Medicine)  
Consultant: Dr. Amit Shobhavat  
Reg. No: 2001/09/3124  
Qualification: F.C.C.M, Dip. Diabetology

Pulse: 78	B.P: 100/70	Resp: 16	Temp: 97.2
Weight: 74.9	Height: 175	BMI: 24.5	Waist Circum: 97-98

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

chest - 97-101  
SpO<sub>2</sub> - 99.1%

no Coronary Artery  
No Surgical imm.  
no adduktion  
wink?  
RS  
LAD.

Clinically NAD.

Follow up date:

Doctor Signature



**OUT-PATIENT RECORD**

Date: 17/4/24  
 MRNO: \_\_\_\_\_  
 Name :- Mr. Kaustubh  
 Age / Gender: \_\_\_\_\_  
 Mobile No:- \_\_\_\_\_

Department: **Consultant ENT Surgeon**  
 Consultant: **Dr. Roshni Nambiar**  
 Reg. No: 2006/02/1129  
 Qualification: M.B.B.S., DNB. Otorhinolaryngology

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

*Routine medical*

*o/c*

Ears (R) (L)

*SLR - Intact*

Pinna (+) (+)

Weber ←

Nose / Throat | *normal*

Neck *exam - NAD*

*Clinically normal ENT exam.*

Dr. R. Nambiar

Doctor Signature

Follow up date:



**OUT-PATIENT RECORD**

Date: 17.4.24.  
 MRNO: \_\_\_\_\_  
 Name :- Kaustabh  
 Age / Gender: 31 yrf M.  
 Mobile No:- \_\_\_\_\_

Department: **OPHTHALMOLOGY**  
 Consultant: **Dr. Neeta Sharma**  
 Reg. No: **68446# 8369 602399**  
 Qualification: **MBBS, DIP. Ophthal, DNB (Ophthal)**

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

General Examination / Allergies History  
 H/O  $\odot$  neck done G.W. in 2008 for ? lazy eye  $\odot$

Clinical Diagnosis & Management Plan

fw asc  
 $\odot$  Re CV - Normal.  
 $\odot$  of  
 $\odot$  clear  
 $\odot$  NRL

V A  $\left\{ \begin{array}{l} RL 6/6 \\ AT 6/60 \end{array} \right.$   
 V A  $\left\{ \begin{array}{l} RL N/5 \\ AT N/5 \end{array} \right.$

2) F.U 30d

NSL

Follow up date:

Doctor Signature







## DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts, pistachio, can be eaten in mid meals or mornings.
- **Alsi / Jawas (Flaxseeds) 2 tsp- roasted:** whole or powdered to be eaten daily.

---

- Avoid coconut & groundnut usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar: Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, Ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.**
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2cups of Green tea per day.
- **Fruits: 1-2 fruits** (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- Restrict fruits like mango; grapes, chikoo, Custard apple, Jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day: 3 liters.**
- **Oil consumption: 3 tsp per day/ ½ kg oil per month per person.**



Kans tubh Telhand he: 31/M.

→ Pt advised for regular oral prophylaxis.

→ oral hygiene Good.

## Ccf Team

---

**From:** noreply@apolloclinics.info  
**Sent:** 16 April 2024 16:57  
**To:** kaustubht@gicre.in  
**Cc:** cc.cbr@apollospectra.com; syamsunder.m@apollohl.com; foincharge.cbr@apollospectra.com  
**Subject:** Your appointment is confirmed



**Dear Mr Kaustubh Deelip Telrandhe,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR** clinic on **2024-04-17** at **08:15-08:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS COMPREHENISVE ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]</b>

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

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

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

**Instructions to be followed for a health check:**



## भारतीय साधारण बीमा निगम

"सुरक्षा" 170, जे. टाटा रोड, चर्चगार्ड, मुंबई - 400 020  
(पूर्वतः भारत सरकार के स्वामित्व वाली कंपनी)

GENERAL INSURANCE CORPORATION OF INDIA

"सुरक्षा" 170, J. Tata Road, Churchgate, Mumbai - 400 020

Tel: 22867000 Fax: 22820535 Website: [www.gicofindia.in](http://www.gicofindia.in)

(A Wholly owned Government of India Company)



पहचान पत्र संख्या :  
I. D. No. : 671

नाम : कौतुब दिलीप तेलवारदे  
Name : Kautubh Deelip Talwarde

सेवा सं. :  
S. R. No. : 1894

जन्मतिथि :  
Date of Birth : 01.04.1983

रक्त समूह :  
Blood Group : B +

कारक के हस्ताक्षर  
Sign. of Employee

आधिकारी अधिकारी  
Issuing authority



**Patient Name** : Mr. Kaustubh Telrandhe

**Age/Gender** : 31 Y/M

**UHID/MR No.** : SCHE.000085241

**OP Visit No** : SCHEOPV100699

**Sample Collected on** :

**Reported on** : 17-04-2024 15:06

**LRN#** : RAD2303091

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8669091852

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. JAVED SIKANDAR TADVI**  
**MBBS, DMRD, Radiologist**  
Radiology

<b>Patient Name</b>	: Mr. Kaustubh Telrandhe	<b>Age/Gender</b>	: 31 Y/M
<b>UHID/MR No.</b>	: SCHE.0000085241	<b>OP Visit No</b>	: SCHEOPV100699
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 17-04-2024 15:05
<b>LRN#</b>	: RAD2303091	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8669091852		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

**Gall Bladder**: Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

**Pancreas**: Normal in size and echopattern.

**Spleen** : Normal in size, echopattern

**Kidneys** : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 10.3 x 4.2 cm.

LK : 10.7 x 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

**Urinary bladder**: Well distended with clear contents. Wall thickness is within normal limits.

**Prostate**: appears normal in size and echotexture. (Volume- 17cc).

**IMPRESSION**: **ESSENTIALLY NORMAL WHOLE ABDOMEN.**



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