

Customer Pending Tests
Dental + ENT service not available.

Name : Mr. Hemant Sakpal

Age: 34 Y

UHID:SPUN.0000019901

Sex: M



Address : Plot No 205, Manaji Nagare Vibha Apt, Narhe

OP Number:SPUNOPV61148

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10250

Date : 10.02.2024 09:19

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE (POST PRANDIAL) 12:20	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
X	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:20	
14	URINE GLUCOSE (FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
X	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Hemant Saekal on 10/02/24

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

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

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 10/02/24
MRNO :
Name : Hemant Sakpal
Age/Gender :
Mobile No : 34 1 m

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

SpO₂ 99%

Pulse : 66/m	B.P : 122/68	Resp : 20/m	Temp : Afebrile
Weight : 56.2kg	Height : 166.5cm	BMI : 20.1	Waist Circum : -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Adv
→ Lip Necessitate 100
Once a wk → (5)
→ Ketim D3 tok
Once a wk → (2)

found fit to join duty

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 202097302
Consultant Internal Medicine
Apollo Spectra Hospital

Patient Name : Mr. HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 DM	Received : 10/Feb/2024 11:19AM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 01:03PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17	g/dL	13-17	Spectrophotometer
PCV	49.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.19	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.6	fL	83-101	Calculated
MCH	32.8	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.2	%	40-80	Electrical Impedance
LYMPHOCYTES	39.3	%	20-40	Electrical Impedance
EOSINOPHILS	10.5	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2591.08	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2413.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	644.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	454.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36.84	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	252000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC's are Normocytic Normochromic, WBC's Eosinophilia Platelets are Adequate No Abnormal cells/hemoparasite seen.				

Page 1 of 12



Susika Shah
Dr Susika Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: BED240033549

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

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Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 11:19AM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 03:12PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF HAEMATOLOGY

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

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




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

SIN No: DED240033549

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Patient Name : Mr. HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 12:05PM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 12:54PM
Visit ID : SPUNOPV81148	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	84	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 $> \text{ or } = 126 \text{ mg/dL}$ 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.




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: PLF02103627

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

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Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 DM	Received : 10/Feb/2024 11:19AM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 04:13PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	81	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	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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.



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



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DEPARTMENT OF BIOCHEMISTRY

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

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
- A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
- (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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



SIN No: EFTD40014704

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
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Patient Name : Mr. HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 12:00PM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 01:04PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID : 173573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.03	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.66	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130, Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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



SIN No. SC04025128

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

(CIN - U85110TG2000PLG115819)

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Patient Name : Mr. HEMANT SAKPAL
 Age/Gender : 34 Y 3 M 19 D/M
 UHID/MR No. : SPUN.0000019901
 Visit ID : SPUNOPV51148
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 173573

Collected : 10/Feb/2024 09:44AM
 Received : 10/Feb/2024 12:00PM
 Reported : 10/Feb/2024 01:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	2.37	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.46	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.91	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.34	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.3	U/L	<50	IFCC
ALKALINE PHOSPHATASE	64.72	U/L	30-120	IFCC
PROTEIN, TOTAL	7.98	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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.



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



SIN No: SP04625128

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TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.56	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.33	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.42	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.34	mmol/L	101–109	ISE (Indirect)

Page 8 of 12



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



SIN No: SEM625128

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), <i>SERUM</i>	32.12	U/L	<55	IFCC

Page 9 of 12



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



SIN No: SEM625128

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COUCHING LIVES

Patient Name	: Mr.HEMANT SAKPAL	Collected	: 10/Feb/2024 09:44AM
Age/Gender	: 34 Y 3 M 19 D/M	Received	: 10/Feb/2024 12:00PM
UHID/MR No	: SPUN.0000019901	Reported	: 10/Feb/2024 12:38PM
Visit ID	: SPUNOPV61148	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 173573		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.059	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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



SIN No: SPL 24022080

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

Apollo Health and Lifestyle Limited

(CIN - UB5110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 11:32AM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 11:48AM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2279517

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: T-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

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www.apolلودiagnostics.in

Patient Name : Mr HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 11:32AM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 11:48AM
Visit ID : SPUNOPV61148	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: UF010519

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

Patient Name:	MR. HEMANT SAKPAL 34Y	MR No:	SPUN0000198
Age:	34 Years	Location:	Apollo Spectra Hospital Pune (Swargate)
Gender:	M	Physician:	SELF
Image Count:	1	Date of Exam:	10-Feb-2024
Arrival Time:	10-Feb-2024 12:53	Date of Report:	10-Feb-2024 13:05

X-RAY CHEST PA VIEW

HISTORY: Health check up

FINDINGS

Normal mediastinum .

No hilar or mediastinal lymphadenopathy.

Cardia is normal in size.

No focal mass lesion. No collapse. No consolidation . The apices are free

The costo and cardiophrenic angles are free. No pleural effusion

No pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.



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

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

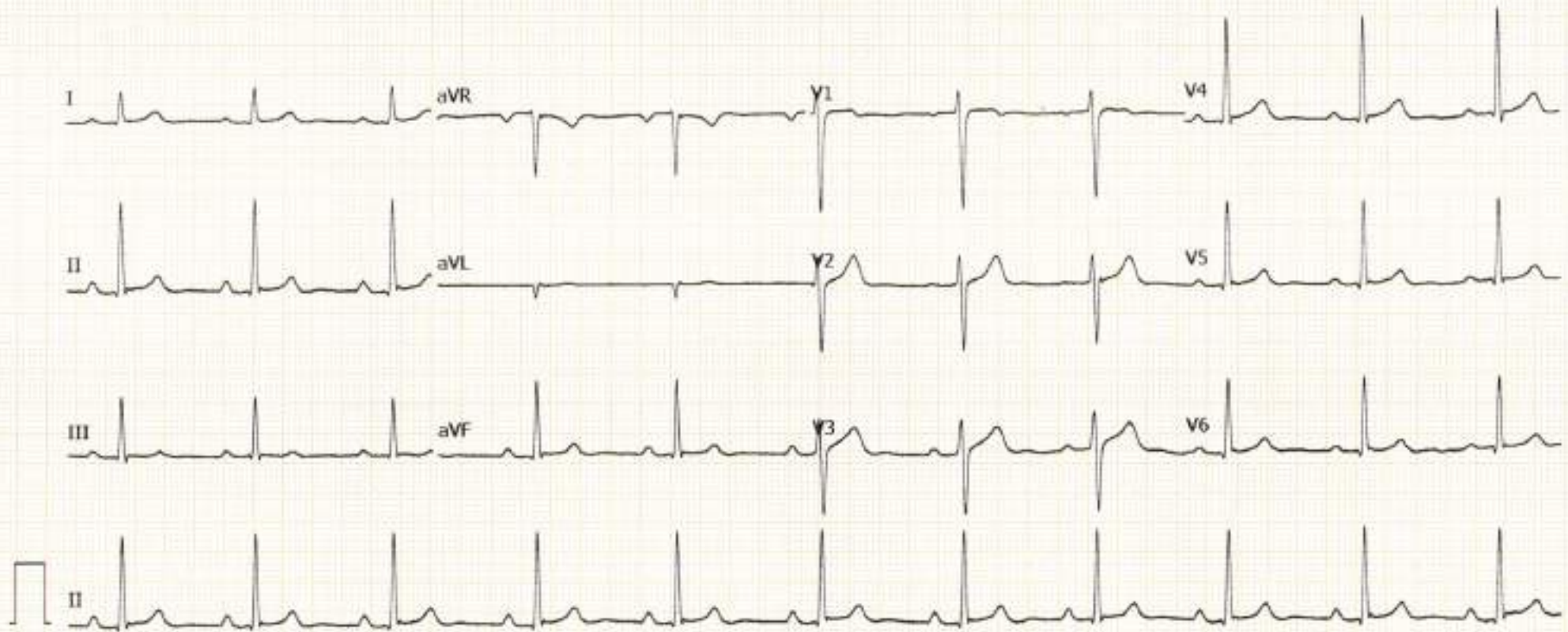
PLEASE NOTE:

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

166 cm Male
56.2 kg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 90 ms Normal sinus rhythm
QT / QTcBaz : 378 / 393 ms Normal ECG
PR : 194 ms
P : 88 ms
RR / PP : 922 / 923 ms
P / QRS / T : 62 / 69 / 47 degrees





Name	Mr Hemant Kashinath Sakpal	Age	34 Years
Patient ID	DD/102/2023-2024/1320	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	10/02/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

The pancreas appear normal in size and echotexture.

The spleen appears normal in size and echotexture.

The right kidney measures 9.3x4.8 cms and **the left kidney** measures 9.6x4.6cms. Both kidneys appear normal in size, shape & shows mild increase in echotexture. There is no hydronephrosis or calculus seen on either side.

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

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

There is no free fluid or paraaortic lymphadenopathy seen.

IMPRESSION:

Mild increase echotexture of the both kidneys . Adv- RFT correlation.

No other significant abnormality is seen.

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

2D ECHO / COLOUR DOPPLER

Name : Mr. Hemant Sakpal
Ref by : HEALTH CHECKUP

Age : 34YRS / M
Date : 10/02/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

EYE REPORT

Date: 10/02/24

Name: Mr. Hemant Sakpal

Age/Sex: 34y/M

Ref No.:

Complaint: No complaints

Examination

No DM

NO HTN

Spectacle Rx

Uncorrected Vision
R 6/6 N6
L 6/6 N6

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	Plano	—	—	6/6	Plano	—	—
Read	—	—	—	NL	—	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: USE APC GLASSES.

WNL

PGP
R
L

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant: 

Apollo Spectra Hospitals

Appointment Id	Corporate Name	Name	Email Id	Mobile	Agreement
76930	BAJAJ ALLIANZ GENERAL INSURANC	Dattaraj Korse	Nikita Shinde22@bajajallianz.co.in	9527705454	BAJAJ ALLIANZ GIC OERA DEV
76700	PETROEXCEL TECHNOLOGY SERVICES	Nitin Ravaji Patil	Sudhakar Gokonda "sudhakar.gokonda@energy-mgt.com"	9923199935	PETROEXCEL TECHNOLOGY PM
75416	GLOBALHEALTH CONNECT PRIVATE L	Anusaya Mandate	info@sugamah.com	9860953590	GLOBALHEALTH SUPER GAMINI
75413	GLOBALHEALTH CONNECT PRIVATE L	Swapnil Udhavrao Mandade	info@sugamah.com	9860953590	GLOBALHEALTH SUPER GAMINI
75406	NOVOCURA TECH HEALTH SERVICES	NITIN MANOHAR RAUT	atcenter.cc@mfnz.co	9970499994	NOVOCURA WIPRO PMC CREDI
75316	HEALTH METER SERVICES PRIVATE	Sanka Karsse	myhealthmeter.operations@gmail.com	9850958768	HEALTH METER WO HSFL HC C
74153	VISIT HEALTH PRIVATE LIMITED	Ms. Ashwariya Gaikwad	ariko.sankar@getvistapp.com	8149600723	VISITHEALTH NIWA BUPA AHC
74147	VISIT HEALTH PRIVATE LIMITED	Mr. Akshay Pomen	ariko.sankar@getvistapp.com	8149600723	VISITHEALTH NIWA BUPA AHC
73721	ARCOFEMI HEALTHCARE LIMITED	Priyanka Hemant Sarpal	hemant.sarpal@bankofbaroda.co.in	9404112113	ARCOFEMI MEDIWHEEL FEMAL
73666	ARCOFEMI HEALTHCARE LIMITED	MR. SAKPAL HEMANT	hemant.sarpal@bankofbaroda.co.in	9404112113	ARCOFEMI MEDIWHEEL MALE P



भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदविण्याचा क्रमांक / Enrollment No. : 2006/12817/10157

To
Hemant Kashinath Sakpal
हेमंत काशिनथ सक्पल
Flat No 205 S No 46/61/62 Vibha Near Devarshi Complex,
Narha,
VTC, Narha (n.v.), PO: Vadgaon Budruk,
Sub District: Pune City, District: Pune,
State: Maharashtra, PIN Code: 411041,
Mobile: 9404112113

61530570



KF615305708F1



आपला आधार क्रमांक / Your Aadhaar No. :

6890 8124 0452

माझे आधार, माझी ओळख



भारत सरकार
Government of India



Issue Date: 26/08/2011



हेमंत काशिनथ सक्पल
Hemant Kashinath Sakpal
जन्म तारीख / DOB: 22/10/1983
पुरुष / Male

6890 8124 0452

माझे आधार, माझी ओळख

Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 11:19AM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 01:03PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17	g/dL	13-17	Spectrophotometer
PCV	49.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.19	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.6	fL	83-101	Calculated
MCH	32.8	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.2	%	40-80	Electrical Impedance
LYMPHOCYTES	39.3	%	20-40	Electrical Impedance
EOSINOPHILS	10.5	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2591.08	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2413.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	644.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	454.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36.84	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	252000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC's are Normocytic Normochromic, WBC's Eosinophilia Platelets are Adequate No Abnormal cells/hemoparasite seen.				



Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240033549

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

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:
 P.No 9 & 10a, S.NO.284, Resate Chambers, Saras Baug Road,
 Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
 Pune, Maharashtra.

Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 11:19AM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 03:12PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF HAEMATOLOGY

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

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



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



SIN No:BED240033549

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

Apollo Speciality Hospitals Private Limited
(Formerly known as Apollo Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

P.No 9 & 10a, S.NO.284, Reshmi Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra.

Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 12:05PM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 12:54PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	84	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 $> \text{ or } = 126 \text{ mg/dL}$ 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.

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

SIN No:PLF02103627

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



Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 11:19AM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 04:13PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	81	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	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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.



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



SIN No:EDT240014794

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

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DEPARTMENT OF BIOCHEMISTRY

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

- 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)



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



SIN No:EDT240014794

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Visit ID : SPUNOPV61148	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.03	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.66	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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



SIN No:SE04625128

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

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Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	2.37	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.46	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.91	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.34	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.3	U/L	<50	IFCC
ALKALINE PHOSPHATASE	64.72	U/L	30-120	IFCC
PROTEIN, TOTAL	7.98	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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.



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



SIN No:SE04625128

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

Apollo Speciality Hospitals Private Limited
(Formerly known as Apollo Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

P.No.9 & 10a, S.No.284, Reshmi Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra.

Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 12:00PM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 01:04PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.56	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.33	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.42	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.34	mmol/L	101–109	ISE (Indirect)

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.12	U/L	<55	IFCC



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Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 12:00PM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 12:38PM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.059	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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SIN No: SPL24022080

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Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 10/Feb/2024 11:32AM
UHID/MR No : SPUN.0000019901	Reported : 10/Feb/2024 11:48AM
Visit ID : SPUNOPV61148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173573	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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SIN No:UR2279517

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



Patient Name : Mr.HEMANT SAKPAL	Collected : 10/Feb/2024 09:44AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

Sneha Shah
Dr Sneha Shah
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SIN No:UF010519



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