Apollo Spectra HOSPITALS
TOUCHING LIVES

Patient Name	: Mr.SHUBHAM JAWLEKAR	Collected	: 17/Apr/2024 02:47PM
Age/Gender	: 28 Y 0 M 30 D/M	Received	: 17/Apr/2024 03:02PM
UHID/MR No	: SCHE.0000085243	Reported	: 17/Apr/2024 05:02PM
Visit ID	: SCHEOPV100701	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7666940013		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	94	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3953	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1593	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118	Cells/cu.mm	20-500	Calculated
MONOCYTES	236	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.48		0.78- 3.53	Calculated
PLATELET COUNT	382000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Aparna Naik
DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240103862

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	95	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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	88	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.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**248**	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	139	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	38	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	**210**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**182.2**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	**6.53**		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.20**		<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	

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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
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.30	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)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
ALKALINE PHOSPHATASE	46.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.20	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

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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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ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	21.00	U/L	16-73	catalytic activity-reflectance spectrophotometry

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:

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• 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.83	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	**18.40**	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	140	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.6	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	100	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.20	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.9-2.0	Calculated

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MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04697878

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Patient Name	: Mr.SHUBHAM JAWLEKAR	Collected	: 17/Apr/2024 02:47PM
Age/Gender	: 28 Y 0 M 30 D/M	Received	: 17/Apr/2024 03:02PM
UHID/MR No	: SCHE.0000085243	Reported	: 17/Apr/2024 03:24PM
Visit ID	: SCHEOPV100701	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7666940013		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	46.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto

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Patient Name	: Mr.SHUBHAM JAWLEKAR	Collected	: 17/Apr/2024 02:47PM
Age/Gender	: 28 Y 0 M 30 D/M	Received	: 17/Apr/2024 05:07PM
UHID/MR No	: SCHE.0000085243	Reported	: 17/Apr/2024 06:47PM
Visit ID	: SCHEOPV100701	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN 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)	1.26	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.02	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.118	µlU/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.Pratibha Kadam
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24070073

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	12.07	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*	**93**	pg/mL	120-914	CLIA

Comment:

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

- 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.390	ng/mL	0-4	CLIA

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

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SIN No:UR2332198

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8

Name : Mr. Shubham Jawlekar
Age: 28 Y
Sex: M
Address : vidyavihar
Plan : ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT

UHID:SCHE.0000085243
SCHE.0000085243
OP Number:SCHEOPV100701
Bill No :SCHE-OCR-23635
Date : 17.04.2024 14:42

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	
1	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
2	LIVER FUNCTION TEST (LFT) WITH GGT	
3	2 D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	BP MEASUREMENT	
11	PERIPHERAL SMEAR	
12	ECG	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	VITAMIN D - 25 HYDROXY (D2+D3)	
17	URINE GLUCOSE(FASTING)	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	ALKALINE PHOSPHATASE - SERUM/PLASMA	
20	X-RAY CHEST PA	
21	HEIGHT	
22	ENT CONSULTATION	
23	FITNESS BY GENERAL PHYSICIAN	
24	BLOOD GROUP ABO AND RH FACTOR	
25	VITAMIN B12	
26	LIPID PROFILE	
27	BODY MASS INDEX (BMI)	
28	WEIGHT	
29	OPTHAL BY GENERAL PHYSICIAN	
30	ULTRASOUND - WHOLE ABDOMEN	
31	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

All Done

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	94	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3953	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1593	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118	Cells/cu.mm	20-500	Calculated
MONOCYTES	236	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.48		0.78- 3.53	Calculated
PLATELET COUNT	382000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Aparna Naik

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	95	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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	88	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.

Aparna Naik

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SIN No:PLP1446223

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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

SIN No:EDT240047575

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Patient Name	: Mr.SHUBHAM JAWLEKAR	Collected	: 17/Apr/2024 02:47PM
Age/Gender	: 28 Y 0 M 30 D/M	Received	: 17/Apr/2024 03:02PM
UHID/MR No	: SCHE.0000085243	Reported	: 17/Apr/2024 05:02PM
Visit ID	: SCHEOPV100701	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7666940013		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**248**	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	139	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	38	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	**210**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**182.2**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	**6.53**		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.20**		<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:SE04697878

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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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.30	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)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
ALKALINE PHOSPHATASE	46.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.20	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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
LIVER FUNCTION TEST (LFT) WITH GGT , *SERUM*				
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PROTEIN, TOTAL	7.20	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	21.00	U/L	16-73	catalytic activity-reflectance spectrophotometry

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)

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• 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.

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ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.83	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	**18.40**	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	140	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.6	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	100	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.20	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	46.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN 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)	1.26	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.02	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.118	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.Pratibha Kadam
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Consultant Pathologist

SIN No:SPL24070073

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	12.07	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*	93	pg/mL	120-914	CLIA

Comment:

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- 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.390	ng/mL	0-4	CLIA

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2332198

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 | www.apollohl.com I Email ID:enquiry@apollohl.com
www.apollodiagnostics.in

GE Healthcare REF I019728LSI CE LOT D664

GE MAC1200 ST JAWLEKAR, SHUBHAM APOLLO SPECTRA HOSPITAL

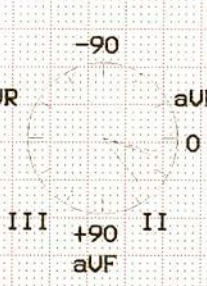
Male

HR 56bpm

AGE:

Measurement Results

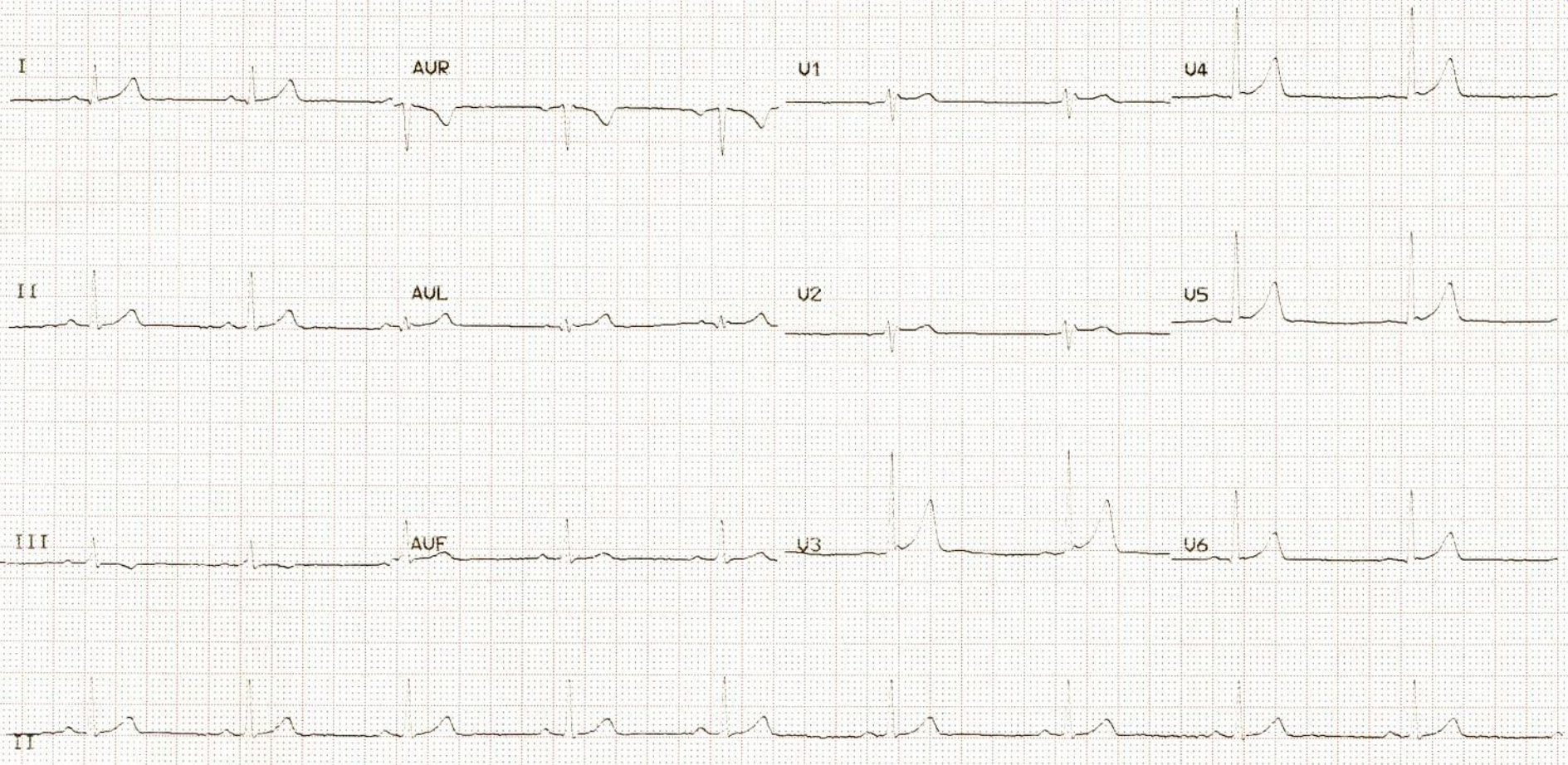
QRS	:	86	ms
QT/QTcB	380 /	371	ms
PR	:	140	ms
P	:	92	ms
RR/PP	: 1050 /	1030	ms
P/QRS/T	: 15/ 50/	20	degrees
QTD/QTcBD:	30 /	29	ms
Sokolow	:	1.7	mV
NK	:	7	



Interpretation

normal ECG

Unconfirmed report.



01 Jan 2001 01:55:05 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1_P Automatic V6 2 12i (1)

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mr. Shubham Jaulekar	Test	: 2 D Echo.
Age / Sex	: 28 yrs / Male.	UHID NO	: SCHE.00000
Ref Doctor	: Health Check	Report Date	: 17/ 04 / 2024

2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretetion 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): 28
IVSd (mm): 7
IVSs (mm) : 12
LVPWd (mm): 8
EF(Teich)(mm) : 60%

LA (mm) : 27
LVIDd (mm) : 41
LVIDs (mm) : 28
LVPWs (mm) : 13

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

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mr. Shubham Jawlekar	Age	: 28 Y M
UHID	: SCHE.0000085243	OP Visit No	: SCHEOPV100701
Reported on	: 17-04-2024 15:06	Printed on	: 17-04-2024 15:07
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 : 9.4 x 4.7 cm.
LK : 10.1 x 5.0 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 15:06 ---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)
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Ph No: 040 - 4904 7777 | www.apollohl.com

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mr. Shubham Jawlekar	Age	: 28 Y M
UHID	: SCHE.0000085243	OP Visit No	: SCHEOPV100701
Reported on	: 17-04-2024 15:07	Printed on	: 17-04-2024 15:13
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 15:07 ---End of the Report---

Dr. JAVED SIKANDAR TADVI
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Ph No: 040 - 4904 7777 | www.apollohl.com

Apollo Spectra HOSPITALS
Specialists in Surgery

OUT- PATIENT RECORD

Date :
MRNO :
Name :- Shubham Jewlekar
Age / Gender :
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 : 70	B.P : 100/70	Resp : 16	Temp : 96.3°F
Weight : 71.6	Height : 168	BMI : 25.4	Waist Circum : 90/98

Chest - 94/95
SPO2 - 99%

General Examination / Allergies History

No comorbid condn.
[illegible]
[illegible]
[illegible]
[illegible]

Clinical Diagnosis & Management Plan

Clinically NAD

Follow up date:

Doctor Signature

Apollo Spectra® HOSPITALS
Specialists in Surgery

OUT- PATIENT RECORD

Date : 17/4/24
MRNO :
Name :- Mr. Shubham
Age / Gender : 28y/M
Mobile No:-

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

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Routine medical.

H/O recurrent sore throat
- usually after intake of cold drinks.

O/E Throat - granular PPW
nose mucosa WNL

Nose - mucosa WNL

Neck examn - NAD

Ears (R) (L)

BL TM intact

Rinne + +

Weber ←→

Adv Adequate hydration
Warm saline gargles
HEXIDINE gargles 1-0-1 x 5 days

Follow up date:

Doctor Signature
Dr. R Nambiar

Apollo Spectra® HOSPITALS
Specialists in Surgery

OUT- PATIENT RECORD

Date : 17/4/24
MRNO :
Name :- Mr. Shubham.
Age / Gender : 28yr/M.
Mobile No:-

Department : OPHTHALMOLOGY
Consultant Dr. Neeta Sharma
Reg. No : 68446
Qualification : MBBS, DIP. Opthal,DNB (Ophthal)

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

General Examination / Allergies
History

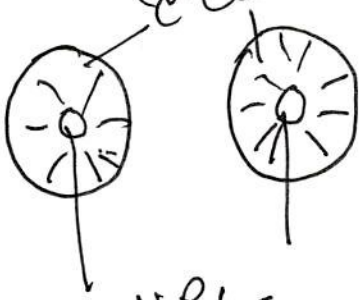
Clinical Diagnosis & Management Plan

for mc

VA Rt 6/6
Lt 6/6

BE CV. — Normal

O/E



VA Rt N/5
Lt N/5

f/u. SOS

NSL

Follow up date:

Doctor Signature

Apollo Spectra® HOSPITALS
Specialists in Surgery

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.

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Specialists in Surgery

Shubham Jawlekar.

O/E.

Buccally placed 8 | 8

causing cheek bite.

Stains - +

calculus - +.

Treatment planning

oral prophylaxis.

Extraction : 8 | 8

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088
Ph No: 022 - 4334 4600 | www.apollospectra.com

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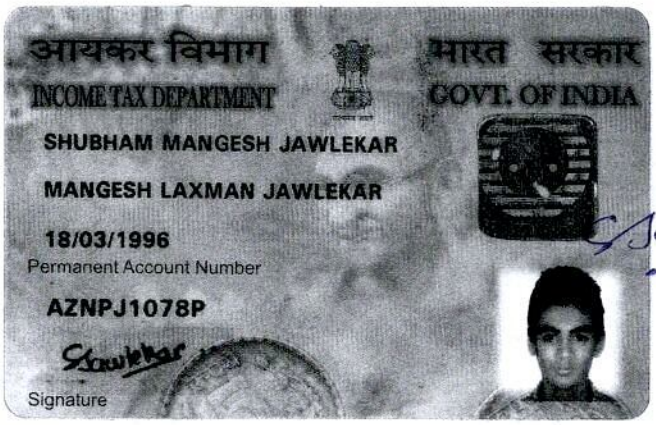
आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
SHUBHAM MANGESH JAWLEKAR
MANGESH LAXMAN JAWLEKAR
18/03/1996
Permanent Account Number
AZNPJ1078P
Signature

Ccf Team

From: noreply@apolloclinics.info
Sent: 16 April 2024 16:55
To: shubhamj@gicre.in
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com; foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed

Dear Mr Shubham Mangesh Jawlekar,

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	**ARCOFEMI HEALTHCARE LIMITED**
Agreement Name	**[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]**
Package Name	**[ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324]**

"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:

Apollo Spectra® HOSPITALS
Specialists in Surgery

APOLLO SPECTRA HOSPITALS
Sunder Baug, Ujagar Compound, Opp. Deonar
Bus Depot Main Gate, Off. Sion Trombay Road, Deonar,
Chembur, Mumbai-400 088. Ph. No.: 022 4334 4600-9
www.apollospectra.com

Patient Name	: Mr. Shubham Jawlekar	**Age/Gender**	: 28 Y/M
UHID/MR No.	: SCHE.0000085243	**OP Visit No**	: SCHEOPV100701
Sample Collected on	:	**Reported on**	: 17-04-2024 15:08
LRN#	: RAD2303092	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 7666940013		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

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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

Apollo Spectra® HOSPITALS
Specialists in Surgery

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www.apollospectra.com

Patient Name	: Mr. Shubham Jawlekar	**Age/Gender**	: 28 Y/M
UHID/MR No.	: SCHE.0000085243	**OP Visit No**	: SCHEOPV100701
Sample Collected on	:	**Reported on**	: 17-04-2024 15:07
LRN#	: RAD2303092	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 7666940013		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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