

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ms. Ankur Saxena on 24/07/2023

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Eosinophils ↑ , lymphocytes ↑</u></p> <p>2. <u>Ss. SGPT ↑ , Ss. GGT ↑</u></p> <p>3. <u>Grade I fatty changes in liver</u></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"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

**Dr. Samruddhi D. Jagdale**  
 MBBS  
 Medical Officer  
 Reg. No. 2021097453  
 Apollo Clinic, Kharadi

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

Date : 21-07-2023  
MR NO : CKHA.0000067650

Department : GENERAL  
Doctor :

Name : Mr. ANKUR SAXENA

Registration No :

Age/ Gender : 42 Y / Male

Qualification :

Consultation Timing: 12:31

Height : 174	Weight : 87.1	BMI : 25	Waist Circum : 102
Temp : 97	Pulse : 67	Resp : 22	B.P : 109/70

**General Examination / Allergies History**

Adv. :-  
- Vit. B12  
- Vit. D3  
- Sr. Calcium

**Clinical Diagnosis & Management Plan**

Present complains - No complaints

Comorbidity - Nil

Allergies - Nil

Surgical H/O - Nil

Family H/O - Nil

Addiction - Occasionally smoking + alcohol intake  
Mixed diet

OE

CVS-

CNS-

P/A-

Chest-

} NAD

H/O covid infection - Nil

Vaccinated with - 2 doses

Follow up date:

Doctor Signature



Name: Mr. ANKUR SAXENA

Age/ Sex: 42 Yrs / M

Date: 22/07/2023

**2D ECHO/COLOUR DOPPLER**

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	21	PULMONARY VE(m/sec)	0.9
LEFT ATRIUM (mm)	30	PG (mmHg)	3.3
		AORTIC VEL (m/sec)	1.1
IVS - D (mm)	11	PG (mmHg)	4.3
LVID - D (mm)	42	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	11		
EJECTION FRACTION (%)	60%		

**REPORT:**

Normal sized all cardiac chambers.  
No regional wall motion abnormality.  
Normal LV systolic function.  
Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.  
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.  
Normal Tricuspid & pulmonary valve.  
No tricuspid regurgitation. No pulmonary hypertension.  
Intact IAS and IVS.  
No clots, vegetations, pericardial effusion noted.  
Aortic arch appears normal

**IMPRESSION:**

**Normal PA pressures.**

**Normal LV systolic function, No RWMA. LVEF 60%.**



**DR. VIKRANT KHESE**  
MBBS, MD Medicine, DNB Medicine, DM Cardiology  
Consultant and interventional Cardiologist  
Reg No: MMC: 2015/02/0627

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

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

**APOLLO CLINICS NETWORK MAHARASHTRA**

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

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

TO BOOK AN APPOINTMENT

 **1860 500 7788**

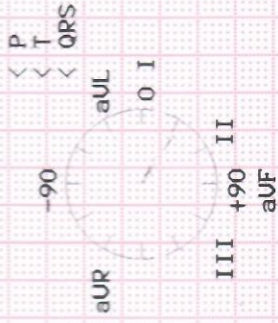


AGE:

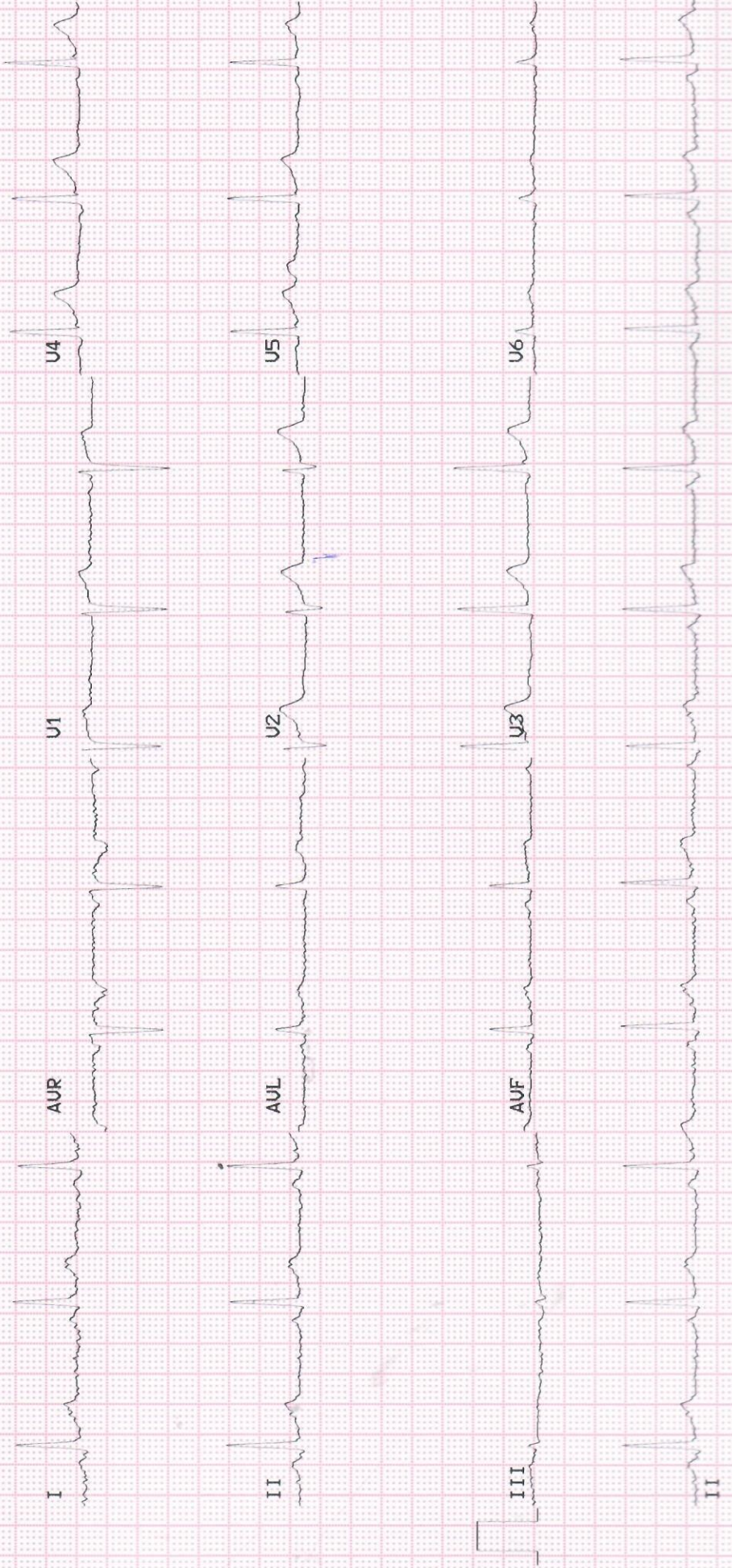
Measurement Results:

QRS : 92 ms  
 QT/QTcB : 392 / 407 ms  
 PR : 128 ms  
 P : 94 ms  
 RR/PP : 906 / 920 ms  
 P/QRS/T : 34 / 33 / 26 degrees

Interpretation:



Unconfirmed report.





# POWER PRESCRIPTION

NAME: MR Ankur Saxena

GENDER: M/F

DATE: 22.7.23

AGE: 42

UHID: 67650

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	.	-	6/6
NEAR	+ 1.00			

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	.	.	6/6
NEAR	+ 1.00			

INSTRUCTIONS:

SIGNATURE 

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



भारत सरकार  
Government of India



अंकुर सक्सेना  
Ankur Saxena  
जन्म वर्ष / Year of Birth : 1980  
पुरुष / Male



7600 6047 6841

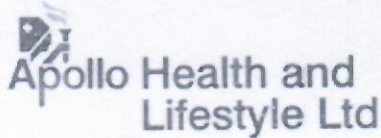
आधार - सामान्य माणसाचा अधिकार



## Kharadi Apollo Clinic

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**From:** noreply@apolloclinics.info  
**Sent:** 06 July 2023 05:46 PM  
**To:** customercare@mediwheel.in  
**Cc:** Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M  
**Subject:** Your Apollo order has been confirmed



Dear ANKUR SAXENA,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at KHARADI clinic on 2023-07-22 at 08:55-09:00.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

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 undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:00PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 02:31PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN





Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	46.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.98	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93.8	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,270	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	41.8	%	40-80	Electrical Impedence
LYMPHOCYTES	41.9	%	20-40	Electrical Impedence
EOSINOPHILS	7.3	%	1-6	Electrical Impedence
MONOCYTES	8.7	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3456.86	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	3465.13	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	603.71	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	719.49	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	24.81	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	247000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:00PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 02:47PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , SODIUM FLUORIDE PLASMA</b>	91	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	97	mg/dL	70-140	HEXOKINASE
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**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.

Ref: Marks medical biochemistry and clinical approach





Certificate No: MC-5697

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**DEPARTMENT OF BIOCHEMISTRY****ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.2	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	103	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:33PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 03:57PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.43	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.78		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.







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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.17	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	20.33	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.97	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.28	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.73	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.05	mmol/L	101–109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>116.33</b>	U/L	<55	IFCC



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Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.1	ng/mL	0.64-1.52	CMIA
Thyroxine (T4, TOTAL)	7.95	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone (TSH)	1.890	µIU/mL	0.35-4.94	CMIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

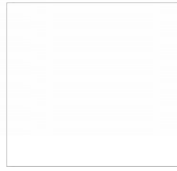
Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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







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Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOI1452	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.540	ng/mL	<4	CMIA



Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 03:44PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 04:30PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOI1452	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

Result/s to Follow:

BLOOD GROUP ABO AND RH FACTOR

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

  
 Dr. Sanjay Ingle  
 M.B.B.S,MD(Pathology)  
 Consultant Pathologist



**Patient Name** : Mr. ANKUR SAXENA

**Age/Gender** : 42 Y/M

**UHID/MR No.** : CKHA.0000067650

**OP Visit No** : CKHAOPV100032

**Sample Collected on** :

**Reported on** : 22-07-2023 16:06

**LRN#** : RAD2053542

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBO11452

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

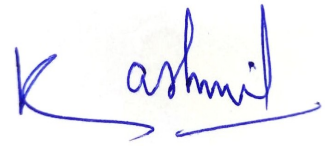
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology



<b>Patient Name</b>	: Mr. ANKUR SAXENA	<b>Age/Gender</b>	: 42 Y/M
<b>UHID/MR No.</b>	: CKHA.0000067650	<b>OP Visit No</b>	: CKHAOPV100032
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 22-07-2023 13:40
<b>LRN#</b>	: RAD2053542	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBO11452		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

**Gall bladder:** is partially distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

**Spleen:** appears normal in size, shape and echotexture. No focal lesion is noted.

**Pancreas:** appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

**Right kidney :** normal in size ms 10.5 x 4.4 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

**Left kidney :** normal in size ms 10.3 x 4.1 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

**Urinary bladder:** is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

**Prostate:** appears normal in size and echotexture ....

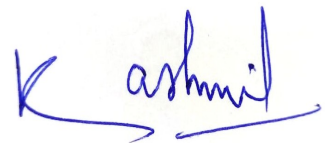
Visualised bowel loops appear normal. No wall edema or mass noted.

#### IMPRESSION :

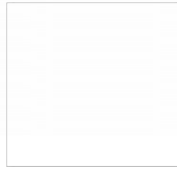
- **Grade I fatty changes in liver.**

Clinical correlation suggested....

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology



Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:00PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 02:31PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN





Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:00PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 02:31PM
Visit ID : CKHAOPV100032	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	46.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.98	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93.8	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,270	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	41.8	%	40-80	Electrical Impedence
LYMPHOCYTES	41.9	%	20-40	Electrical Impedence
EOSINOPHILS	7.3	%	1-6	Electrical Impedence
MONOCYTES	8.7	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3456.86	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	3465.13	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	603.71	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	719.49	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	24.81	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	247000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN





Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:00PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 08:37PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:00PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 02:47PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , SODIUM FLUORIDE PLASMA</b>	91	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	97	mg/dL	70-140	HEXOKINASE
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**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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:00PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 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. Fructosamine may be used as an alternate measurement of glycemic control





Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:33PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 03:57PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.43	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.78		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
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Emp/Auth/TPA ID : UBO11452	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>99.61</b>	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	48.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	62.61	U/L	30-120	IFCC
PROTEIN, TOTAL	6.73	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
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DEPARTMENT OF BIOCHEMISTRY

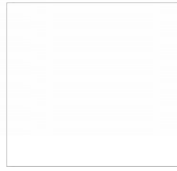
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.17	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	20.33	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.97	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.28	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.73	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.05	mmol/L	101–109	ISE (Indirect)







Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
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Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>116.33</b>	U/L	<55	IFCC



Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 01:31PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 02:54PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBO11452	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.95	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.890	µIU/mL	0.35-4.94	CMIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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







Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
Age/Gender : 42 Y 6 M 1 D/M	Received : 22/Jul/2023 03:44PM
UHID/MR No : CKHA.0000067650	Reported : 22/Jul/2023 04:30PM
Visit ID : CKHAOPV100032	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOI1452	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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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



Patient Name : Mr.ANKUR SAXENA	Collected : 22/Jul/2023 08:09AM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

  
 Dr. Sanjay Ingle  
 M.B.B.S, MD(Pathology)  
 Consultant Pathologist

