



भारत सरकार

Government of India



Rahul

DOB : 23/07/1991

Male



3352 9058 6628

मेरा आधार, मेरी पहचान

Health Check up Booking Confirmed Request(bob56266),Package Code-
PKG10000366, Beneficiary Code-304902

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Wed 24-01-2024 11:24

To:shivaniirawal001@gmail.com <shivaniirawal001@gmail.com>

Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



011-41195959

Dear MS. RAWAL SHIVANI,

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

Booking Date : 23-01-2024

Hospital Package Name : Mediwheel Full Body Annual Plus

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Apollo Clinic

Address of Diagnostic/Hospital : Apollo Clinic, Plot no B-1, Amba Vatika Co-op Housing society, Near Coffee Day, Khondawa Khurd, Wanowrie -411018

City : Pune

State :

Pincode : 411018

Appointment Date : 25-01-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
RAHUL	32 year	Male

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and

gunejg@hul12@gmail.com

Name : Mr. RAHUL GUNEJA

Age: 32 Y

Sex: M

UHID: CWAN.0000134249



OP Number: CWANOPV225099

Bill No : CWAN-OCR-50037

Date : 25.01.2024 08:15

Address : PUNE

Plan : ARCOFEMJ MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMJ - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2D ECHO	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE (POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	9:20
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	OUT - 9:26
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	11:10 Am
<input checked="" type="checkbox"/>	URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

HT - 179 cm

WT - 85.1 kg

BP - 130/90 mmHg

FREE CONSULTATIONS
DENTAL / RADIOLOGY / ALLIANCE



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Rahul Arora on 27/1/2024

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



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

This certificate is not meant for medico-legal purposes

MUSHFIYA BAHRAINWALA
 M.B.B.S
 Reg. No: 47527
 Apollo Clinic Wanowarie
 NBM Road, Kondiwa.

Date : 25-01-2024

Department : GENERAL

MR NO : CWAN.0000134249

Doctor :

Name : Mr. RAHUL GUNEJA

Registration No :

Age/ Gender : 32 Y / Male

Qualification :

Consultation Timing: 08:14

Height : 179cm	Weight : 65.1kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80/90

General Examination / Allergies History

FH:- HTN, DM,
Thyroid issues

2 Covid Vaccines
taken.

Clinical Diagnosis & Management Plan

For AHC
Orital lough
O/E:- CVS
CNS
Resp. } NAS
Abd }

Flup & Reports


DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47027
Apollo Clinic Panwaria
NIBM Road, Kandi, wa.

PATHOLOGY **COLLECTION**

SAMPLE
HC
9763481253
Clinic
9121228388

Follow-up-date:

Doctor Signature

Dr. Shankha Jain.

ENT

Mr. Rahul Ganuja

324/M

25/01/24

came for regular checkup.
of excessive sneezing nasal
obstruction on exposure to dust.

O/E Nose - mild DNS to (R).
Ear - Bil TM Intact.

Rx.

TAB ALLEGRA - M 150S.

50LSPRE NASAL SPRAY

2° - 0 - 2°

FLUTICASONE FURATE NASAL

SPRAY 2° - 0 - 2°

(30)

days.

Shankha Jain

MAC1200 ST GUNEJA, RAHUL 000134249, APOLLO CLINIC MANAMURTI
Age: 32 Years (23.07.1991)

HR 64 bpm
WNL

Measurement Results:

PR	114 ms
PRP	398 /
QRS/T	60 / 50 / 50 degrees
QTcB	114 ms
QTcB	413 ms
QTcB	180 ms
QTcB	126 ms
QTcB	970 ms
QTcB	32 /
QTcB	33 ms
QTcB	2.2 mV
QTcB	8

Interpretation:

normal ECG

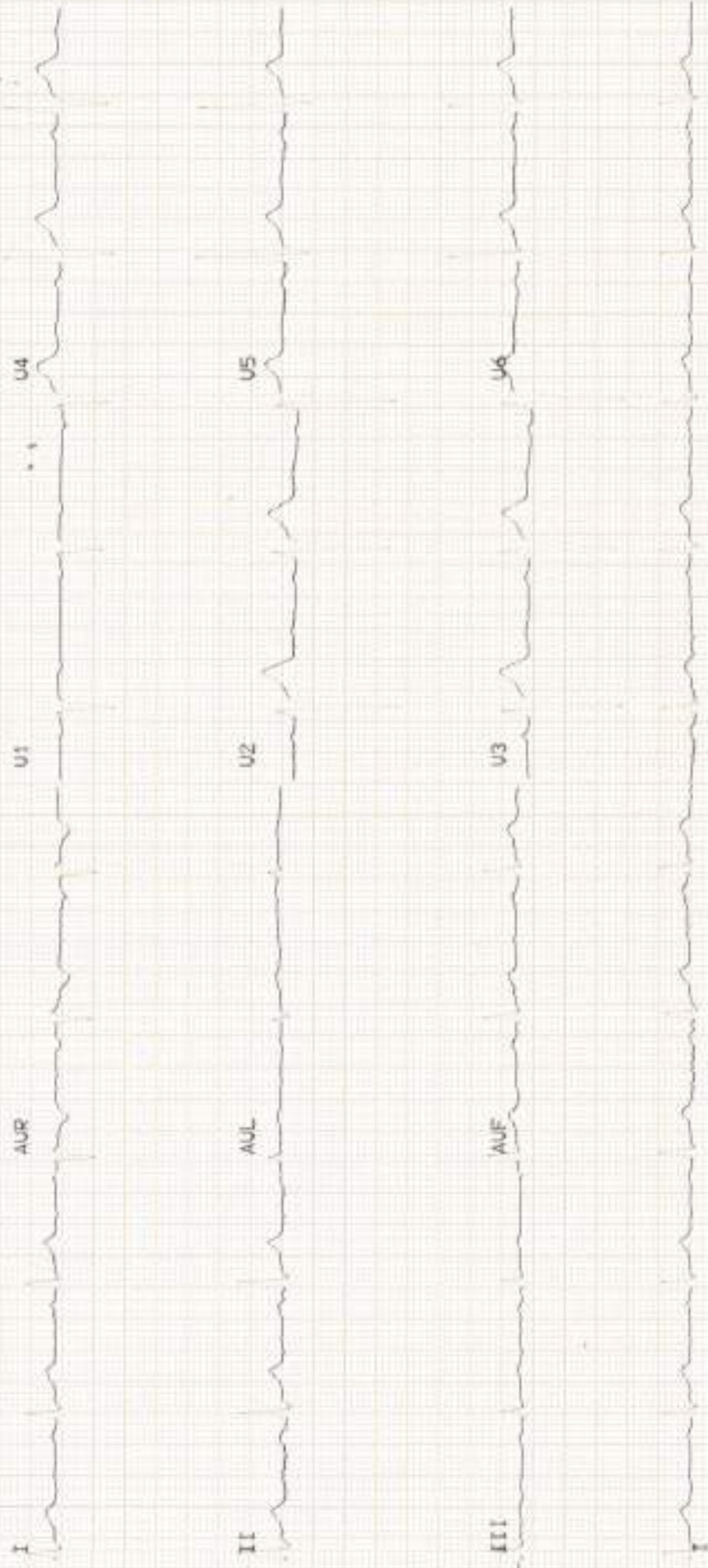
DR. MUSHFIYA BAHRAINWALA

M.B.B.S

Reg. No.: 47527

Apollo Clinic, Manamurthi
NIDM Road, Kondiwa.

Unconfirmed report.



PATIENT CASE SHEET



Name: Mr. Rahul Arunja Age: 32 Gender: Male
Address: Pune
UHID / Emp Id: 134249

Ref. by Doctor

Treating Doctor

Dr. Ranil

Past Dental History:

1) Silver-Amalgam Restoration

Past Medical History:

1) No Relevant History.

Chief Complaint(s):

Regular dental checkup.

Investigation: RVG OPG CBCT

The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mr. Rohan G.

DATE :- 25/1/24

AGE/SEX :- 32/M

UHID :

EYE CHECKUP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	-1.00 ^{6/6} -0.50 X 180	-0.25 SP ^m ^{6/6}
Near Vision	N/6	N/6
Anterior Segment Pupil	NORMAL	NORMAL
Fundus	NORMAL	NORMAL
Colour Vision	NORMAL	NORMAL
IOP	NORMAL NA	NORMAL
Family History/Medical History	NA	

IMPRESSION :- Myopia

Advice :- use PGD

Rohan G.
Ophthalmologist



Patient Name : Mr. RAHUL GUNEJA
UHID : CWAN.0000134249
Reported on : 25-01-2024 10:04
Adm/Consult Doctor :

Age : 32 Y M
OP Visit No : CWANOPV22505
Printed on : 25-01-2024 10:04
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:25-01-2024 10:04

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : MR. RAHUL JUNEJA Age/Sex :32/M Date : 25/01/2024.

2D Echo:-

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – No LV diastolic dysfunction

Cardiac valves -

Mitral valve –Normal, No mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –8 mm Hg

Tricuspid valve – no tricuspid regurgitation, No PAH

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
26	28	11.4	11	35	28	60%

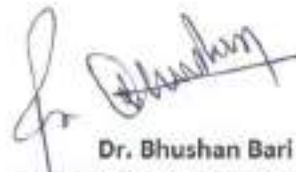
Conclusion:-

Normal chamber dimensions.

No RWMA, normal LV systolic function, LVEF – 60%

Normal LV Diastolic dysfunction.

Normal PA pressure.



Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

Patient Name	: Mr. RAHUL GUNEJA	Age	: 32 Y M
UHID	: CWAN.0000134249	OP Visit No	: CWANOPV225099
Reported on	: 25-01-2024 10:01	Printed on	: 25-01-2024 10:04
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows fatty change. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas is obscured by overlapping bowel gas.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality.

Prostate is normal in size and echo texture. No evidence of focal lesion.

No free fluid is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

No obvious bowel mass detected.

Patient Name	: Mr. RAHUL GUNEJA	Age	: 32 Y M
UHID	: CWAN.0000134249	OP Visit No	: CWANOPV225099
Reported on	: 25-01-2024 10:01	Printed on	: 25-01-2024 10:04
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:

Grade I fatty liver.


Rest of the study within normal limits.

Suggest – clinical correlation.

(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.

Printed on:25-01-2024 10:01

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology



Patient Name : Mr. RAHUL GUNEJA

Age/Gender : 32 Y/M

UHID/MR No. : CWAN.0000134249

OP Visit No : CWANOPV225099

Sample Collected on :

Reported on : 25-01-2024 10:04

LRN# : RAD2216030

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 335290586628

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology

Patient Name	: Mr. RAHUL GUNEJA	Age/Gender	: 32 Y/M
UHID/MR No.	: CWAN.0000134249	OP Visit No	: CWANOPV225099
Sample Collected on	:	Reported on	: 25-01-2024 10:04
LRN#	: RAD2216030	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 335290586628		

DEPARTMENT OF RADIOLOGY

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IMPRESSION:

Grade I fatty liver.

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Suggest – clinical correlation.

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Patient Name : Mr. RAHUL GUNEJA

Age/Gender : 32 Y/M

Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology



Patient Name	: Mr.RAHUL GUNEJA	Collected	: 25/Jan/2024 08:18AM
Age/Gender	: 32 Y 6 M 2 D/M	Received	: 25/Jan/2024 11:37AM
UHID/MR No	: CWAN.0000134249	Reported	: 25/Jan/2024 12:43PM
Visit ID	: CWANOPV225099	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 335290586628		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.**



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

SIN No:BED240017773

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



Patient Name : Mr.RAHUL GUNEJA	Collected : 25/Jan/2024 08:18AM
Age/Gender : 32 Y 6 M 2 D/M	Received : 25/Jan/2024 11:37AM
UHID/MR No : CWAN.0000134249	Reported : 25/Jan/2024 12:43PM
Visit ID : CWANOPV225099	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335290586628	

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	16.4	g/dL	13-17	Spectrophotometer
PCV	47.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.03	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93.7	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,080	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.4	%	40-80	Electrical Impedence
LYMPHOCYTES	39.4	%	20-40	Electrical Impedence
EOSINOPHILS	1.2	%	1-6	Electrical Impedence
MONOCYTES	7.7	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3125.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2395.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	72.96	Cells/cu.mm	20-500	Calculated
MONOCYTES	468.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.24	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	305000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.**


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240017773

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





Patient Name	: Mr.RAHUL GUNEJA	Collected	: 25/Jan/2024 08:18AM
Age/Gender	: 32 Y 6 M 2 D/M	Received	: 25/Jan/2024 11:37AM
UHID/MR No	: CWAN.0000134249	Reported	: 25/Jan/2024 12:43PM
Visit ID	: CWANOPV225099	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 335290586628		

Certificate No.

DEPARTMENT OF HAEMATOLOGY

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

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

SIN No:BED240017773

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





Patient Name : Mr.RAHUL GUNEJA	Collected : 25/Jan/2024 08:18AM
Age/Gender : 32 Y 6 M 2 D/M	Received : 25/Jan/2024 11:37AM
UHID/MR No : CWAN.0000134249	Reported : 25/Jan/2024 01:09PM
Visit ID : CWANOPV225099	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335290586628	

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



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

SIN No:BED240017773

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



Patient Name : Mr.RAHUL GUNEJA	Collected : 25/Jan/2024 08:18AM
Age/Gender : 32 Y 6 M 2 D/M	Received : 25/Jan/2024 11:49AM
UHID/MR No : CWAN.0000134249	Reported : 25/Jan/2024 12:26PM
Visit ID : CWANOPV225099	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335290586628	

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	99	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: PLF02094045

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





Patient Name : Mr.RAHUL GUNEJA	Collected : 25/Jan/2024 11:03AM
Age/Gender : 32 Y 6 M 2 D/M	Received : 25/Jan/2024 03:24PM
UHID/MR No : CWAN.0000134249	Reported : 25/Jan/2024 03:48PM
Visit ID : CWANOPV225099	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335290586628	

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)	130	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.



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

SIN No:PLP1411199

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





Patient Name : Mr.RAHUL GUNEJA	Collected : 25/Jan/2024 08:18AM
Age/Gender : 32 Y 6 M 2 D/M	Received : 25/Jan/2024 11:53AM
UHID/MR No : CWAN.0000134249	Reported : 25/Jan/2024 03:13PM
Visit ID : CWANOPV225099	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335290586628	

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	260	mg/dL	<200	CHO-POD
TRIGLYCERIDES	387	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	60	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	200	mg/dL	<130	Calculated
LDL CHOLESTEROL	122.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	77.37	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		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

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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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

SIN No:SE04608710

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



Patient Name : Mr.RAHUL GUNEJA	Collected : 25/Jan/2024 08:18AM
Age/Gender : 32 Y 6 M 2 D/M	Received : 25/Jan/2024 11:53AM
UHID/MR No : CWAN.0000134249	Reported : 25/Jan/2024 02:28PM
Visit ID : CWANOPV225099	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335290586628	

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	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49.98	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.56	U/L	30-120	IFCC
PROTEIN, TOTAL	7.93	g/dL	6.6-8.3	Biuret
ALBUMIN	5.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		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.

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

SIN No:SE04608710

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





Patient Name : Mr.RAHUL GUNEJA	Collected : 25/Jan/2024 08:18AM
Age/Gender : 32 Y 6 M 2 D/M	Received : 25/Jan/2024 11:53AM
UHID/MR No : CWAN.0000134249	Reported : 25/Jan/2024 02:28PM
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Certificate No.

DEPARTMENT OF BIOCHEMISTRY

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



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

SIN No:SE04608710

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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	0.73	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	20.64	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.37	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.94	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.79	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.85	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.07	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	50.38	U/L	<55	IFCC

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SIN No:SE04608710

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Patient Name : Mr.RAHUL GUNEJA	Collected : 25/Jan/2024 08:18AM
Age/Gender : 32 Y 6 M 2 D/M	Received : 25/Jan/2024 11:53AM
UHID/MR No : CWAN.0000134249	Reported : 25/Jan/2024 12:51PM
Visit ID : CWANOPV225099	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335290586628	

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)	1.21	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.23	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.582	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

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

SIN No: SPL24011579

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





Patient Name : Mr.RAHUL GUNEJA	Collected : 25/Jan/2024 08:18AM
Age/Gender : 32 Y 6 M 2 D/M	Received : 25/Jan/2024 12:04PM
UHID/MR No : CWAN.0000134249	Reported : 25/Jan/2024 12:27PM
Visit ID : CWANOPV225099	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335290586628	

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:UR2267805

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





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Certificate No.

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 ***

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SIN No:UF010271

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

