

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sanjeev Chaudhary on 15/09/2023

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

	Tick
<ul style="list-style-type: none">• 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>Recommend usg abdomen & pelvis.</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 <u>reports.</u></p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

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

Dr. Archana V. MBBS
Registration No. 103429

This certificate is not meant for medico-legal purposes

Date of HOSPITALS : 15-09-2023

Department : GENERAL

MR NO : CVIM.0000230279

Doctor :

Name : Mr. SANJEEV KUMAR CHOUDH.

Registration No :

Age/ Gender : 44 Y / Male

Qualification :

Consultation Timing: 10:04

Height : 166	Weight : 73	BMI :	Waist Circum : 93
Temp : 97	Pulse : 80	Resp : 18	B.P : 120/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

HOME SAMPLE COLLECTION
 PH.: 7775870014
 :020-26634331/32/34

AHEC

No significant pathology

R/S }
 AS }
 P/D } NAD

Appears clinically fit



FREE CHECK UP
 - PHYSIOTHERAPY
 - DENTAL
 - AUDIO (HEARING)
 - OPHTHAL (EYE)

Follow up date:

Doctor Signature

EYE EXAMINATION

DATE:-

15/9/23

NAME:- Sateev, A. Chaudhary

MO :-

AGE:- 40

CORPORATE:- Apollo

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Normal R & L IOP

Impression - Normal Eye Check Up. 2

(Ophthalmology)



The Apollo Clinic
DR. B. D. ALAVAND
MBBS, D.O.M.S.,
Consulting Eye Surgeon
Reg. No.: 36319

123434
45 Years

SANJEEV CHOUDHARY (VN CLINIC)
Male

15-Sep-23 12:06:12 PM

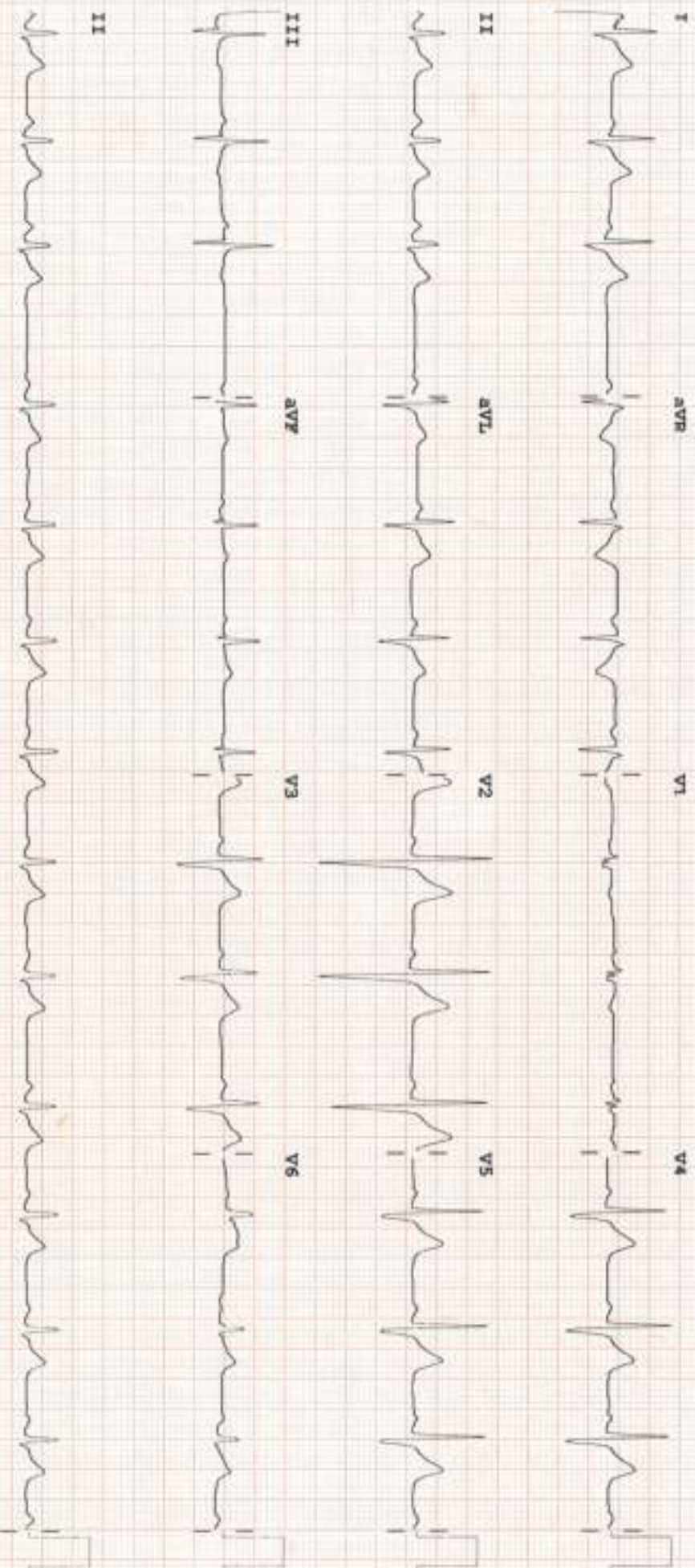
Rate 78 Sinus arrhythmia
PR 124 ST elev, probable normal early repol pattern
QRSD 106 Baseline wander in lead(s) V6
QT 349
QTc 398

--AXIS--
P 15
QRS 62
T 22

OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

P 50 - 0.50 - 40 Hz W

PH100B CL

P?

PHILIPS

RECHARGE SYSTEM

Patient Name : Mr.SANJEEV KUMAR CHOUDHARY
 Age/Gender : 45 Y 0 M 0 D/M
 UHID/MR No : CVIM.0000230279
 Visit ID : CVIMOPV562078
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 754355

Collected : 15/Sep/2023 10:23AM
 Received : 15/Sep/2023 12:24PM
 Reported : 15/Sep/2023 01:39PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.6	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,180	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	61.8	%	40-80	Electrical Impedance
LYMPHOCYTES	26.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3819.24	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1643.88	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	173.04	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	506.76	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	37.08	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	199000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR
 RBC NORMOCYTIC NORMOCHROMIC
 WBC WITHIN NORMAL LIMITS
 PLATELETS ARE ADEQUATE ON SMEAR
 NO HEMOPARASITES SEEN





Certificate No. MC-5697

Patient Name : Mr.SANJEEV KUMAR CHOUDHARY
Age/Gender : 45 Y 0 M 0 DIM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.SANJEEV KUMAR CHOUDHARY
Age/Gender : 45 Y 0 M 0 DM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



Patient Name : Mr.SANJEEV KUMAR CHOUDHARY	Collected : 15/Sep/2023 10:23AM
Age/Gender : 45 Y 0 M 0 DM	Received : 15/Sep/2023 12:24PM
UHID/MR No : CVIM.0000230279	Reported : 15/Sep/2023 02:20PM
Visit ID : CVIMOPV562076	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	Result	Unit	Bio. Ref. Range	Method
	93	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.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	100	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	149	mg/dL	<200	CHO-POD
TRIGLYCERIDES	71	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	79.47	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.13	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.70		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.38	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.25	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35.13	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	88.82	U/L	30-120	IFCC
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.82	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		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.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.86	mg/dL	0.72 – 1.18	Modified Jaffe, Kinet
UREA	21.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.13	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.46	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.11	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.58	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.59	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.43	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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)	1.5	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.750	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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

*** End Of Report ***


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist


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



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Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on: 15-09-2023 12:00

---End of the Report---

Preeti
Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Name : Mr. SANJEEV KUMAR CHOUDHARY

Age: 45 Y

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Sex: M



Address : pune

OP Number:CVIMOPV562076

 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
 INDIA OP AGREEMENT

Bill No :CVIM-OCR-59656

Date : 15.09.2023 10:04

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

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