


Customer Pending Tests
DENTAL & FITNESS PENDING
WILL BE DONE ON 29/07/2024.

Name : Mr. Nikhil Kadam Address : Gangapur, Aurangabad. Plan : ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT	Age: 31 Y Sex: M	UHID: SPUN.0000048643  OP Number: SPUNOPV65485 Bill No : SPUN-OCR-11249 Date : 26.07.2024 10:33
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT) WITH GGT	
<input checked="" type="checkbox"/>	2D ECHO	
<input checked="" type="checkbox"/>	CALCIUM, SERUM	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	PULMONARY FUNCTION TEST	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE (POST PRANDIAL) 3:15	
<input checked="" type="checkbox"/>	BP MEASUREMENT	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 3:15	
<input checked="" type="checkbox"/>	VITAMIN D - 25 HYDROXY (D2+D3)	
<input checked="" type="checkbox"/>	URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	ALKALINE PHOSPHATASE - SERUM/PLASMA	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	HEIGHT	
<input checked="" type="checkbox"/>	ENT CONSULTATION	
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	VITAMIN B12	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	WEIGHT	
<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)	

Apollo Clinic

CONSENT FORM

Patient Name: Nikshith Kadam Age: 31

UHID Number: Company Name:

I Mr/Mrs/Ms Nikshith Kadam Employee of SM Finance 01

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Dental will be done on Monday
29/07/24

Patient Signature:  Date: 29/07/24

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Nikhil Kadam on 26/07/2024

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

Dr. _____
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Date : 26/07/2024
MRNO :
Name : Nikhil Kadam
Age/Gender :
Mobile No : 321M

Department : Internal Medicine
Consultant : DR. SAMRAT SHAH
Reg. No :
Qualification : MBBS, MD

Consultation Timing :

Spot

Pulse : 62/min	B. P. : 127/70	Resp : 20/min	Temp : 98.6 F
Weight : 87.7kg	Height : 173 cm	BMI : 29.3	Waist Circum : -

General Examination / Allergias
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Date : 26/07/2024
MRNO :
Name : Nilchil Kadam
Age/Gender :
Mobile No :
B2/M

Department : DENTAL
Consultant : DR. POURNIMA GADRE
Reg. No :
Qualification : BDS
Consultation Timing :

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

General Examination / Allergias
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Patient Name	: Mr.NIKHIL KADAM	Collected	: 26/Jul/2024 10:37AM
Age/Gender	: 31 Y 1 M 1 D/M	Received	: 26/Jul/2024 12:48PM
UHID/MR No	: SPUN.0000048643	Reported	: 26/Jul/2024 01:42PM
Visit ID	: SPUNOPV65485	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 956856		

DEPARTMENT OF HAEMATOLOGY

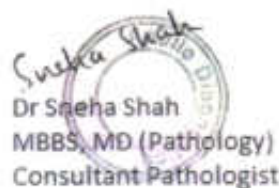
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.67	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	81.6	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,560	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.3	%	40-80	Electrical Impedence
LYMPHOCYTES	26	%	20-40	Electrical Impedence
EOSINOPHILS	2.7	%	1-6	Electrical Impedence
MONOCYTES	7.4	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4152.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1705.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	177.12	Cells/cu.mm	20-500	Calculated
MONOCYTES	485.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	39.36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.43		0.78- 3.53	Calculated
PLATELET COUNT	196000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells seen.

Page 1 of 24



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240195848

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



Patient Name : Mr NIKHIL KADAM
 Age/Gender : 31 Y 1 M 1 D/M
 UHID/MR No : SPUN.0000048643
 Visit ID : SPUNOPV65485
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 Emp/Auth/TPA ID : 956856

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 MBBS, MD (Pathology)
 Consultant Pathologist

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Age/Gender : 31 Y 1 M 1 D/M
UHID/MR No : SPUN.0000048643
Visit ID : SPUNOPV65485
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 956856

Collected : 26/Jul/2024 10:37AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240195848

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Age/Gender	: 31 Y 1 M 1 D/M	Received	: 26/Jul/2024 12:48PM
UHID/MR No	: SPUN.0000048643	Reported	: 26/Jul/2024 01:54PM
Visit ID	: SPUNOPV65485	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 956856		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC 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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240195848

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



Patient Name : Mr.NIKHIL KADAM
 Age/Gender : 31 Y 1 M 1 D/M
 UHID/MR No : SPUN.0000048643
 Visit ID : SPUNOPV65485
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 956858

Collected : 26/Jul/2024 10:37AM
 Received : 26/Jul/2024 12:39PM
 Reported : 26/Jul/2024 01:32PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	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.



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLF02194003

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Collected : 26/Jul/2024 10:37AM
 Received : 26/Jul/2024 12:48PM
 Reported : 26/Jul/2024 02:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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)	103	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.



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

SIN No: EDT240080852

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Age/Gender : 31 Y 1 M 1 D/M
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Emp/Auth/TPA ID : 956856

Collected : 26/Jul/2024 10:37AM
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Reported : 26/Jul/2024 02:26PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

SIN No:EDT240080852

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



Patient Name : Mr.NIKHIL KADAM
 Age/Gender : 31 Y 1 M 1 D/M
 UHID/MR No : SPUN.0000048643
 Visit ID : SPUNOPV65485
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 956856

Collected : 26/Jul/2024 10:37AM
 Received : 26/Jul/2024 12:36PM
 Reported : 26/Jul/2024 01:43PM
 Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	170	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.79	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.30		<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

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.



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04792340

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.26	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.31	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.95	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	57.75	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.6	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	119.34	U/L	30-120	IFCC
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	5.11	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.47	g/dL	2.0-3.5	Calculated
A/G RATIO	2.07		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04792340

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GLOBULIN	2.47	g/dL	2.0-3.5	Calculated
A/G RATIO	2.07		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	44.47	U/L	<55	IFCC

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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04792340

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



Patient Name : Mr. NIKHIL KADAM
Age/Gender : 31 Y 1 M 1 D/M
UHID/MR No : SPUN.0000048643
Visit ID : SPUNOPV65485
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 956856

Collected : 26/Jul/2024 10:37AM
Received : 26/Jul/2024 12:36PM
Reported : 26/Jul/2024 01:43PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.95	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.76	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.74	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.61	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.61	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101.19	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	5.11	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.47	g/dL	2.0-3.5	Calculated
A/G RATIO	2.07		0.9-2.0	Calculated



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04792340

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Patient Name : Mr.NIKHIL KADAM
 Age/Gender : 31 Y 1 M 1 D/M
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	119.34	U/L	30-120	IFCC



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

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Patient Name	: Mr.NIKHIL KADAM	Collected	: 26/Jul/2024 10:37AM
Age/Gender	: 31 Y 1 M 1 D/M	Received	: 26/Jul/2024 12:36PM
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Visit ID	: SPUNOPV65485	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	10.74	mg/dL	8.8-10.6	Arsenazo III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

Increased in: Primary hyperparathyroidism, malignant neoplasm, renal failure, Vitamin A and D intoxication, lithium therapy, immobilization, hyperthyroidism and other non-parathyroid endocrinopathies.



Dr Sneha Shah
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Consultant Pathologist

SIN No:SE04792340

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Patient Name	: Mr NIKHIL KADAM	Collected	: 26/Jul/2024 10:37AM
Age/Gender	: 31 Y 1 M 1 D/M	Received	: 26/Jul/2024 12:36PM
UHID/MR No	: SPUN.0000048643	Reported	: 26/Jul/2024 01:28PM
Visit ID	: SPUNOPV65485	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 956856		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC 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)	1.55	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.05	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.770	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

Page 15 of 24



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

SIN No: SPL24123458

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Patient Name	: Mr.NIKHIL KADAM	Collected	: 26/Jul/2024 10:37AM
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Visit ID	: SPUNOPV65485	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 956856		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



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

SIN No:SPL24123458

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Age/Gender : 31 Y 1 M 1 D/M	Received : 26/Jul/2024 12:36PM
UHID/MR No : SPUN.0000048643	Reported : 26/Jul/2024 01:39PM
Visit ID : SPUNOPV65485	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 956856	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	21.78	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.



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

SIN No:SPL24123458

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



Patient Name	: Mr.NIKHIL KADAM	Collected	: 26/Jul/2024 10:37AM
Age/Gender	: 31 Y 1 M 1 D/M	Received	: 26/Jul/2024 12:36PM
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Visit ID	: SPUNOPV65485	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.
Increased levels:
Vitamin D intoxication



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

SIN No:SPL24123458

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



TOUCHING LIVES

Patient Name : Mr.NIKHIL KADAM
Age/Gender : 31 Y 1 M 1 D/M
UHID/MR No : SPUN.0000048643
Visit ID : SPUNOPV65485
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 956856

Collected : 26/Jul/2024 10:37AM
Received : 26/Jul/2024 12:36PM
Reported : 26/Jul/2024 01:31PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	114	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

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.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24123458

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TOUCHING LIVES

Patient Name	: Mr.NIKHIL KADAM	Collected	: 26/Jul/2024 10:37AM
Age/Gender	: 31 Y 1 M 1 D/M	Received	: 26/Jul/2024 12:36PM
UHID/MR No	: SPUN.0000048643	Reported	: 26/Jul/2024 01:21PM
Visit ID	: SPUNOPV65485	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 956856		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , <i>SERUM</i>	0.420	ng/mL	0-4	CLIA



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

SIN No:SPL24123458

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



Patient Name : Mr.NIKHIL KADAM
 Age/Gender : 31 Y 1 M 1 D/M
 UHID/MR No : SPUN.0000048643
 Visit ID : SPUNOPV65485
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 956856

Collected : 26/Jul/2024 10:37AM
 Received : 26/Jul/2024 12:33PM
 Reported : 26/Jul/2024 12:59PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		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	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0 - 1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 21 of 24



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

SIN No: UR2393956

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



Patient Name	: Mr.NIKHIL KADAM	Collected	: 26/Jul/2024 10:37AM
Age/Gender	: 31 Y 1 M 1 D/M	Received	: 26/Jul/2024 12:33PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324



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

SIN No:UR2393956

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



Patient Name	: Mr NIKHIL KADAM	Collected	: 26/Jul/2024 04:22PM
Age/Gender	: 31 Y 1 M 1 D/M	Received	: 26/Jul/2024 05:01PM
UHID/MR No	: SPUN.0000048643	Reported	: 26/Jul/2024 05:25PM
Visit ID	: SPUNOPV65485	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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



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

SIN No:UPP017762

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



Patient Name	: Mr NIKHIL KADAM	Collected	: 26/Jul/2024 10:37AM
Age/Gender	: 31 Y 1 M 1 D/M	Received	: 26/Jul/2024 12:33PM
UHID/MR No	: SPUN.0000048643	Reported	: 26/Jul/2024 01:00PM
Visit ID	: SPUNOPV65485	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 956856		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No:UF011941
 This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient's Name :- Mr. Nikhil Kadam

AGE : 31 Yrs/M.

Ref Doctor :- health check up

DATE: 26/07/2024

USG ABDOMEN & PELVIS

Liver : appears normal in size but shows increased echogenicity due to fatty infiltration. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder : is well distended. No evidence of calculus. Wall thickness appears normal.

Spleen: appears normal in size and echotexture. Splenic vein appears normal.

Pancreas : appears normal in echopattern. No focal lesion/calcification.

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

Right kidney- 10.6 x 4.7 cms Left kidney – 11.1 x 4.7cms

Urinary Bladder :- is well distended and appears normal. No evidence of any wall thickening or abnormality.

Prostate is normal in size and echotexture. No evidence of calcification seen. Seminal vesicles appear normal.

No obvious free fluid or lymphadenopathy is noted in the abdomen.

IMPRESSION:-

Grade I fatty liver.

No other significant abnormality detected.


Dr. Rajce Munot, M.D
Consultant Radiologist.

2D ECHO / COLOUR DOPPLER

Name : Mr. Nikhil Kadam
Ref by : HEALTH CHECKUP

Age : 31 YRS / M
Date : 26/07/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 55 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 55 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

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

DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Male

26.07.2024 11:16:20
APOLLO SPECTRA HOSPITAL
SADASHIV PETH
PUNE-411030

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcbz : 394 / 394 ms
PR : 142 ms
P : 72 ms
RR / pp : 994 / 1000 ms
P / QRS / T : 15 / 64 / 42 degrees

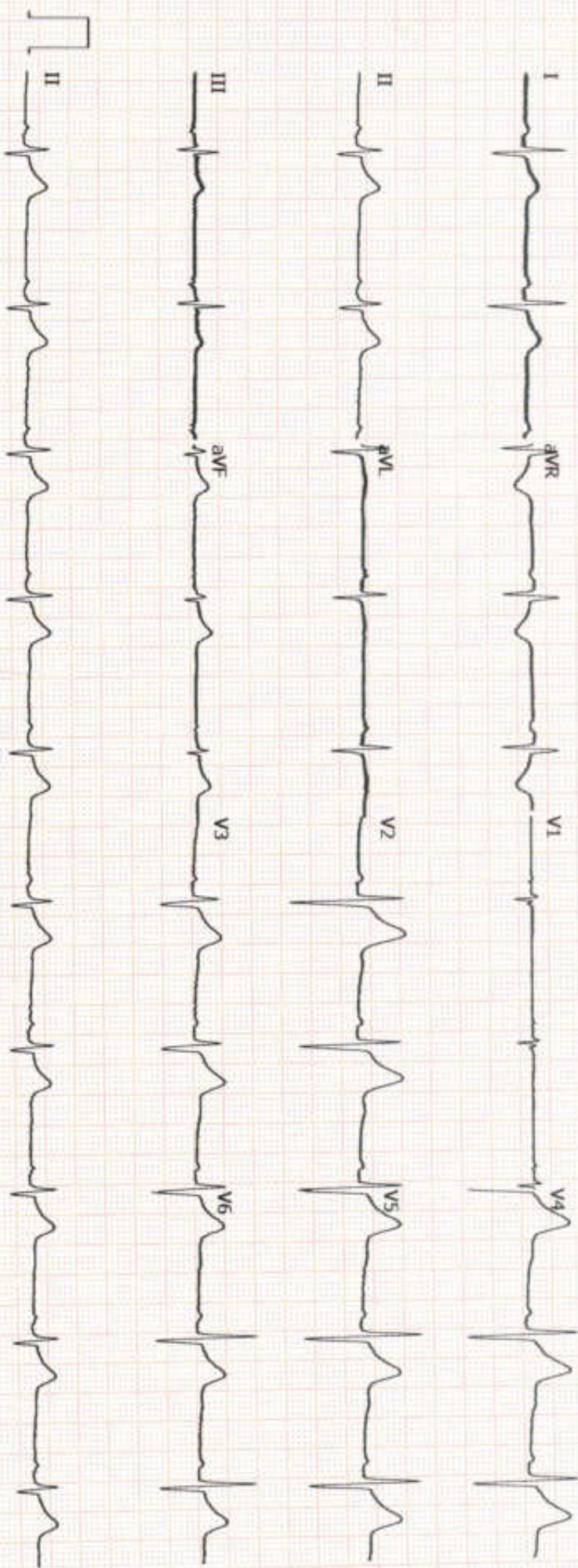
Normal sinus rhythm
Normal ECG

APOLLO SPECTRA HOSPITAL

Location:
Order Number:
Ward:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

60 bpm
-- / -- mmHg





Patient Name:	MR.NIKHIL KADAM 31Y	MR No:	SPUN.00048643
Age:	31 Years	Location:	Apollo Spectra Hospital Pune (Swargate)
Gender:	M	Physician:	SELF
Image Count:	1	Date of Exam:	26-Jul-2024
Arrival Time:	26-Jul-2024 10:57	Date of Report:	26-Jul-2024 11:38

X-RAY CHEST PA VIEW

HISTORY: Check up

FINDINGS

Normal mediastinum. No hilar or mediastinal lymphadenopathy.

Cardia is normal in size

The apices, costo and cardiophrenic angles are free.

No focal lesion. No collapse. No consolidation.

No pleural effusion. No pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.


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

CONFIDENTIALITY:

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PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of

EYE REPORT

TOUCHING LIVES
ASH/PUN/OPHTH/06/02-0216

Name: Mr. Nikhil Kadam

Date: 26/07/24

Age / Sex: 31 Y / M

Ref No.:

Complaint: No complaints

Examination

NO DM

NO HTN

Unaided Vision
 R 6/6 NG
 L 6/6 NG

Spectacle Rx

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

Remarks:

WNL

PGP
 R
 L

Medications:

∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 Yrs

Consultant:



Apollo Spectra Hospitals

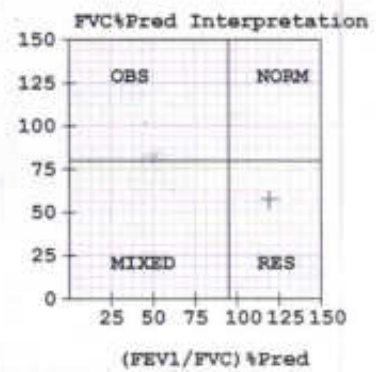
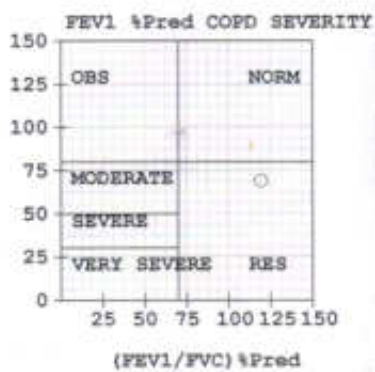
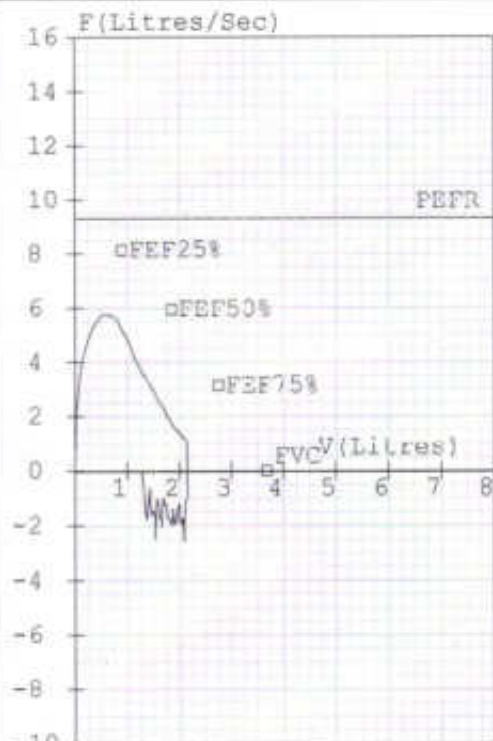
Opp. Sanas Sports Ground, Sanas Baug, Sadashiv Peth, Pune, Maharashtra-411030
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

Apollo Spectra pune

Saras Baug Rd, opp. Sanas Play Ground, Vijayanagar Colony, Sadashiv Peth, Pune

Patient: Mr Nikhil Kadam
 Refd. By: Self
 Pred. Eqns: RECORDERS
 Date : 26-07-2024 11:23 AM

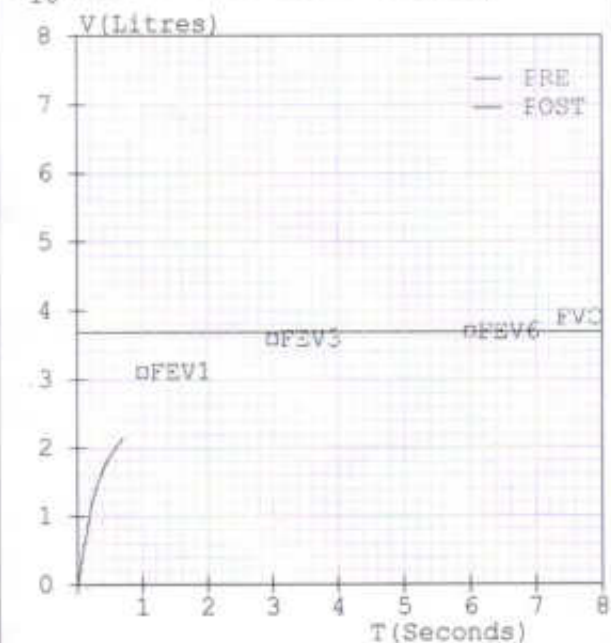
Age : 31 Yrs Gender : Male
 Height : 172 Cms Smoker : No
 Weight : 87 Kgs Eth. Corr: 100
 ID : SPUN0000048643 Temp : 37°C



FVC Results

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC (L)	03.68	02.15	058	-----	---	---
FEV1 (L)	03.10	02.15	069	-----	---	---
FEV1/FVC (%)	84.24	100.00	119	-----	---	---
FEF25-75 (L/s)	04.38	04.07	093	-----	---	---
PEFR (L/s)	09.31	05.71	061	-----	---	---
FIVC (L)	-----	00.86	---	-----	---	---
FEV.5 (L)	-----	01.89	---	-----	---	---
FEV3 (L)	03.57	02.15	060	-----	---	---
PIFR (L/s)	-----	02.68	---	-----	---	---
FEF75-85 (L/s)	-----	02.06	---	-----	---	---
FEF.2-1.2 (L/s)	07.60	05.03	066	-----	---	---
FEF 25% (L/s)	08.13	05.68	070	-----	---	---
FEF 50% (L/s)	05.94	04.46	075	-----	---	---
FEF 75% (L/s)	03.12	02.47	079	-----	---	---
FEV.5/FVC (%)	-----	87.91	---	-----	---	---
FEV3/FVC (%)	97.01	100.00	103	-----	---	---
FET (Sec)	-----	00.71	---	-----	---	---
ExptTime (Sec)	-----	00.09	---	-----	---	---
Lung Age (Yrs)	031	041	132	-----	---	---
FEV6 (L)	03.68	-----	---	-----	---	---
FIF25% (L/s)	-----	04.46	---	-----	---	---
FIF50% (L/s)	-----	03.56	---	-----	---	---
Pre-Test COPD Severity (L/s)	-----	02.85	---	-----	---	---

Restrictive stage COPD as FEV1/FVC >= 70% and FEV1 < 80%



Pre Medication Report Indicates
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Moderate Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <64

Dr. Samrat Shah

Appointment Id	Corporate Name	Name	Email Id	Mobile	Agreement
240763	REDCLIFFE LIFETECH PRIVATE LIM...	Shradha Harshad Kulkarni	Kajal Ravai <kajal.ravai@redcliffeabs.com>	7588361387	REDCLIFFE RCLT OFFSITE HC PACK...
240556	ENDURANCE TECHNOLOGIES LIMITED	Swapnil Subhash Bhaybhang	sggalkwad@endurance.co.in	9922958024	ENDURANCE TECHNOLOGIES AHC EMP...
240325	CONNECT AND HEAL PRIMARY CARE	Shrotika Chinchole	reports@connectandheal.com	8087524824	CONNECT AND HEAL BPI AHC CREDI...
236352	ARCOFEMI HEALTHCARE LIMITED	Nikhil Kadam	nikhil.kadam@imfi.com	9356466225	ARCOFEMI MEDIWHEEL AHC CREDIT
236634	VISIT HEALTH PRIVATE LIMITED	Shweta Pavar Shweta Pavar	Sachin.pavar5@vodafone.com	9960542224	VISIT HEALTH VH00CR HC CREDIT
225786	APOLLO HEALTHCO LIMITED	UPENDRA SATHE	dummy@apollo247.org	9819088216	APOLLO HEALTHCO CAMFIL AHC CRE...
225785	APOLLO HEALTHCO LIMITED	Janhavi Sathe	janhavi.sathe@gmail.com	9819088216	APOLLO HEALTHCO CAMFIL AHC CRE...

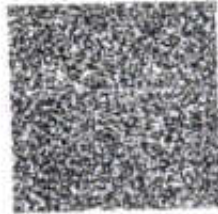


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2006/20131/83078

To
निखील गोविंदराव कादम
Nikhil Govindrao Kadam
S/O: Govindrao Kadam,
26,
new hanuman nagar,
near bhagat sing school,
VTC, Ranjangaon (s),
PO: Bajaj Nagar Midc Waluj,
Sub District: Gangapur,
District: Aurangabad,
State: Maharashtra,
PIN Code: 431136,
Mobile: 7083595775



Signature valid



आपका आधार क्रमांक / Your Aadhaar No. :

5280 6228 2532
VID : 9115 8406 3618 4161

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



निखील गोविंदराव कादम
Nikhil Govindrao Kadam
जन्म तिथि/DOB: 25/06/1993
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सरकारी (ऑनलाइन/ऑफलाइन) या सरकारी सेवाएं/
प्रवासादायक परमाणुओं की स्वीकृति के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

5280 6228 2532

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर प्राप्त होने पर प्रस्तुत सूचना और विवरणों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पर को पुनर्निर्धारण द्वारा नियुक्त प्रमाणिकरण एजेंसी के जॉन/ऑनलाइन प्रमाणिकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध परमाणुओं या आधार क्विज कोड स्कैनर ऐप में क्विज कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुनिश्चित क्विज कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के अद्ययन में दस्तावेजों को आधार के लिए सत्यापन की प्रतीति में प्रत्येक 10 वर्षों में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी सेवाओं/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आइटम अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- ऑनलाइन/ऑफलाइन सत्यापन से करने के अलावा सुरक्षा सुनिश्चित करने के लिए ऑनलाइन/ऑफलाइन बायोमेट्रिक सुनिश्चित का उपयोग करें।
- आधार की सहायता करने वाले सहायता लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

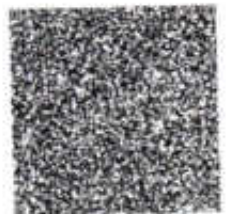


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details on: UIDAI/UID

पते:
S/O: गोविंदराव कादम, 26, न्यू हनुमान नगर, भारत सिंग
स्कूल (जवळ), रानजंगाव स. बाजज नगर मीडक वालुज,
औरंगाबाद,
महाराष्ट्र - 431136
Address:
S/O: Govindrao Kadam, 26, new hanuman
nagar, near bhagat sing school, Ranjangaon
(s), PO: Bajaj Nagar Midc Waluj, DIST:
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Maharashtra - 431136



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