

**Patient Name** : Mr. Rohidas Shinde

**Age/Gender** : 50 Y/M

**UHID/MR No.** : SPUN.0000045247

**OP Visit No** : SPUNOPV59377

**Sample Collected on** :

**Reported on** : 30-11-2023 11:23

**LRN#** : RAD2160297

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 54561

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** : appears normal in size and show raised echo texture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals is seen.

**Gall bladder** : is well distended. No evidence of calculus. Wall thickness appears normal. collection. No evidence of focal lesion is seen.

No evidence of periGB

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

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

Pancreatic duct appears normal.

**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 well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size. It is normal in echotexture. 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. PRASHANT M LAGDIVE**

MBBS, DMRD

Radiology

Name : Mr. Rohidas Shinde

Age: 50 Y

UHID:SPUN.0000045247

Address : dhayari pune

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

OP Number:SPUNOPV59377

Bill No :SPUN-OCR-9862

Date : 25.11.2023 10:41

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	2 D ECHO	
<input checked="" type="checkbox"/>	ALKALINE PHOSPHATASE - SERUM/PLASMA	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ENT CONSULTATION	
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE(POST PRANDIAL) 2.00 pm	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<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"/>	OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 2.00 pm	
<input checked="" type="checkbox"/>	VITAMIN D - 25 HYDROXY (D2+D3)	

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rohidas Shinde on 25/11/23

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</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"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	<input type="checkbox"/>

**Dr. Samrat Shah**  
MBBS MD

Reg No. 2021097302

Dr. Samrat Shah Consultant Internal Medicine  
Apollo Speciality Hospital

**Medical Officer**  
**The Apollo Clinic, Uppal**

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

Date : 25/11/23  
MRNO :  
Name : Rohidas Shinde  
Age/Gender :  
Mobile No :

Department : Gen Physician  
Consultant :  
Reg. No : Dr. Samrat  
Qualification : shah  
Consultation Timing :

SpO2 - 99%

Pulse : 82bpm	B.P : 140/70	Resp : 18bpm	Temp : 98F
Weight : 71kg	Height : 162cm	BMI : 27.05	Waist Circum :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

→ Newly Detected DM E H1TON not on Rx  
- chronic tobacco chews

- Ash

→ TB HC

- Tab Bioner + 1 uol/s  
1 - 0 - 0 x 30

- Tab Rosomac 5  
0 - 0 - 1 x 30

→ Review i Reports

Follow up date:

Doctor Signature  
Ashah



Date : 25/11/23  
MRNO :  
Name : Rohidas Shinde  
Age/Gender :  
Mobile No : 501M

Department : ENT  
Consultant :  
Reg. No : Dr. Shushrut  
Qualification : Deshmukh  
Consultation Timing :

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

S/B DR SUSHRUT  
DESHMUKH  
MS(ENT)

— FOR ROUTINE ENT  
CHECK UP

O/E

Ears — B/L T M (N)

Nose — NAD

Throat — NAD

ENT — WNL

Follow up date:

Doctor Signature

### X-RAY CHEST PA VIEW

**HISTORY:** Health check up

#### FINDINGS

Normal mediastinum.

Cardia Prominent Left ventricular configuration .

Otherwise - No focal mass lesion . No collapse . No consolidation.

The apices, costo and cardiophrenic angles are free. No Pleural effusion.

No pericardial effusion.

No hilar or mediastinal lymphadenopathy is demonstrated.

No destructive osseous pathology is evident.

#### IMPRESSION:

**Prominent Left ventricular configuration -to r/o. ? Left ventricular hypertrophy**

- Correlate with other investigations -to r/o. Valvular disease

-Correlate with old films if any ?



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

#### CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

#### 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 reporting. It is meant to be used in correlation with other relevant clinical findings.

Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:24PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 01:10PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**HEMOGRAM , WHOLE BLOOD EDTA**

HAEMOGLOBIN	15.1	g/dL	13-17	Spectrophotometer
PCV	45.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	101.2	fL	83-101	Calculated
MCH	33.6	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,330	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	68.5	%	40-80	Electrical Impedance
LYMPHOCYTES	21.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	5021.05	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1568.62	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	197.91	Cells/cu.mm	20-500	Calculated
MONOCYTES	505.77	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36.65	Cells/cu.mm	0-100	Calculated

**PLATELET COUNT**

PLATELET COUNT	240000	cells/cu.mm	150000-410000	Electrical impedance
----------------	--------	-------------	---------------	----------------------

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren
--------------------------------------	---	-------------------------	------	---------------------

**PERIPHERAL SMEAR**

RBC MACROCYTIC +  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN





Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:23PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 01:29PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination





Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:47PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 01:27PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

GLUCOSE, FASTING , NAF PLASMA	146	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  $\geq 126$  mg/dL and/or a random / 2 hr post glucose value of  $\geq 200$  mg/dL on at least 2 occasions.
  - Very high glucose levels ( $>450$  mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:48PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 02:33PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	213	mg/dL	<200	CHO-POD
TRIGLYCERIDES	132	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.39	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.25		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.





Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:48PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 02:33PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.98	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.82	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	60.45	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	45.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.74	U/L	30-120	IFCC
PROTEIN, TOTAL	7.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.21	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.36	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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.



Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:48PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 02:33PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.67	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	18.58	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.75	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.34	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135.04	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99.32	mmol/L	101-109	ISE (Indirect)





Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:48PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 02:33PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	65.74	U/L	30-120	IFCC
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	140.23	U/L	<55	IFCC



Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:48PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 02:11PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.03	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.728	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
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma



Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:48PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 02:04PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

VITAMIN D (25 - OH VITAMIN D) , SERUM	13.32	ng/mL		CLIA
---------------------------------------	-------	-------	--	------

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.

VITAMIN B12 , SERUM	<80	pg/mL	180-914	CLIA
---------------------	-----	-------	---------	------

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.



Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:48PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 02:04PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.800	ng/mL	0-4	CLIA
--	-------	-------	-----	------





Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:35PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 12:43PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mr.ROHIDAS SHINDE	Collected : 25/Nov/2023 11:50AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 12:35PM
UHID/MR No : SPUN.0000045247	Reported : 25/Nov/2023 12:43PM
Visit ID : SPUNOPV59377	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54561	

DEPARTMENT OF CLINICAL PATHOLOGY


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


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

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

Result/s to Follow:

HBA1C (GLYCATED HEMOGLOBIN), GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

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



**2D ECHO / COLOUR DOPPLER**

Name : Mr. Rohidas Shinde  
Referred By : Health check

Age : 50 YRS/M  
Date :25/11/2023

LA – 36      AO – 27      IVS – 12      PW – 10  
LVIDD – 42      LVIDS - 30  
EF 60 %

Mild concentric LVH.  
Normal LV systolic function, LVEF 60 %  
No regional wall motion abnormality  
Normal sized other cardiac chambers.  
Normal valves.  
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient  
Normal Tricuspid & pulmonary valves.  
Minmial tricuspid regurgitation.  
PA pressures Normal  
Intact IAS and IVS.  
No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**

**MILD CONCENTRIC LVH.  
NORMAL LV SYSTOLIC FUNCTION. EF 60 %  
GRADE I DIASTOLIC DYSFUNCTION.NO RWMA.**



**DR.SAMRAT SHAH  
MD, CONSULTANT PHYSICIAN**



# Apollo Clinic

## CONSENT FORM

Patient Name: Rohidas Shinde Age: 50 / m

UHID Number: ..... Company Name: Arcofemi Mediwheel

Mr/Mrs/Ms Rohidas Shinde Employee of Arcofemi Mediwheel

(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 Service not available in Apollo Spectra Hospital

Patient Signature: 

Date: 25/11/23

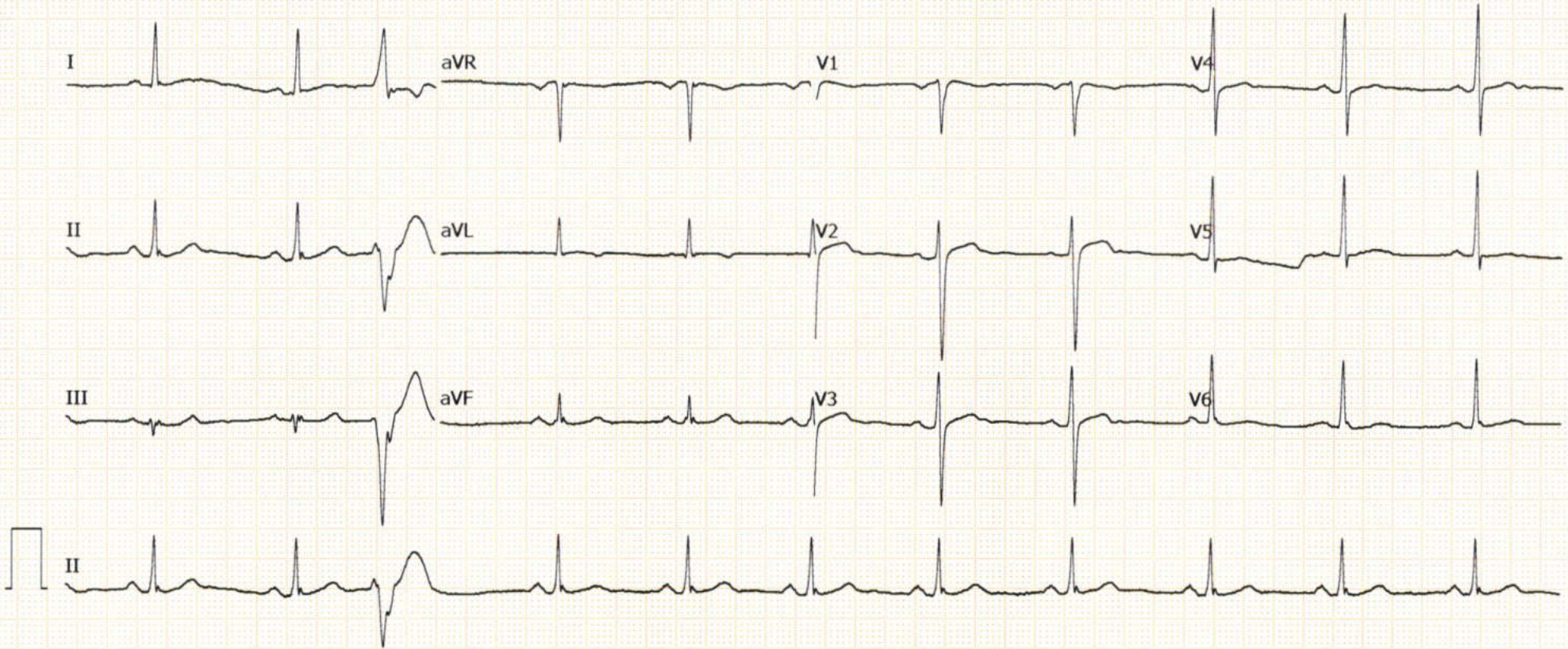


162 cm Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcBaz : 396 / 421 ms  
PR : 150 ms  
P : 102 ms  
RR / PP : 882 / 882 ms  
P / QRS / T : 57 / 22 / 51 degrees

Sinus rhythm with occasional premature ventricular complexes  
Nonspecific T wave abnormality  
Abnormal ECG





**Patient's Name :- Rohidas Shinde**  
**Ref Doctor :- Health Checkup** -

**AGE : 50 Yrs/M.**  
**DATE: 25/11/2023**

### **USG ABDOMEN & PELVIS**

**Liver** : appears normal in size and show raised echo texture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals is seen.

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

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

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

**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 well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size. It is normal in echotexture. 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. Prashant Lagdive**  
Consultant Radiologist.

**Apollo Spectra Hospitals:** Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030  
Ph No: 022 - 6720 6500 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.** (CIN - U85100TG2009PTC099414)  
(Formerly known as Nova Specialty Hospital Ltd.)

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | www.apollohl.com

**EYE REPORT**



ASH/PUN/OPHT/06/02-0216

Name: Mr. Rohidas Shinde

Date: 25/11/23

Age / Sex: 50 y / M

Ref No.:

Complaint: No complaints

Examination

Unaided Vision  
 R 6/6 N10  
 L 6/6 N10

No DM

No HTN

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	Plano	—	—	6/6	Plano	—	—
Add	2.00	—	—	N6	2.00	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: Make progressive

(WNL)

PGP  
 R 0.25 Add < 2.00 (BE)  
 L ± 0.25 x 80°

Medications: ∴ BE colour vision Normal

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant:



Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement
11304	BARAMATI AGRO LIMITED...	Dinesh Auti	dinesh.auti@baramatiagro.com	8805516365	BARAMATI AGRO AHC CREDIT PAN I...
11285	ARMACELL INDIA PRIVATE LIMITED...	Sagar Khalackar	sushila.limboo@armacell.com	9823099863	AEMACELL INDIA PMC CREDIT PAN...
14796465	PHASORZ TECHNOLOGIES PRIVATE L...	Mahesh Tanaji Raut	poorvi.jain@medibuddy.in	7020088160	PHASORZ STANDARD HC PACKS 1 TO...
10682	INDUS HEALTH PLUS PRIVATE LIMI...	MUNJAJI NARWADE	info@indushealthplus.com	8888191205	INDUS HEALTH PLUS ISC 02 HC CR...
10224	PROGNOHEALTH SOLUTIONS INDIA P...	Garud Abhijeet	reports@prognhealth.com	9922908372	PROGNOHEALTH SOLUTIONS INDIVID...
9720	ARCOFEMI HEALTHCARE LIMITED...	ROHIDAS BAJRANG SHINDE ✓	customer@mediwheel.in	9922407028	ARCOFEMI MEDIWHEEL MALE AHC CR...
14914599	PHASORZ TECHNOLOGIES PRIVATE L...	Suhel Pathan	suhe.shabbirpathan@cognizant.com	7058911929	PHASORZ COGNIZANT AHC CREDIT P...
9261	SULZER INDIA PRIVATE LIMITED...	Chandrakant Yashwant Kumbhar	Chandrakant.Kumbhar@sulzer.com	9766435323	SULZER INDIA AHC CREDIT PAN IN...
9249	PROGNOHEALTH SOLUTIONS INDIA P...	Yadav Jaising	reports@prognhealth.com	9823993182	PROGNOHEALTH SOLUTIONS INDIVID...
10655	SULZER INDIA PRIVATE LIMITED...	Vinay Patil	Vinay.Patil@sulzer.com	9834327088	SULZER INDIA AHC CREDIT PAN IN...

  
भारत सरकार  
GOVERNMENT OF INDIA

  
रोहीदाम बजरंग शिंदे  
Rohidas Bajrang Shinde  
जन्म वर्ष / Year of Birth : 1973  
पुरुष / Male



8538 1557 5562

आधार – सामान्य माणसाचा अधिकार

  
आधार

भारतीय विशिष्ट ओळख प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता मदनिका नो. 14 तिरुपती अपार्टमेंट  
बालाजीनगर, सर्वे .नो. 20/3, पवार  
हॉस्पिटल जवळ, धनकवडी, पुणे शहर, पुणे,  
धनकवाडी, महाराष्ट्र, 411043

Address. FLAT NO. 14 TIRUPATI  
APARTMENT BALAJINAGAR,  
S.NO. 20/3, NEAR PAWAR  
HOSPITAL, DHANKAWADI, Pune  
City, Pune, Dhankawadi,  
Maharashtra, 411043

 1947  
1800 180 1947

 help@uidai.gov.in

 www.uidai.gov.in

 P.O. Box No. 1947,  
Bengaluru-560 061