Apollo Spectra HOSPITALS
TOUCHING LIVES

Certificate No: MC-5697

Patient Name	: Mr.LAXMAN BHAGAWAN DHAKANE	Collected	: 07/Dec/2023 10:03AM
Age/Gender	: 50 Y 6 M 6 D/M	Received	: 07/Dec/2023 10:38AM
UHID/MR No	: SPUN.0000045380	Reported	: 07/Dec/2023 11:50AM
Visit ID	: SPUNOPV59616	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 660431		

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	16.8	g/dL	13-17	Spectrophotometer
PCV	49.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92.6	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,030	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.8	%	40-80	Electrical Impedance
LYMPHOCYTES	33.4	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3304.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2014.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	235.17	Cells/cu.mm	20-500	Calculated
MONOCYTES	458.28	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.09	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	268000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

SIN No:BED230301723

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

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016
Address: P.No.9 & 10a, S.NO.2/64, Renata Chambers, Sara... Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra
BENGALURU | CHENNAI | DELHI | GWALIOR | HYDERABAD | JAIPUR | KANPUR | MUMBAI | PUNE

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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

SIN No:BED230301723

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Visit ID	: SPUNOPV59616	Status	: Final Report
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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*	88	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	90	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*	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD EDTA*	105	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

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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

DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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

SIN No:PLF02066757,PLP1394338,EDT230110868

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Apollo Spectra HOSPITALS
TOUCHING LIVES

Certificate No: MC-5697

Patient Name	: Mr.LAXMAN BHAGAWAN DHAKANE	Collected	: 07/Dec/2023 10:03AM
Age/Gender	: 50 Y 6 M 6 D/M	Received	: 07/Dec/2023 11:43AM
UHID/MR No	: SPUN.0000045380	Reported	: 07/Dec/2023 12:21PM
Visit ID	: SPUNOPV59616	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

LIPID PROFILE , *SERUM*

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	149	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**147**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**117.07**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.71	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.42		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.

SIN No:SE04562129

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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	**1.36**	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	**0.21**	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	**1.15**	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.62	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	61.69	U/L	30-120	IFCC
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.

SIN No:SE04562129

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DEPARTMENT OF BIOCHEMISTRY

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.82	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	22.53	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.48	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	**2.40**	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.7	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.04	mmol/L	101–109	ISE (Indirect)

SIN No:SE04562129

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

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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 , *SERUM*	61.69	U/L	30-120	IFCC
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	20.26	U/L	<55	IFCC

SIN No:SE04562129
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Patient Name	: Mr.LAXMAN BHAGAWAN DHAKANE	Collected	: 07/Dec/2023 10:03AM
Age/Gender	: 50 Y 6 M 6 D/M	Received	: 07/Dec/2023 11:42AM
UHID/MR No	: SPUN.0000045380	Reported	: 07/Dec/2023 12:58PM
Visit ID	: SPUNOPV59616	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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)	0.72	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	**4.32**	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.850	µIU/mL	0.35-4.94	CMIA

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

SIN No:SPL23176677

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

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UHID/MR No	: SPUN.0000045380	Reported	: 07/Dec/2023 01:04PM
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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*	45.5	ng/mL		CMIA

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	211	pg/mL	187 - 883	CMIA

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

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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

are normal.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	1.330	ng/mL	0-4	CLIA

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

BENGALURU | CHENNAI | DELHI | GWALIOR | HYDERABAD | JAIPUR | KANPUR | MUMBAI | PUNE

Patient Name	: Mr.LAXMAN BHAGAWAN DHAKANE	Collected	: 07/Dec/2023 10:03AM
Age/Gender	: 50 Y 6 M 6 D/M	Received	: 07/Dec/2023 11:27AM
UHID/MR No	: SPUN.0000045380	Reported	: 07/Dec/2023 11:32AM
Visit ID	: SPUNOPV59616	Status	: Final Report
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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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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	MODIFED 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	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

SIN No:UR2235842

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

Patient Name	: Mr.LAXMAN BHAGAWAN DHAKANE	Collected	: 07/Dec/2023 10:03AM
Age/Gender	: 50 Y 6 M 6 D/M	Received	: 07/Dec/2023 11:27AM
UHID/MR No	: SPUN.0000045380	Reported	: 07/Dec/2023 11:31AM
Visit ID	: SPUNOPV59616	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 660431		

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)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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

SIN No:UPP015935,UF009942
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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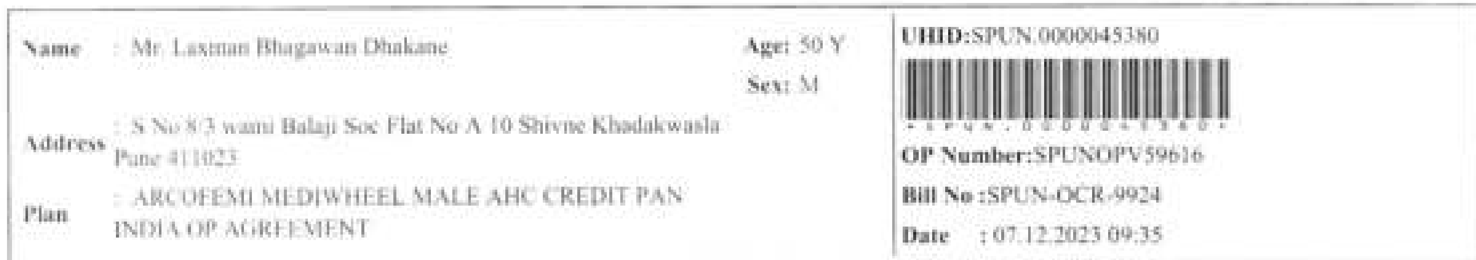

Name : Mr. Laxman Bhagawan Dhakane
Age: 50 Y
Sex: M
Address : S No 8/3 wani Balaji Soc Flat No A 10 Shivne Khadakwasla Pune 411023
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

UHID:SPUN.0000045380
OP Number:SPUNOPV59616
Bill No :SPUN-OCR-9924
Date : 07.12.2023 09:35

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D ECHO	
6	ALKALINE PHOSPHATASE - SERUM/PLASMA	
7	LIVER FUNCTION TEST (LFT)	
8	X-RAY CHEST PA	
9	GLUCOSE, FASTING	
10	HEMOGRAM + PERIPHERAL SMEAR	
11	ENT CONSULTATION	
12	FITNESS BY GENERAL PHYSICIAN	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	VITAMIN B12	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPTHAL BY GENERAL PHYSICIAN	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12.15pm	
28	VITAMIN D - 25 HYDROXY (D2+D3)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Laxman Dhakane on 07/12/23

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

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1....................................... 2....................................... 3....................................... However the employee should follow the advice/medication that has been communicated to him/her. Review after________________	
• Currently Unfit. Review after________________recommended	
• Unfit	

Dr. Samrat Shah

Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes

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Date : 07/12/23
MRNO :
Name : Laxman Dhakane
Age/Gender : 50/M
Mobile No :

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

SpO2 - 98%.

Pulse : 80/m	B.P : 130/70	Resp : 20/m	Temp : 98°F
Weight : 66.9kg	Height : 167 cm	BMI : 23.9	Waist Circum : —

General Examination / Allergies History

Clinical Diagnosis & Management Plan

→ No complains

→ All reports Noted : Normal.

Found fit to join duty.

Adv

Inj Neovisave (IM)
Once a wk - (5)

Follow up date:

Doctor Signature

Apollo Spectra Hospitals
Opp. Saras Sport Ground, Saras Baug,
Sadashiv Peth, Pune, Maharashtra - 411030

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Patient Name:	MR.LAXMAN DHAKANE 50Y	**MR No:**	SPUN.000[illegible]
Age:	50 Years	**Location:**	Apollo Spectra Hospital Pune (Swargate)
Gender:	M	**Physician:**	SELF
Image Count:	1	**Date of Exam:**	07-Dec-2023
Arrival Time:	07-Dec-2023 10:28	**Date of Report:**	07-Dec-2023 10:47

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.

Dr.Santhosh Kumar DMRD,DNB
Consultant Radiologist
Reg.No: 59248

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.

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Certificate No: [illegible]

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Patient Name	Mr.LAXMAN BHAGAWAN DHAKANE	Collected	: 07/Dec/2023 10:03AM
Age/Gender	: 50 Y 6 M 6 D/M	Received	: 07/Dec/2023 10:38AM
UHID/MR No	: SPUN.0000045380	Reported	: 07/Dec/2023 11:50AM
Visit ID	: SPUNOPV59616	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 660431		

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	16.8	g/dL	13-17	Spectrophotometer
PCV	49.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92.6	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,030	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.8	%	40-80	Electrical Impedance
LYMPHOCYTES	33.4	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3304.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2014.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	235.17	Cells/cu.mm	20-500	Calculated
MONOCYTES	458.28	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.09	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	268000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

SIN No:BED230301723

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

Patient Name	Mr LAXMAN BHAGAWAN DHAKANE	Collected	07/Dec/2023 10:03AM
Age/Gender	50 Y 6 M 6 D/M	Received	07/Dec/2023 10:38AM
UHID/MR No	SPUN.0000045380	Reported	07/Dec/2023 01:21PM
Visit ID	SPUNOPV59616	Status	Final Report
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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 LAXMAN BHAGAWAN DHAKANE	Collected	07/Dec/2023 10:03AM
Age/Gender	50 Y 6 M 6 D/M	Received	07/Dec/2023 10:38AM
UHID/MR No	SPUN.0000045380	Reported	07/Dec/2023 02:35PM
Visit ID	SPUNOPV59616	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	660431		

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*	88	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	90	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*	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD EDTA*	105	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

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
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Patient Name	Mr LAXMAN BHAGAWAN DHAKANE	Collected	07/Dec/2023 10:03AM
Age/Gender	50 Y 6 M 6 D/M	Received	07/Dec/2023 10:38AM
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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

DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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

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Patient Name	Mr.LAXMAN BHAGAWAN DHAKANE	Collected	07/Dec/2023 10:03AM
Age/Gender	50 Y 6 M 6 D/M	Received	07/Dec/2023 11:43AM
UHID/MR No	SPUN.0000045380	Reported	07/Dec/2023 12:21PM
Visit ID	SPUNOPV59616	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	660431		

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	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	149	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**147**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**117.07**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.71	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.42		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.

SIN No:SE04502129

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

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Patient Name	: Mr.LAXMAN BHAGAWAN DHAKANE	Collected	: 07/Dec/2023 10:03AM
Age/Gender	: 50 Y 6 M 6 D/M	Received	: 07/Dec/2023 11:43AM
UHID/MR No	: SPUN.0000045380	Reported	: 07/Dec/2023 12:21PM
Visit ID	: SPUNOPV59616	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 660431		

DEPARTMENT OF BIOCHEMISTRY

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

LIVER FUNCTION TEST (LFT) , *SERUM*

Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	**1.36**	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	**0.21**	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	**1.15**	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.62	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	61.69	U/L	30-120	IFCC
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.

SIN No:SE04562129

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

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Patient Name	Mr.LAXMAN BHAGAWAN DHAKANE	Collected	07/Dec/2023 10:03AM
Age/Gender	50 Y 6 M 6 D/M	Received	07/Dec/2023 11:43AM
UHID/MR No	SPUN.0000045380	Reported	07/Dec/2023 12:21PM
Visit ID	SPUNOPV59616	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	660431		

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	0.82	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	22.53	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.48	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	**2.40**	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.7	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.04	mmol/L	101–109	ISE (Indirect)

SIN No:SE04562129

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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 , *SERUM*	61.69	U/L	30-120	IFCC
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	20.26	U/L	<55	IFCC

SIN No:SE04562129

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

Patient Name	: Mr.LAXMAN BHAGAWAN DHAKANE	Collected	: 07/Dec/2023 10:03AM
Age/Gender	: 50 Y 6 M 5 D/M	Received	: 07/Dec/2023 11:42AM
UHID/MR No	: SPUN.0000045380	Reported	: 07/Dec/2023 12:58PM
Visit ID	: SPUNOPV59616	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 660431		

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)	0.72	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	**4.32**	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.850	µIU/mL	0.35-4.94	CMIA

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.LAXMAN BHAGAWAN DHAKANE	Collected	: 07/Dec/2023 10:03AM
Age/Gender	50 Y 6 M 6 D/M	Received	: 07/Dec/2023 11:42AM
UHID/MR No	SPUN.0000045380	Reported	: 07/Dec/2023 01:04PM
Visit ID	SPUNOPV59616	Status	: Final Report
Ref Doctor	Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	660431		

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*	45.5	ng/mL		CMIA

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	211	pg/mL	187 - 883	CMIA

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

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

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Apollo DIAGNOSTICS
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Patient Name	Mr LAXMAN BHAGAWAN DHAKANE	Collected	07/Dec/2023 10:03AM
Age/Gender	50 Y 6 M 6 D/M	Received	07/Dec/2023 11:42AM
UHID/MR No	SPUN.0000045380	Reported	07/Dec/2023 01:04PM
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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

are normal.

TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	1.330	ng/mL	0-4	CLIA

SIN No:SPL23176677

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

Apollo TOUCHING LIVES

Certificate No. MC-5697

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Patient Name	Mr.LAXMAN BHAGAWAN DHAKANE	Collected	07/Dec/2023 10:03AM
Age/Gender	50 Y 6 M 6 D/M	Received	07/Dec/2023 11:27AM
UHID/MR No	SPUN.0000045380	Reported	07/Dec/2023 11:32AM
Visit ID	SPUNOPV59616	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	660431		

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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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	MODIFED 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	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

SIN No:UR2235842

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

Apollo Health and Lifestyle Limited
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www.apollodiagnostics.in

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Patient Name	Mr LAXMAN BHAGAWAN DHAKANE	Collected	07/Dec/2023 10:03AM
Age/Gender	50 Y 6 M 6 D/M	Received	07/Dec/2023 11:27AM
UHID/MR No	SPUN.0000045380	Reported	07/Dec/2023 11:31AM
Visit ID	SPUNOPV59616	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	660431		

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)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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

SIN No:UPP015935,UF009942

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

Dhakane, Laxman

167 cm Male
66.0 kg

07.12.2023 10:28:05 AM
Apollo Specra Hospital
SWARGATE
PUNE-4110

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

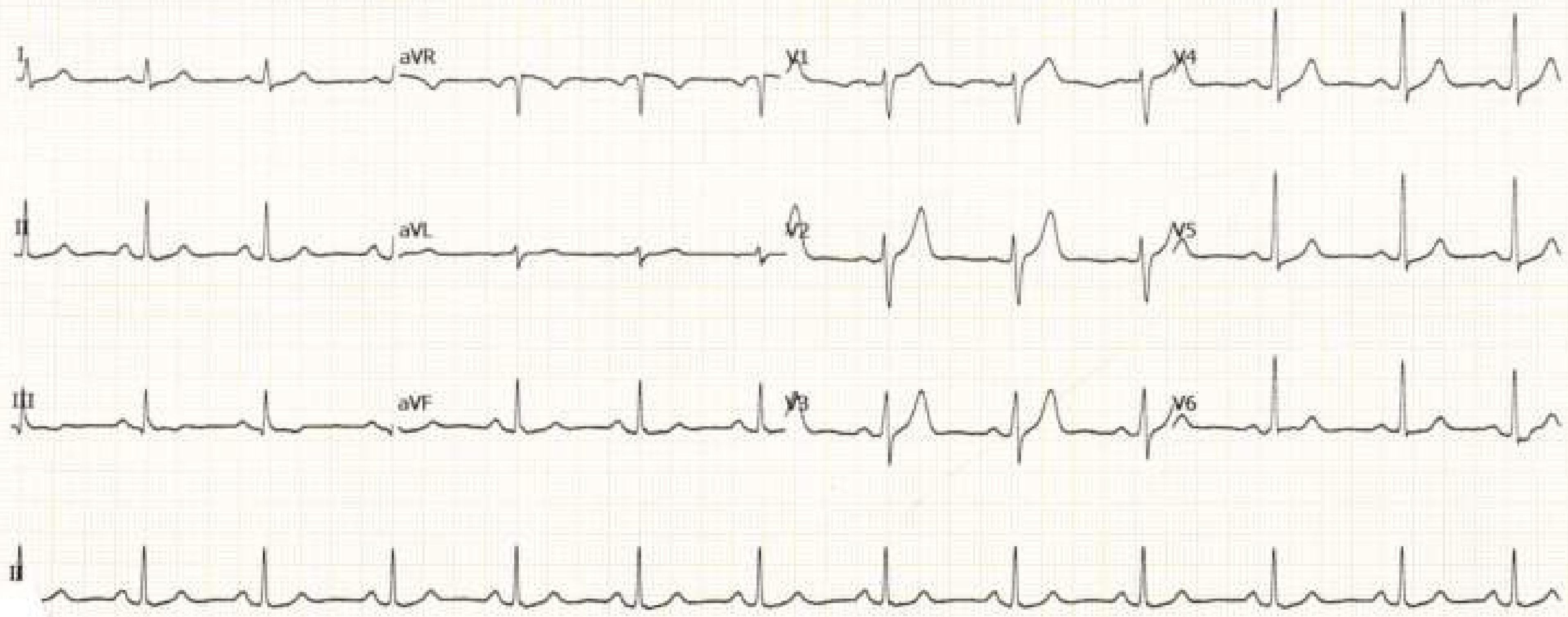
Room:

75 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	84 ms
QT / QTcBaz :	366 / 408 ms
PR :	158 ms
P :	108 ms
RR / PP :	802 / 800 ms
P / QRS / T :	67 / 73 / 50 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed

MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz 4x2.5x3_25_R1 1/1

EYE REPORT

Apollo Spectra HOSPITALS
TOUCHING LIVES

ASH/PUN/OPTH/06/02-0216

Name: Mr. Laxman Dhakane

Date: 07/12/23

Age /Sex: 50 y / M

Ref No.:

Complaint: (BE) Burning sensation

Examination

aided Vision — R 6/6 N8; L 6/6 N8

No DM

No HTN

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-0.50	-0.75	180°	6/6	-0.75	-2.00	180°
Add (Read)	+2.00	—	—	N6	+2.00	—	—	N6
	Sphere	CYl	Axis	Vision	Sphere	CYl	Axis	Vision

Remarks:

(WNL)

PGP — R -0.50 / -0.75 × 180°; L ~~-2.00~~ -0.75 / -2.00 × 180°

Add < +2.00 (BE)

Medications: ∵ BE Colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yrs

Consultant:

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

Apollo Spectra HOSPITALS
Specialists in Surgery

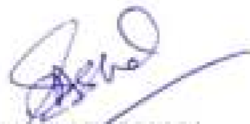
2D ECHO / COLOUR DOPPLER

Name : Mr. Laxman Dhakane **Age : 50YRS / M**
Ref by : HEALTH CHECKUP **Date : 07/12/2023**

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
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

Apollo

Apollo Clinic
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Apollo Clinic

CONSENT FORM

Patient Name: Laxman Dhakare Age: 50 / M

UHID Number: .... Company Name: ....

I Mr/Mrs/Ms Laxman Dhakare Employee of —

(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

ENT Doctor not available in Apollo Spectra

Patient Signature: [signature] Date: 07/12/23

Patient Name	: MR. LAXMAN DHAKANE(50 Years / Male)	Registered On	: 07 Dec 2023 11:27
Registration No	: 1331207016	Printed On	: 07/12/2023 11:31am
Reffered By	: Dr.APOLLO SPECTRA HOSPITAL		

ULTRASONOGRAPHY ABDOMEN & PELVIS

***Liver**: Normal in size and echotexture. No focal hepatic lesion.*
The portal vein appears normal.

***Gall bladder:** Well distended and shows smooth thin wall. No e/o gallstones.*
No changes of cholecystitis noted.

***Pancreas**: shows normal appearance. No evidence of pancreatitis, calcification or mass lesion.*

***Spleen:** Normal in size and echotexture. No focal lesion is seen.*

***Right kidney:** Normal in size and echotexture (measures 10.2 x 4.0 cms).*
CMD is well maintained. No evidence of hydronephrosis. No calculus / focal lesion is seen

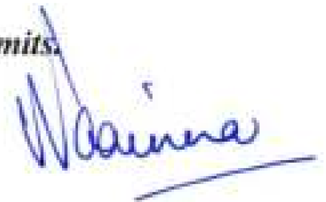
***Left kidney:** Normal in size and echotexture (measures 9.7 x 4.3 cms).*
CMD is well maintained. No evidence of hydronephrosis. No calculus / focal lesion is seen

***Urinary bladder**: Urinary bladder is well distended and shows normal appearance.*

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

Aorta and para-aortic regions appear normal. There is no evidence of lymphadenopathy
Bowel loops show normal peristalsis.

***IMPRESSION**: Study of abdomen and pelvis is essentially within normal limits.*

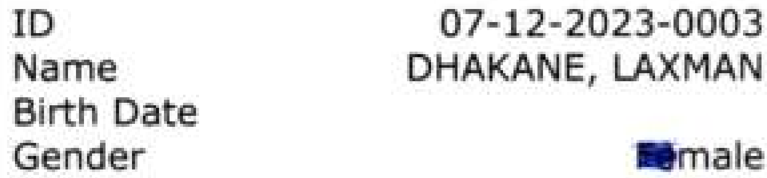


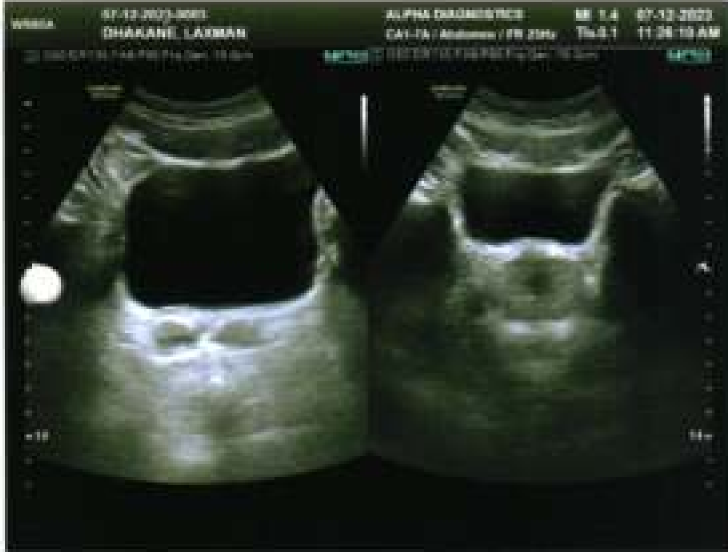
DR. NAAINNA BHURRAT
Consultant Radiologist

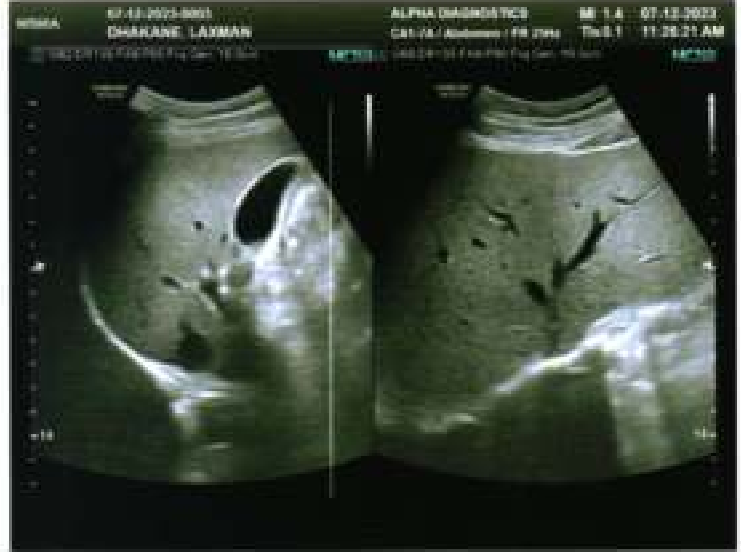
Printed By : NIKHIL SATHE

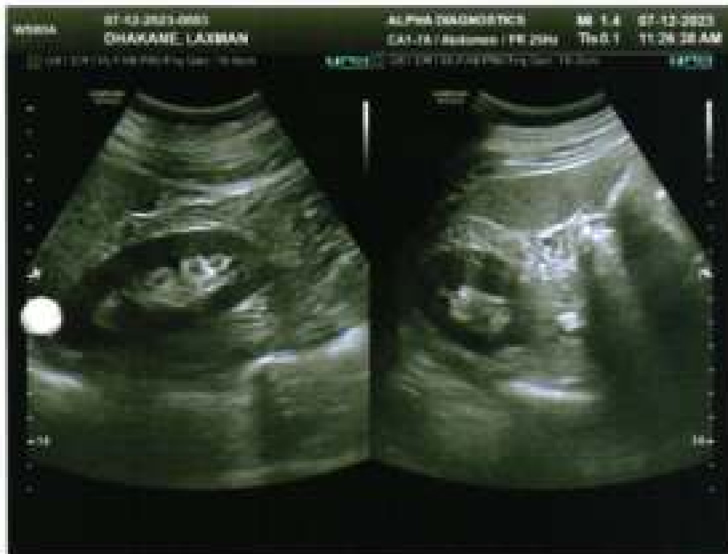
Ultrasound Image Report

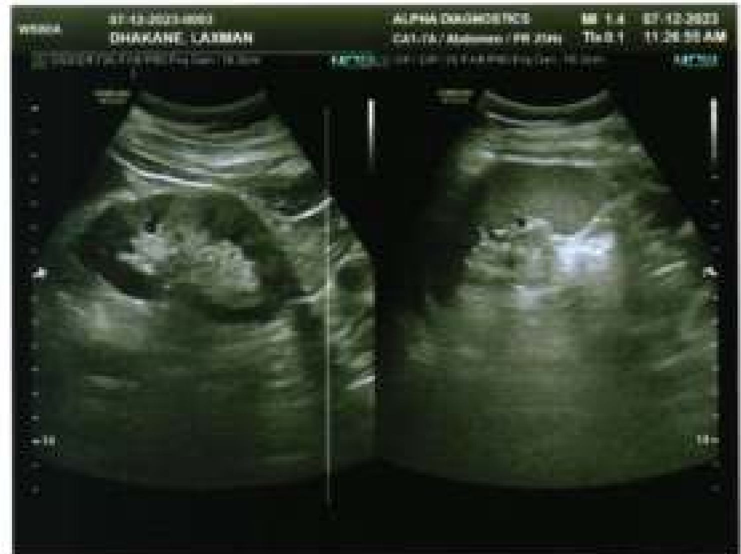
Patient		**Exam**	
ID	07-12-2023-0003	Accession #	
Name	DHAKANE, LAXMAN	Exam Date	07122023
Birth Date		Description	
Gender	Female	Sonographer	

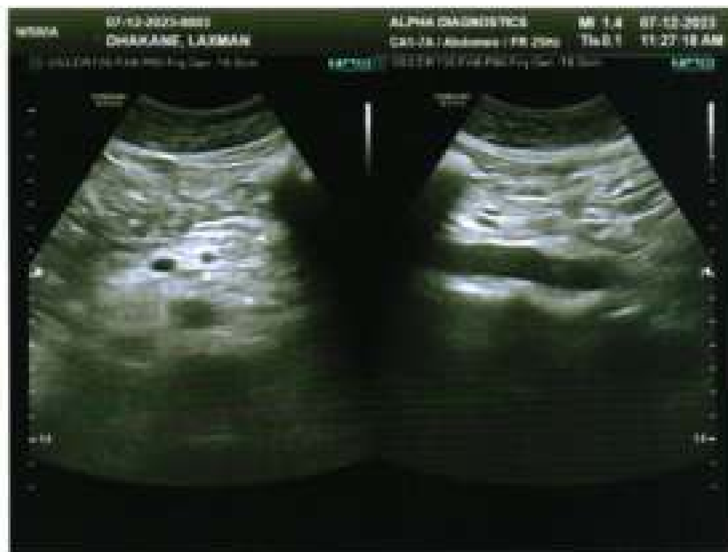


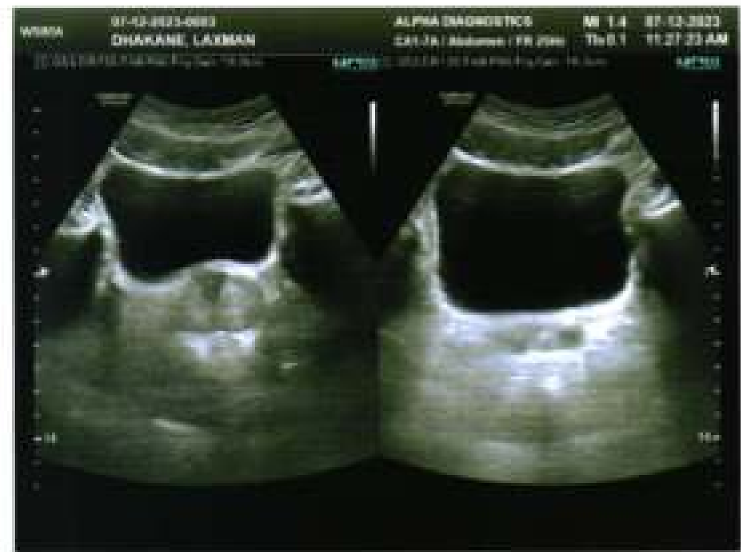












d	Corporate Name	Name	Email id	Mobile	Agreeme
	PHASORZ TECHNOLOGIES PRIVATE L	Rajesh Rasal	anees.fathima@medibuddy.in	9822885676	PHASORZ STANDARD H
	ARCOFEMI HEALTHCARE LIMITED	DHAKANE LAXMAN BHAGAWAN	laxman.dhakane019@gmail.com	8698235104	ARCOFEMI MEDIWHEEL
	MORGAN ADVANCED MATERIALS INDI	Rahul Shinde	Rahul.Shinde@morganplc.com	7030688550	MORGAN ADVANCED M

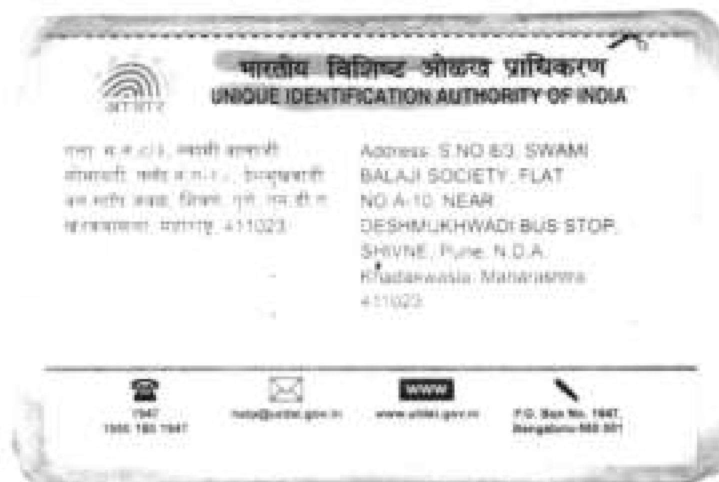
भारत सरकार
GOVERNMENT OF INDIA

Laxman Bhagawan Dhakane

Year of Birth : 1973
/ Male

4307 9669 1941

आधार – सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address: S.NO 83, SWAMI BALAJI SOCIETY, FLAT NO A-10, NEAR DESHMUKHWADI BUS STOP, SHIVNE, Pune, N.D.A. Khadakwasla, Maharashtra 411023

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947, Bengaluru-560 001

Pending Test- ENT Consultation

Reason- Doctor not available in Apollo Spectra Hospital

Dental Consultation

Dental Facility not available in Apollo Spectra Hospital