

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ms. Anil Rama Adhar on 14/08/2023

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" 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. <u>BSL (F) ↑ (PP) ↑ HbA1C ↑</u></p> <p>2. <u>Dyslipidemia</u></p> <p>3. <u>Sr. ALP ↑</u></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.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

**Dr Samruddhi D. Jagdale**  
Dr. MBBS  
Medical Office No. 2021097453  
Apollo Clinic, Kharadi

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Date : 12-08-2023 Department : GENERAL  
 MR NO : CKHA.0000068093 Doctor :  
 Name : Mr. ANIL RAMA ADHAV Registration No :  
 Age/ Gender : 49 Y / Male Qualification :

Consultation Timing: 09:03

hip-99

Height : 176	Weight : 78.6	BMI : 25	Waist Circum : 101
Temp :	Pulse : 99	Resp :	B.P : 138/94

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Adv. :-  
 - Vit-B<sub>12</sub>  
 - Vit-D<sub>3</sub>  
 - Calcium

Present complains - No complaints  
 Comorbidity - RTA in y. 2022 (Feb.)  
 Allergies - Nil  
 Surgical H/O - Rt. leg # Sx. done in y. 2022  
 Family H/O - Mother: HTN  
 Death dlt old age (y. 2023)  
 Addiction - Tobacco since 25y (4 times/day)  
 Mixed diet

OE  
 CVS-  
 CNS-  
 P/A-  
 Chest-  
 H/O covid infection - NO  
 Vaccinated with - 2 doses

} NAD

Follow up date:

  
 Doctor Signature

# POWER PRESCRIPTION

NAME: MR Anil Ramakrishna Adhwar

GENDER: M/F

DATE: 12-8-23

AGE: 49

UHID: 68093

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-0.25	.	.	6/
NEAR	+1.75			

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	-	.	6/8
NEAR	+1.75			

INSTRUCTIONS:

SIGNATURE



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 68093

12-08-2023 12:52:40

anil adhav

Male 49Years

kg / mmHg

Req. No. :

Diagnosis Information:

Sinus rhythm

Normal ECG

HR : 90 bpm

P : 104 ms

PR : 166 ms

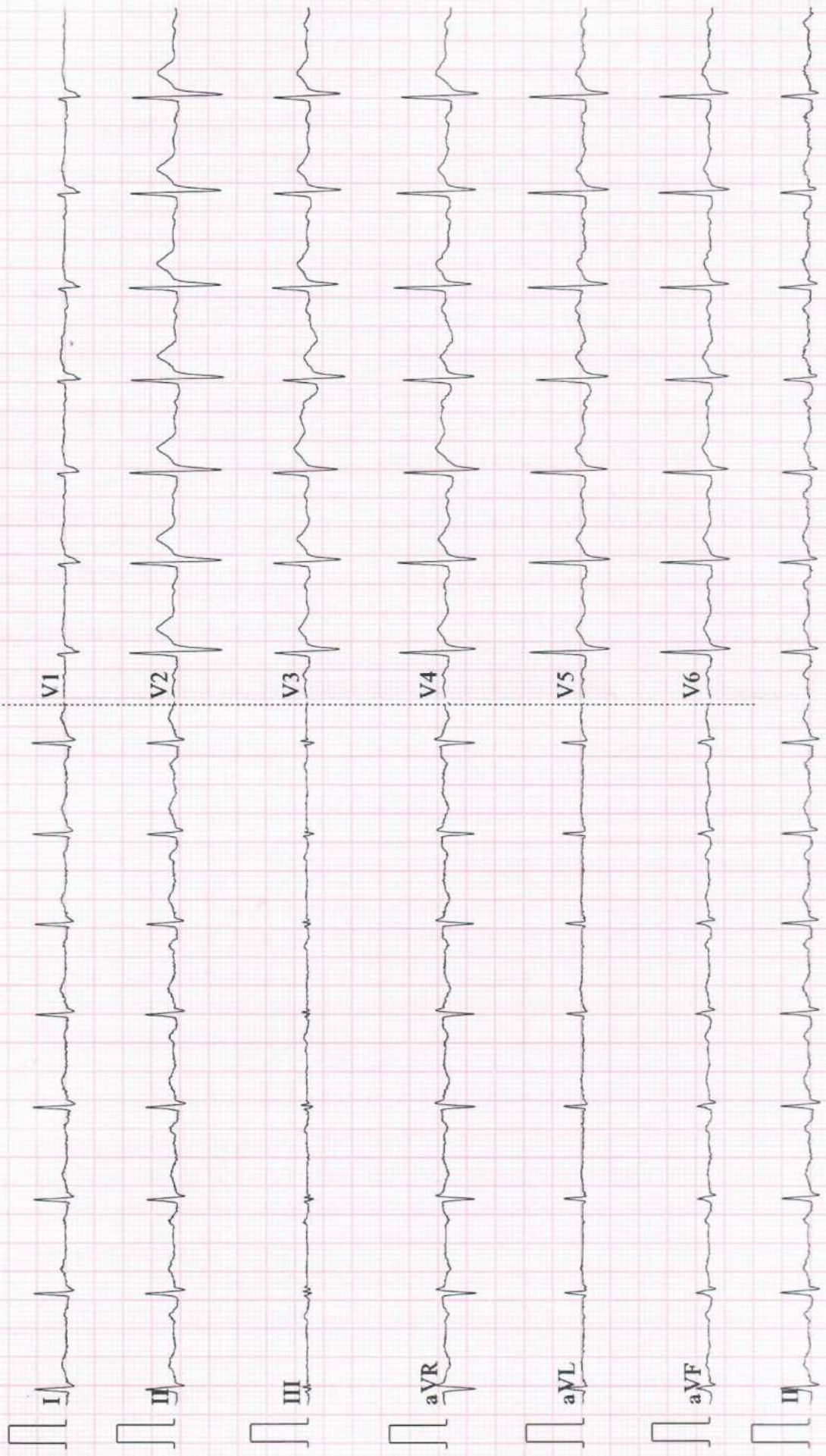
QRS : 88 ms

QT/QTcBz : 324/397 ms

P/QRS/T : 61/37/42 °

RV5/SV1 : 0.95/0.256 mV

Report Confirmed by:



NAME : Mr. ANIL RAMA ADHAV  
AGE : 49 Y/M  
REF :

DATE : 12/08/2023

ECHOCARDIOGRAPHY

NO RWMA  
NORMAL LV SYSTOLIC FUNCTION.  
NO LV DIASTOLIC DYSFUNCTION.

TRIVIAL TRICUSPID REGURGITATION. RVSP-24 MM HG.  
NORMAL OTHER VALVES.  
NORMAL CHAMBER SIZE.  
NORMAL PA PRESSURE.

IAS AND IVS INTACT.  
NO CLOT / VEGETATION / PERICARDIAL EFFUSION.

AO	LA	IVS	LVIDd	PWD	LVIDS	LVEF
32	33	10	45	10	27	60.00%

IMPRESSION :

NORMAL LV SYSTOLIC FUNCTION.  
NORMAL PA PRESSURE.



**DR Khadtare Abhijit**  
MBBS, MD (MEDICINE), DNB (CARDIOLOGY)  
CONSULTANT CARDIOLOGIST

**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

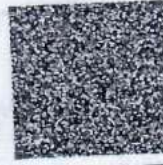
 **1860 500 7788**



भारत सरकार  
GOVERNMENT OF INDIA



अनिल रामा आधव  
Anil Rama Adhav  
जन्म तारीख/DOB: 01/06/1974  
पुरुष/ MALE  
Mobile No: 9623889583



**2973 9092 6613**  
VID : 9162 4236 9707 1942

माझे आधार, माझी ओळख

## Kharadi Apollo Clinic

**From:** noreply@apolloclinics.info  
**Sent:** Friday, August 4, 2023 06:41 PM  
**To:** aniladhav2013@gmail.com  
**Cc:** Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M  
**Subject:** Your Apollo order has been confirmed



**Dear ANIL RAMA ADHAV .,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **KHARADI clinic** on **2023-08-08** at **08:05-08:10**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

**NOTE:** We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

**Note:** Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

### Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

Health checkup at tie-up Ctr

HealthChkUp Authorisatn letter



Union Bank of India

RO - PUNE METRO  
"JEEVAN PRAKASH", 6/7, L.I.C. BLDG.,  
University Rd,p.b.no.960, Shivaji Nagar,  
Pune,maharashtra, Pin

To,

The Chief Medical Officer

M/S Mediwheel  
https://mediwheel.in/signup011-  
41195959(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male

Shri/Smt./Kum. ADHAVANIL RAMA

P.F. No.	696984	Designation :	Single Window Operator - A
Checkup for Financial Year	2023-2024	Approved Charges Rs.	3500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS. Status of the application- Sanctioned

Notify

Add

Update/Display

Health checkup at tie-up Ctr | HealthChkUp Authorisatn letter



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 12:54PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 01:52PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

<b>HAEMOGLOBIN</b>	15.4	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.18	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.6	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,990	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	61.2	%	40-80	Electrical Impedence
LYMPHOCYTES	27.1	%	20-40	Electrical Impedence
EOSINOPHILS	1.9	%	1-6	Electrical Impedence
MONOCYTES	9.7	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4277.88	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1894.29	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	132.81	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	678.03	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	6.99	Cells/cu.mm	0-100	Electrical Impedence

**PLATELET COUNT**

PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedence
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

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



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 12:54PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:08PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 12:55PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:29PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>146</b>	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>174</b>	mg/dL	70-140	HEXOKINASE
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>7.1</b>	<b>%</b>		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	<b>157</b>	<b>mg/dL</b>		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:23PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 03:06PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	170	mg/dL	<200	CHO-POD
TRIGLYCERIDES	89	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.82	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.56		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

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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.76	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.62	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47.64	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	<b>131.60</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.17	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.43	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.98	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	<b>11.03</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.43</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.22	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.93	mmol/L	101–109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	48.05	U/L	<55	IFCC



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
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UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:07PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	0.82	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	8.85	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	0.912	µIU/mL	0.34-5.60	CLIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



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Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.690	ng/mL	0-4	CLIA



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:06PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:04PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	6 - 8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:12PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:04PM
Visit ID : CKHAOPV100954	Status : Final Report
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Emp/Auth/TPA ID : 696984	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	TRACE		NEGATIVE	Dipstick
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\*\*\* End Of Report \*\*\*



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



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



<b>Patient Name</b>	: Mr. ANIL RAMA ADHAV	<b>Age/Gender</b>	: 49 Y/M
<b>UHID/MR No.</b>	: CKHA.0000068093	<b>OP Visit No</b>	: CKHAOPV100954
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 14-08-2023 10:22
<b>LRN#</b>	: RAD2071468	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 696984		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

**Gall bladder:** is well distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

**Spleen:** appears normal in size, shape and echotexture. No focal lesion is noted.

**Pancreas:** appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

**Right kidney :** normal in size ms 9.8 x 4.0 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No hydronephrosis seen.**E/o 10.3 mm non obstructive calculus at upper pole.**

**Left kidney :** normal in size ms 10.4 x 5.0 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. **E/o moderate hydronephrosis secondary to approx 26 mm calculus in renal pelvis. Another two non obstructive calculi noted measuring approx 10 and 8 mm .**

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

**Urinary bladder:** is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

**Prostate:** appears normal in size and echotexture ....**Volume- 20 cc .**

Visualised bowel loops appear normal. No wall edema or mass noted.

#### IMPRESSION :

- **Grade I fatty changes in liver.**
- **Bilateral renal non obstructive calculi.**
- **Left renal moderate hydronephrosis secondary to calculus in renal pelvis.**

Clinical correlation suggested....

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology

**Patient Name** : Mr. ANIL RAMA ADHAV

**Age/Gender** : 49 Y/M

**UHID/MR No.** : CKHA.0000068093

**OP Visit No** : CKHAOPV100954

**Sample Collected on** :

**Reported on** : 12-08-2023 12:51

**LRN#** : RAD2071468

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 696984

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 12:54PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 01:52PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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





Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 12:54PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 01:52PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.18	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.6	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,990	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	61.2	%	40-80	Electrical Impedence
LYMPHOCYTES	27.1	%	20-40	Electrical Impedence
EOSINOPHILS	1.9	%	1-6	Electrical Impedence
MONOCYTES	9.7	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4277.88	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1894.29	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	132.81	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	678.03	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	6.99	Cells/cu.mm	0-100	Electrical Impedence

**PLATELET COUNT**

PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedence
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

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



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 12:54PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:08PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 12:55PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:29PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>146</b>	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>174</b>	mg/dL	70-140	HEXOKINASE
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 12:55PM
UHID/MR No : CKHA.000068093	Reported : 12/Aug/2023 02:29PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	7.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	157	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:23PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 03:06PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	170	mg/dL	<200	CHO-POD
TRIGLYCERIDES	89	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.82	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.56		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

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.



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:23PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 03:06PM
Visit ID : CKHAOPV100954	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.76	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.62	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47.64	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	<b>131.60</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:23PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 03:06PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.17	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.43	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.98	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	<b>11.03</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.43</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.22	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.93	mmol/L	101–109	ISE (Indirect)



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:23PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 03:06PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	48.05	U/L	<55	IFCC





Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:17PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:07PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	0.82	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	8.85	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	0.912	µIU/mL	0.34-5.60	CLIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:17PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:01PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.690	ng/mL	0-4	CLIA



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:06PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:04PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	6 - 8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 12/Aug/2023 09:05AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 12/Aug/2023 01:12PM
UHID/MR No : CKHA.0000068093	Reported : 12/Aug/2023 02:04PM
Visit ID : CKHAOPV100954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 696984	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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



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