

Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 10:50AM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 01:06PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	95	fL	83-101	Calculated
MCH	32.0	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	16.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedence
LYMPHOCYTES	32	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3276	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1664	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	104	Cells/cu.mm	20-500	Calculated
MONOCYTES	156	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.97		0.78- 3.53	Calculated
PLATELET COUNT	160000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS -FEW GIANT PLATELET SEEN				
NO HEMOPARASITES SEEN				



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240193881



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:06PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240193881



Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 10:50AM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 01:06PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240193881



Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 10:50AM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 10:51AM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	GOD - POD

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.



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:PLF02193096



Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 12:04PM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 12:26PM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 01:05PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	mg/dL	70-140	GOD - POD

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.



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:PLP1476624



Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 03:57PM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 04:28PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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				
HBA1C, GLYCATED HEMOGLOBIN	4.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	80	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Dr. Sandip Kumar Banerjee
M.B.B.S, M.D (PATHOLOGY), D.P.B
Consultant Pathologist



SIN No:EDT240080210

Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 10:50AM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 01:06PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	202	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	234	mg/dL	<150	
HDL CHOLESTEROL	55	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	46.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.67		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.27		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04790471



Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 10:50AM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 01:06PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1		<1.15	Calculated
ALKALINE PHOSPHATASE	67.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.48		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04790471



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:06PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04790471



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:06PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.78	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	23.11	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.48		0.9-2.0	Calculated



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04790471



Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 10:50AM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 01:06PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	51.00	U/L	16-73	Glycylglycine Kinetic method



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04790471



Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 03:57PM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 05:18PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.15	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.760	µIU/mL	0.38-5.33	CLIA

Comment:

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

- 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.
- 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.
- 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.
- 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

Page 12 of 16



Dr. Sandip Kumar Banerjee
M.B.B.S, M.D (PATHOLOGY), D.P.B
Consultant Pathologist



SIN No: SPL24122492

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 Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

Patient Name : Mr.SIDDHARTH GHANSELA
 Age/Gender : 38 Y 11 M 23 D/M
 UHID/MR No : SCHE.0000087065
 Visit ID : SCHEOPV103999
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
 Received : 24/Jul/2024 03:57PM
 Reported : 24/Jul/2024 05:18PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. Sandip Kumar Banerjee
 M.B.B.S, M.D (PATHOLOGY), D.P.B
 Consultant Pathologist



SIN No: SPL24122492

Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 03:57PM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 05:18PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.780	ng/mL	0-4	CLIA



Dr. Sandip Kumar Banerjee
M.B.B.S, M.D (PATHOLOGY), D.P.B
Consultant Pathologist



SIN No: SPL24122492

Patient Name : Mr.SIDDHARTH GHANSELA	Collected : 24/Jul/2024 09:19AM
Age/Gender : 38 Y 11 M 23 D/M	Received : 24/Jul/2024 10:50AM
UHID/MR No : SCHE.0000087065	Reported : 24/Jul/2024 01:07PM
Visit ID : SCHEOPV103999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29536	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Dipstick
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.
Microscopy findings are reported as an average of 10 high power fields.



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2392745



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2392745



3

Breakfast.

Name : Mr. Siddharth Ghansala Ghansala
Address : Sahakar Nagar, Chembur
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Age: 38 Y
Sex: M

UHID:SCHE.0000087065



OP Number:SCHEOPV103999

Bill No :SCHE-OCR-24451

Date : 24.07.2024 09:08

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
✓1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
✓3	2 D ECHO	
✓4	LIVER FUNCTION TEST (LFT)	
✓5	GLUCOSE, FASTING	
✓6	HEMOGRAM + PERIPHERAL SMEAR	
✓7	DIET CONSULTATION	
✓8	COMPLETE URINE EXAMINATION	
✓9	URINE GLUCOSE(POST PRANDIAL)	
✓10	PERIPHERAL SMEAR	
✓11	ECG	
✓12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
✓14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 10:00	12:00
✓15	URINE GLUCOSE(FASTING)	
✓16	HbA1c, GLYCATED HEMOGLOBIN	
✓17	X-RAY CHEST PA	
✓18	ENT CONSULTATION	
✓19	FITNESS BY GENERAL PHYSICIAN	
✓20	BLOOD GROUP ABO AND RH FACTOR	
✓21	LIPID PROFILE	
✓22	BODY MASS INDEX (BMI)	
✓23	OPHTHAL BY GENERAL PHYSICIAN	Dr. N. Sharma
✓24	ULTRASOUND - WHOLE ABDOMEN	
✓25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:06PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

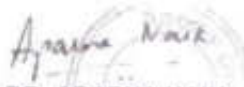
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95	fL	83-101	Calculated
MCH	32.0	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	16.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3276	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1664	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	104	Cells/cu.mm	20-500	Calculated
MONOCYTES	156	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.97		0.78- 3.53	Calculated
PLATELET COUNT	160000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS -FEW GIANT PLATELET SEEN
NO HEMOPARASITES SEEN

Page 1 of 16



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240193881

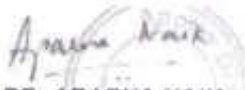


Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:06PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240193881

Page 2 of 16



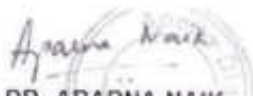
Patient Name : Mr.SIDDHARTH GHANSELA
 Age/Gender : 38 Y 11 M 23 D/M
 UHID/MR No : SCHE.0000087065
 Visit ID : SCHEOPV103999
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
 Received : 24/Jul/2024 10:50AM
 Reported : 24/Jul/2024 01:06PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:BED240193881



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 10:51AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	GOD - POD


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.



DR. APARNA NAIK
MBBS DPM
CONSULTANT PATHOLOGIST

SIN No:PLF02193096



Patient Name : Mr.SIDDHARTH GHANSELA
 Age/Gender : 38 Y 11 M 23 D/M
 UHID/MR No : SCHE.0000087065
 Visit ID : SCHEOPV103999
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 12:04PM
 Received : 24/Jul/2024 12:26PM
 Reported : 24/Jul/2024 01:05PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	mg/dL	70-140	GOD - POD

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.



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:PLP1476624



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 03:57PM
Reported : 24/Jul/2024 04:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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				
HBA1C, GLYCATED HEMOGLOBIN	4.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	80	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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)

Page 6 of 16



Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist

SIN No:EDT240080210



Patient Name : Mr.SIDDHARTH GHANSELA
 Age/Gender : 38 Y 11 M 23 D/M
 UHID/MR No : SCHE.0000087065
 Visit ID : SCHEOPV103999
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
 Received : 24/Jul/2024 10:50AM
 Reported : 24/Jul/2024 01:06PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	202	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	234	mg/dL	<150	
HDL CHOLESTEROL	55	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	46.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.67		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.27		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04790471



Patient Name : Mr.SIDDHARTH GHANSELA
 Age/Gender : 38 Y 11 M 23 D/M
 UHID/MR No : SCHE.0000087065
 Visit ID : SCHEOPV103999
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
 Received : 24/Jul/2024 10:50AM
 Reported : 24/Jul/2024 01:06PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1		<1.15	Calculated
ALKALINE PHOSPHATASE	67.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.48		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

Page 8 of 16


DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04790471



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:06PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04790471

Page 9 of 16



Patient Name : Mr.SIDDHARTH GHANSELA
 Age/Gender : 38 Y 11 M 23 D/M
 UHID/MR No : SCHE.0000087065
 Visit ID : SCHEOPV103999
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
 Received : 24/Jul/2024 10:50AM
 Reported : 24/Jul/2024 01:06PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.78	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	23.11	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.48		0.9-2.0	Calculated



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:SE04790471



Patient Name : Mr.SIDDHARTH GHANSELA
 Age/Gender : 38 Y 11 M 23 D/M
 UHID/MR No : SCHE.0000087065
 Visit ID : SCHEOPV103999
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
 Received : 24/Jul/2024 10:50AM
 Reported : 24/Jul/2024 01:06PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	51.00	U/L	16-73	Glycylglycine Kinetic method



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04790471



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 03:57PM
Reported : 24/Jul/2024 05:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.15	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.760	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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

Page 12 of 16



Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist

SIN No:SPL24122492



Patient Name : Mr.SIDDHARTH GHANSELA
 Age/Gender : 38 Y 11 M 23 D/M
 UHID/MR No : SCHE.0000087065
 Visit ID : SCHEOPV103999
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
 Received : 24/Jul/2024 03:57PM
 Reported : 24/Jul/2024 05:18PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




Dr.Sandip Kumar Banerjee
 M.B.B.S.,M.D(PATHOLOGY),D.P.B
 Consultant Pathologist

SIN No:SPL24122492

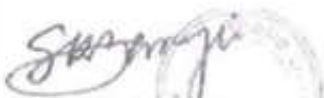
Patient Name : Mr.SIDDHARTH GHANSELA
 Age/Gender : 38 Y 11 M 23 D/M
 UHID/MR No : SCHE.0000087065
 Visit ID : SCHEOPV103999
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
 Received : 24/Jul/2024 03:57PM
 Reported : 24/Jul/2024 05:18PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.780	ng/mL	0-4	CLIA



Dr.Sandip Kumar Banerjee
 M.B.B.S,M.D(PATHOLOGY),D.P.B
 Consultant Pathologist

SIN No:SPL24122492



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Dipstick
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

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

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

Page 15 of 16


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2392745



Patient Name : Mr.SIDDHARTH GHANSELA
Age/Gender : 38 Y 11 M 23 D/M
UHID/MR No : SCHE.0000087065
Visit ID : SCHEOPV103999
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29536

Collected : 24/Jul/2024 09:19AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***

Page 16 of 16



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:UR2392745





Patient Name : Mr. Siddharth Ghansela Age : 38 Y M
UHID : SCHE.0000087065 OP Visit No : SCHEOPV103999
Reported on : 24-07-2024 12:35 Printed on : 24-07-2024 12:36
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder: Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas: Normal in size and echopattern.

Spleen: Normal in size, echopattern

Kidneys: Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK: 9.9 x 4.1 cm.

LK: 10.5 x 4.8 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Prostate: appears normal in size and echotexture. (Volume- 17cc).

IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.

Printed on: 24-07-2024 12:35

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mr. Siddharth Ghansala
Age / Sex : 38 yrs / Male.
Ref Doctor : Health Check

Bill No : SCHE -OCR-24451
UHID NO : SCHE.0000087065
Report Date : 24/07 / 2024

2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 70%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088
Ph No: 022 - 4334 4600 | www.apollospectra.com

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

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



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm) : 27	LA (mm) : 26
IVSd (mm) : 8	LVIDd (mm) : 45
IVSs (mm) : 17	LVIDs (mm) : 28
LVPWd (mm) : 9	LVPWs (mm) : 17
EF(Teich)(mm) : 70%	

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)



Patient Name : Mr. Siddharth Ghansela Age : 38 Y M
UHID : SCHE.0000087065 OP Visit No : SCHEOPV103999
Reported on : 24-07-2024 12:15 Printed on : 24-07-2024 13:00
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

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 :

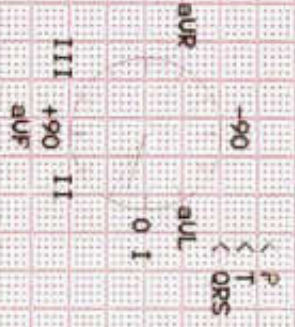
No obvious abnormality seen

Printed on:24-07-2024 12:15

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

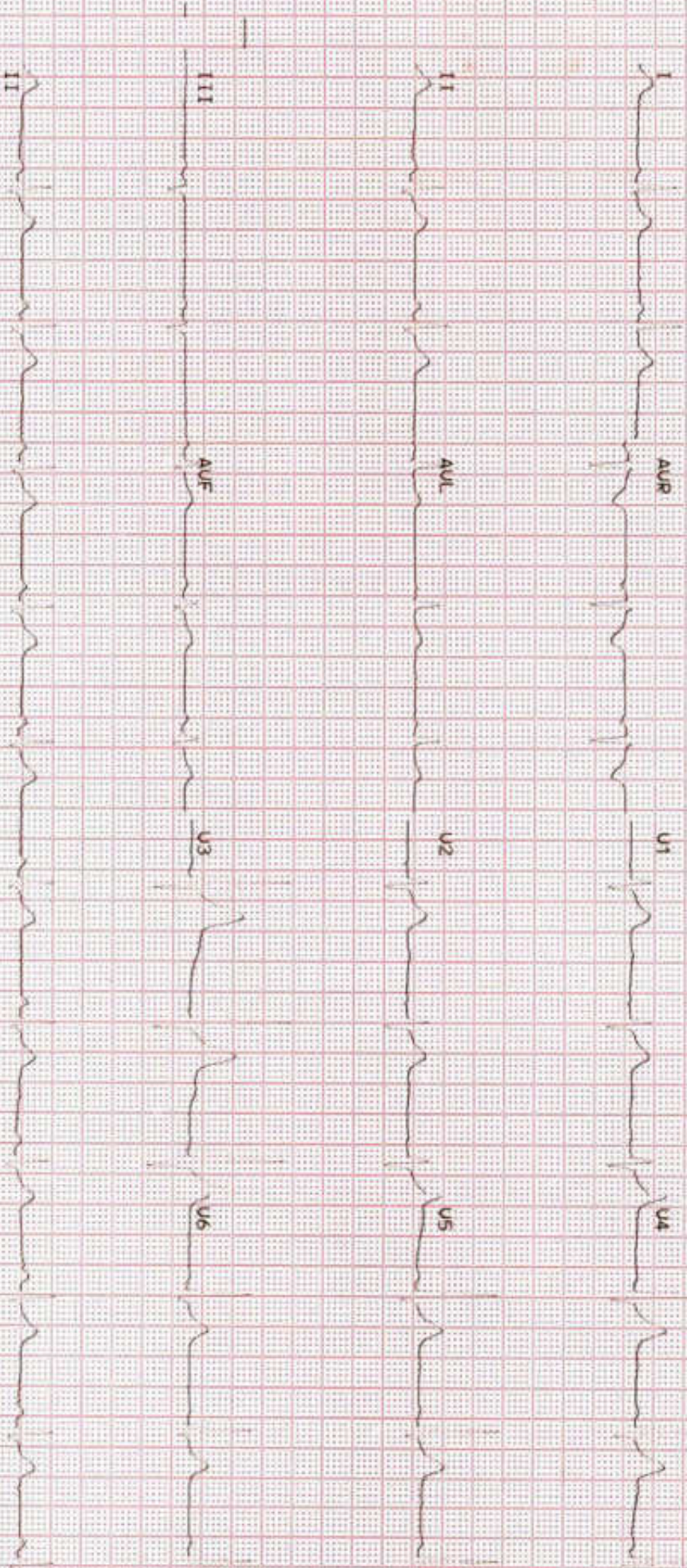
AGE: 38
 SEX: Male
 P/PP: 916 / 910 ms
 RR/PP: 40 / 20 / 30 degrees
 QT/QTcB: 372 / 389 ms
 PR: 144 ms
 P: 102 ms
 QTD/QTcBD: 38 / 40 ms
 Sokolow: 1.7 au
 NK: 9



Normal ECG

[Handwritten signature]
 [Circular stamp: SRI. T. R. HOSPITAL]

Unconfirmed report.



02 104 2004 10:51:04 AM 250778 13047401 ADS 1004 0 00 2014 3.74 R ALPMD16 V6.0 (1)



OUT- PATIENT RECORD

Date : 29/07/24
 MRNO : 87065
 Name :- Siddharth Ghansela
 Age / Gender : 38 (m)
 Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
 Consultant **Dr. Amit Shobhavat**
 Reg. No. : 2001/09/3124
 Qualification : F.C.C.M, Dip. Diabetology

Pulse : 82	B.P : 110/88	Resp : 18	Temp : 97.8
Weight : 69.7	Height : 170	BMI : 24.1	Waist Circum : 91-97

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Chest - 97-100
 SpO₂ - 99%

no remarkable lower

no abnormal

over abdomen

family Hx

untreated

no

no personal history

Follow up date:

Doctor Signature



OUT- PATIENT RECORD

Date : 24.07.2024
MRNO : _____
Name :- Siddharth Ghansela
Age / Gender : 38y / M
Mobile No:- _____

Department : **Consultant ENT Surgeon**
Consultant **Dr. Roshni Nambiar**
Reg. No : 2006/02/1129
Qualification : M.B.B.S., DNB. Otorhinolaryngology

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

General Examination / Allergies History

Routine medical
No allergic rhinitis with pharyngitis
- on symptomatic &
No bronchitis in past
now better.

Clinical Diagnosis & Management Plan

O/E
Ears (R) (L)
BIL TM INTACT WNL

Rinne (+) (+)

Webb ←→

Nose : DNS to (R)

Throat. mucosa WNL

Next exam - N/A.

Clinically - Deviated nasal septum with allergic rhinitis

Adv Allergen avoidance symptomatic &

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

Date : 24/7/24
MRNO : _____
Name :- Mr. Sisharth Ghansela
Age / Gender : 38 y/M.
Mobile No:- _____

Department: **OPHTHALMOLOGY**
Consultant: **Dr. Neeta Sharma**
Reg. No: **68446 8369 602399**
Qualification: **MBBS, DIP. Ophthal, DNB (Ophthal)**

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

for me.

Ben
→ Normal

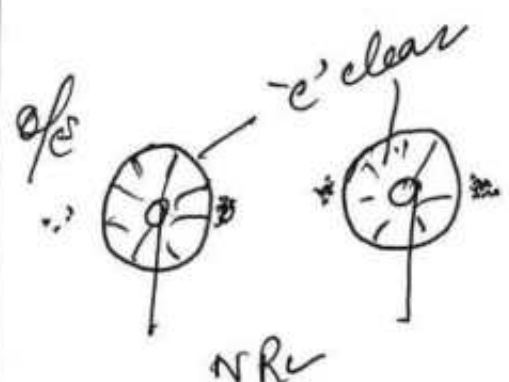
VA *Re* *6/60*
6/6

VA *Re* *N/5*
N/5

P.E *for near*

VA *Re* *6/6*
A.C.P.C. *for distance* *6/6 P*

NRC



1) F.U. see

2) Pain Ciplox *ET.* *OD* *20*
X70

Neeta

Follow up date: _____ Doctor Signature



भारत सरकार



आधार



सिद्धार्थ घनसेला
Siddharth Ghansela
जन्म तिथि/DOB: 01/08/1985
पुरुष/ MALE

6185 3244 1381

VID : 9183 0961 1064 9789

मेरा आधार , मेरी पहचान

Siddharth

Customer Care

From: noreply@apolloclinics.info
Sent: 22 July 2024 13:54
To: kusum.lata@bankofbaroda.com
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;
foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed



Dear Siddharth ghansela,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR** clinic on **2024-07-23** at **08:30-08:45**.

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

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

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 be followed for a health check:

Patient Name	: Mr. Siddharth Ghansela	Age/Gender	: 38 Y/M
UHID/MR No.	: SCHE.0000087065	OP Visit No	: SCHEOPV103999
Sample Collected on	:	Reported on	: 24-07-2024 12:36
LRN#	: RAD2387047	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S29536		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.
Gall Bladder: Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.
Pancreas: Normal in size and echopattern.
Spleen: Normal in size, echopattern
Kidneys: Both the kidneys are normal in size, shape and position. Corticomedullary differentiation grossly maintained. No obvious calculus/hydronephrosis seen.
RK: 9.9 x 4.1 cm.
LK: 10.5 x 4.8 cm.
No obvious mass/collection seen at the time of scan.
No fluid seen in the peritoneal cavity.
Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.
Prostate: appears normal in size and echotexture. (Volume- 17cc).
IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Patient Name	: Mr. Siddharth Ghansela	Age/Gender	: 38 Y/M
UHID/MR No.	: SCHE.0000087065	OP Visit No	: SCHEOPV103999
Sample Collected on	:	Reported on	: 24-07-2024 12:15
LRN#	: RAD2387047	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S29536		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

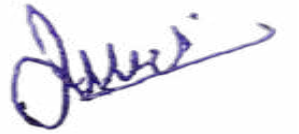
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology