

Patient Name : Mr.YOGENDRA GUPTA	Collected : 24/Feb/2024 10:29AM
Age/Gender : 43 Y 7 M 16 D/M	Received : 24/Feb/2024 01:28PM
UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 03:57PM
Visit ID : CPIMOPV157367	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE9995	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic,  
WBC's lymphocytosis  
Platelets are Adequate, large platelets seen  
No Abnormal cells/hemoparasite seen.

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240048761

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



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UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 03:56PM
Visit ID : CPIMOPV157367	Status : Final Report
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Emp/Auth/TPA ID : bobE9995	

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.5	g/dL	13-17	Spectrophotometer
PCV	46.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.86	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	42.7	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>46.2</b>	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3031.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3280.2</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	149.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	639	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	0.92		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	150000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
<p><b>RBC's are Normocytic Normochromic,</b>  <b>WBC's lymphocytosis</b>  <b>Platelets are Adequate, large platelets seen</b>  <b>No Abnormal cells/hemoparasite seen.</b></p>				



*Sneha Shah*  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:BED240048761

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UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 03:55PM
Visit ID : CPIMOPV157367	Status : Final Report
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:BED240048761

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Patient Name : Mr.YOGENDRA GUPTA	Collected : 24/Feb/2024 10:20AM
Age/Gender : 43 Y 7 M 16 D/M	Received : 24/Feb/2024 01:43PM
UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 02:10PM
Visit ID : CPIMOPV157367	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE9995	

**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>GLUCOSE, FASTING , NAF PLASMA</b>	100	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	112	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.



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

SIN No:PLP1422852

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Patient Name : Mr.YOGENDRA GUPTA	Collected : 24/Feb/2024 10:29AM
Age/Gender : 43 Y 7 M 16 D/M	Received : 24/Feb/2024 01:27PM
UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 04:59PM
Visit ID : CPIMOPV157367	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE9995	

**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>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)



*Sneha Shah*  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:EDT240021983

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

Patient Name : Mr.YOGENDRA GUPTA	Collected : 24/Feb/2024 10:29AM
Age/Gender : 43 Y 7 M 16 D/M	Received : 24/Feb/2024 02:01PM
UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 06:42PM
Visit ID : CPIMOPV157367	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE9995	

**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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>226</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>183</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>175</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>138.04</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>36.57</b>	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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04640652

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Emp/Auth/TPA ID : bobE9995	

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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.17	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.95	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	84.3	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.56	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

  
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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>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.77	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	29.97	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.10	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.88	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.05	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	<b>100.6</b>	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>	29.12	U/L	<55	IFCC

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Patient Name : Mr.YOGENDRA GUPTA	Collected : 24/Feb/2024 10:29AM
Age/Gender : 43 Y 7 M 16 D/M	Received : 24/Feb/2024 01:59PM
UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 03:14PM
Visit ID : CPIMOPV157367	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE9995	

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>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.76	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.10	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.427	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

*Sneha Shah*  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SPL24032193

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



Patient Name : Mr.YOGENDRA GUPTA	Collected : 24/Feb/2024 10:29AM
Age/Gender : 43 Y 7 M 16 D/M	Received : 24/Feb/2024 01:59PM
UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 03:05PM
Visit ID : CPIMOPV157367	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE9995	

**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>	0.440	ng/mL	0-4	CLIA



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

SIN No:SPL24032193

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



Patient Name : Mr.YOGENDRA GUPTA	Collected : 24/Feb/2024 10:29AM
Age/Gender : 43 Y 7 M 16 D/M	Received : 24/Feb/2024 01:41PM
UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 02:15PM
Visit ID : CPIMOPV157367	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE9995	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 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



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

SIN No:UR2290830

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



Patient Name : Mr.YOGENDRA GUPTA	Collected : 24/Feb/2024 10:29AM
Age/Gender : 43 Y 7 M 16 D/M	Received : 24/Feb/2024 01:42PM
UHID/MR No : CPIM.0000051447	Reported : 24/Feb/2024 02:16PM
Visit ID : CPIMOPV157367	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE9995	

**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

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

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



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

SIN No:UF010782

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



Date : 24-02-2024  
MR NO : CPIM.0000051447

Department : GENERAL  
Doctor :

Name : Mr. YOGENDRA GUPTA

Registration No : 44 - 170

Age/ Gender : 43 Y / Male

Qualification : Lt 88.2  
BP 130/70  
BMI 30.5

Consultation Timing: 08:19

Wock

Rx  
S/L ongoing

Mother: DM.

Diet: Mix

CUS: S<sub>1</sub>S<sub>2</sub> ⊕

RS: AEBE

PA: NAD.

CUS: NAD

No known allergy -  
No past ex

Anan

ID: 216

YOGENDRA GUPTA  
Male 43Years

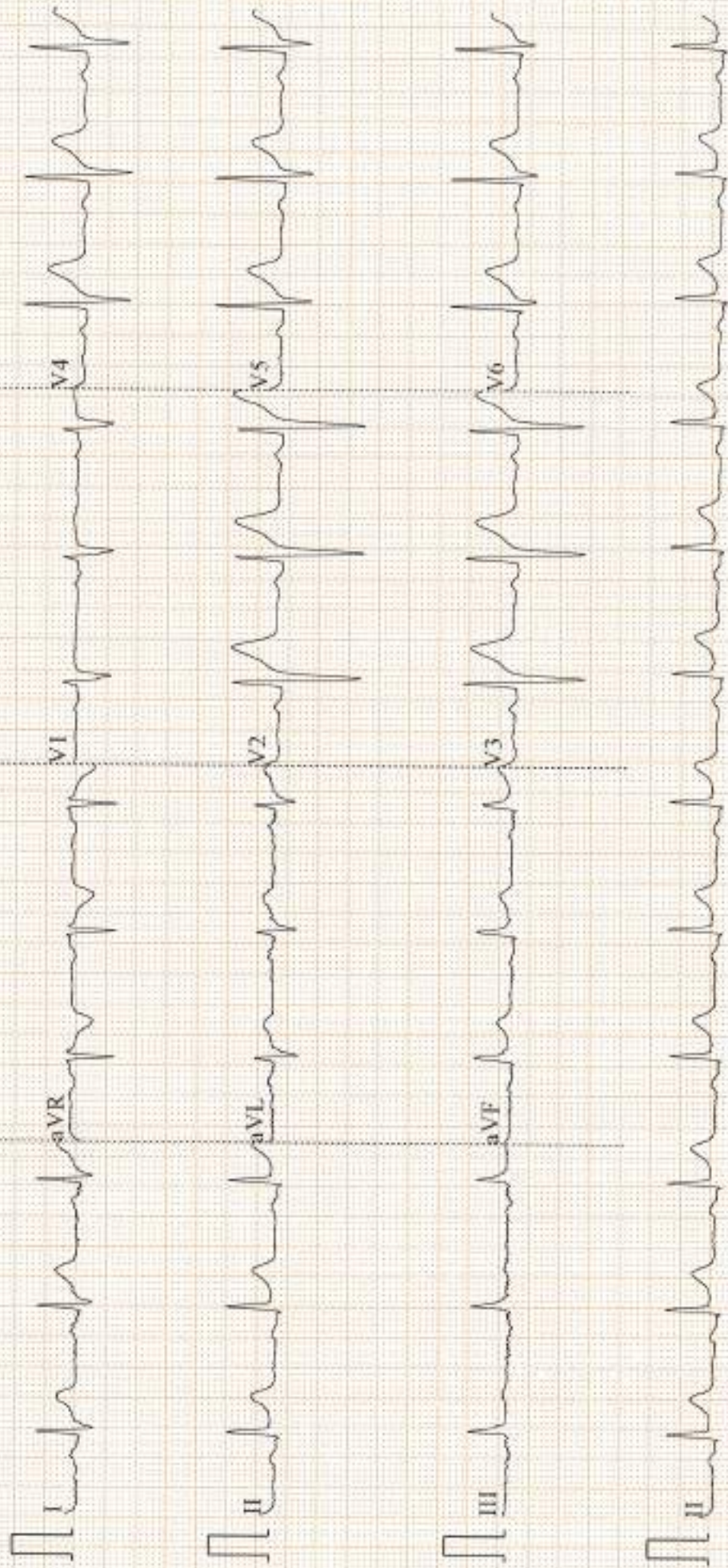
24-02-2024 08:36:20 AM COPY

HR : 71 bpm  
P : 131 ms  
PR : 185 ms  
QRS : 104 ms  
QT/QTc : 372/406 ms  
P/QRS/T : 6/70/33 °  
RV5/SV1 : 1.075/0.556 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

*Normal*

Report Confirmed by:



**B** बैंक ऑफ़ बड़ोदा  
**Bank of Baroda**

नाम  
Name : **Yogendra Kumar Gupta**  
ई.सी.नं.  
E.C.No. : **170981**



अधिकारी/अधिकारी  
Issuing Authority  
Chief Manager (HRM)  
Pune Zone

*Yogendra*  
योगेंद्र कुमार गुप्ता  
Signature of Holder

*Handwritten scribbles and lines on the page.*



**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr. Yogendra Gupta. on 26/02/2024

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

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	✓
<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 impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

Dr. Anamdar  
**Dr. Anam A. A. Inamdar**  
 Medical Officer MBBS  
 Apollo Clinic, (NIGD) Reg. No. 2021/06/6236

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

Patient Name	: Mr. YOGENDRA GUPTA	Collected	: 24/Feb/2024 10:29AM
Age/Gender	: 43 Y 7 M 16 DM	Received	: 24/Feb/2024 01:28PM
UHD/MR No	: CPIM.0000051447	Reported	: 24/Feb/2024 03:58PM
Visit ID	: CPIMQPV157367	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Acc/TPA ID	: bcbE9935		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM, WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.5	g/dL	13-17	Spectrophotometer
PCV	46.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	42.7	%	40-80	Electrical Impedance
LYMPHOCYTES	46.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3031.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3280.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	149.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	639	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocytia ratio (NLR)	0.92		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	150000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic,  
WBC's lymphocytosis  
Platelets are Adequate, large platelets seen  
No Abnormal cells/hemoparasite seen.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: BED240644761

This test has been performed at Apollo Health and Lifestyle Ltd. Sadashiv Peta Pune. Diagnostics Lab





Certificate No: MC-5697

Patient Name : Mr YOGENDRA GUPTA Age/Gender : 43 Y 7 M 18 D/M UHISMR No : CPIM 0000051447 Visit ID : CPIMOPV157367 Ref Doctor : Dr SELF Emp/Auth/TPA ID : bccC9995	Collected : 24/Feb/2024 10:28AM Received : 24/Feb/2024 01:26PM Reported : 24/Feb/2024 03:57PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBC's are Normocytic Normochromic,  
 WBC's lymphocytosis  
 Platelets are Adequate, large platelets seen.  
 No Abnormal cells/hemoparasite seen.

*Sneha Shah*  
  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No. DED2-1004876

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



Patient Name : Mr. YOGENDRA GUPTA Age/Gender : 43 Y 7 M 18 D/W URICMR No : CPIM.0000051447 Visit ID : CPIMOPV157367 Ref Doctor : Dr.SELF Emp/Acct/TFA ID : b0b2959b	Collected : 24/Feb/2024 10:29AM Received : 24/Feb/2024 01:26PM Reported : 24/Feb/2024 03:55PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	Blo. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



*Susheela Shetty*  
  
**Dr Susheela Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SEN No BED2400457b1

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



Patient Name	: Mr. YOGENDRA GUPTA	Collected	: 24/Feb/2024 10:29AM
Age/Gender	: 43 Y 7 M 16 DM	Received	: 24/Feb/2024 01:27 PM
UHID/MR No	: CPIM.0603051447	Reported	: 24/Feb/2024 04:59PM
Visit ID	: CPIMOPV157387	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auh/TPA ID	: b6bE9395		

**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>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
NON-DIABETIC	<5.7
PRE-DIABETES	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: Empty 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) HbA1c > 5.5%

B) Heterozygous Hemoglobinopathy.

Hb Electrophoresis is recommended method for detection of Hemoglobinopathy

**Dr. Sneha Shah**  
MBBS, MD (Pathology)  
Consultant-Pathologist

SEN No: EDT240621983

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





<b>Patient Name</b>	: Mr YCGENDRA GUPTA	<b>Collected</b>	: 24/Feb/2024 10:29AM
<b>Age/Gender</b>	: 43 Y 7 M 16 DM	<b>Received</b>	: 24/Feb/2024 02:01PM
<b>UHID/MR No</b>	: CP1M,000051447	<b>Reported</b>	: 24/Feb/2024 08:42PM
<b>Visit ID</b>	: CP1MOPV157367	<b>Status</b>	: Final Report
<b>Ref Doctor</b>	: Dr.GELF	<b>Sponsor Name</b>	: ARCOFEM HEALTHCARE LIMITED
<b>Emp/Auth/TPA ID</b>	: b05E8995		

### DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.17	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.95	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	84.3	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.55	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		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), and enzymes (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 level indicates hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI & DASH diet/obesity increase in AST, ALT compared with ALP. - Bilirubin may be elevated
- AST: ALT Ratio - In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually > 2. This ratio is also seen to be elevated in NAFLD, Wilson's disease, Cholangitis, 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 comparison 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

Dr. Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No. SE04640652

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











Patient Name : M. YOGENDRA GUPTA Age/Gender : 43 Y 7 M 15 D/M UHID/MR No : CPIM,000051447 Visit ID : CPIMCPV157367 Ref Doctor : Dr.SELF Emp/Auth/TFA ID : kotE3953	Collected : 24/Feb/2024 10:29AM Received : 24/Feb/2024 01:58PM Reported : 24/Feb/2024 03:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Blo. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.440	ng/mL	0-4	CLIA



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

SIN No: SPL2403219.1

This test has been performed at Apollo Health and Lifestyle (M - Sushila) Petli Tune, Diagnostics Lab



<b>Patient Name</b>	: Mr.YOGENDRA GUPTA	<b>Collected</b>	: 24/Feb/2024 10:29AM
<b>Age/Gender</b>	: 43 Y 7 M 1E DM	<b>Received</b>	: 24/Feb/2024 01:41PM
<b>UH/DIR No</b>	: CFIM 000091447	<b>Reported</b>	: 24/Feb/2024 02:15PM
<b>Visit O</b>	: CFIMQFY157367	<b>Status</b>	: Final Report
<b>Ref Doctor</b>	: Dr.SELF	<b>Sponsor Name</b>	: ARCOFEMI HEALTHCARE LIMITED
<b>Emp/AD/PTA ID</b>	: b0659995		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Blo. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP GRAVITY	>1.025		1.002-1.030	Bromothymo Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
URCBILINOGEN	NORMAL		NORMAL	MODIFIED EHRICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 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

Page 12 of 13



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

SIN No: (R.22509 3)

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



Patient Name	: Mr. YOGENORA GUPTA	Collected	: 24/Feb/2024 10:29AM
Age/Gender	: 45 Y 7 M 18 D/M	Received	: 24/Feb/2024 01:42PM
UHID/MR No	: CPIM 000051447	Reported	: 24/Feb/2024 02:16PM
Visit ID	: CPIMQPV157367	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp./A.II./TFA ID	: bobE9090		

**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

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

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




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

SIN No: UE010792

This test has been performed at Apollo Health and Lifestyle Inc. Sakshini Path Pune, Diagnostic Lab

ID: 216

YOGENDRA GUPTA  
Male 43Years

24-02-2024 08:36:20 AM COPY

HR : 71 bpm  
P : 131 ms  
PR : 185 ms  
QRS : 104 ms  
QT/QTc : 372/406 ms  
P:QRS/T : 6/70/33  
RV5/SV1 : 1.075/0.556 mV

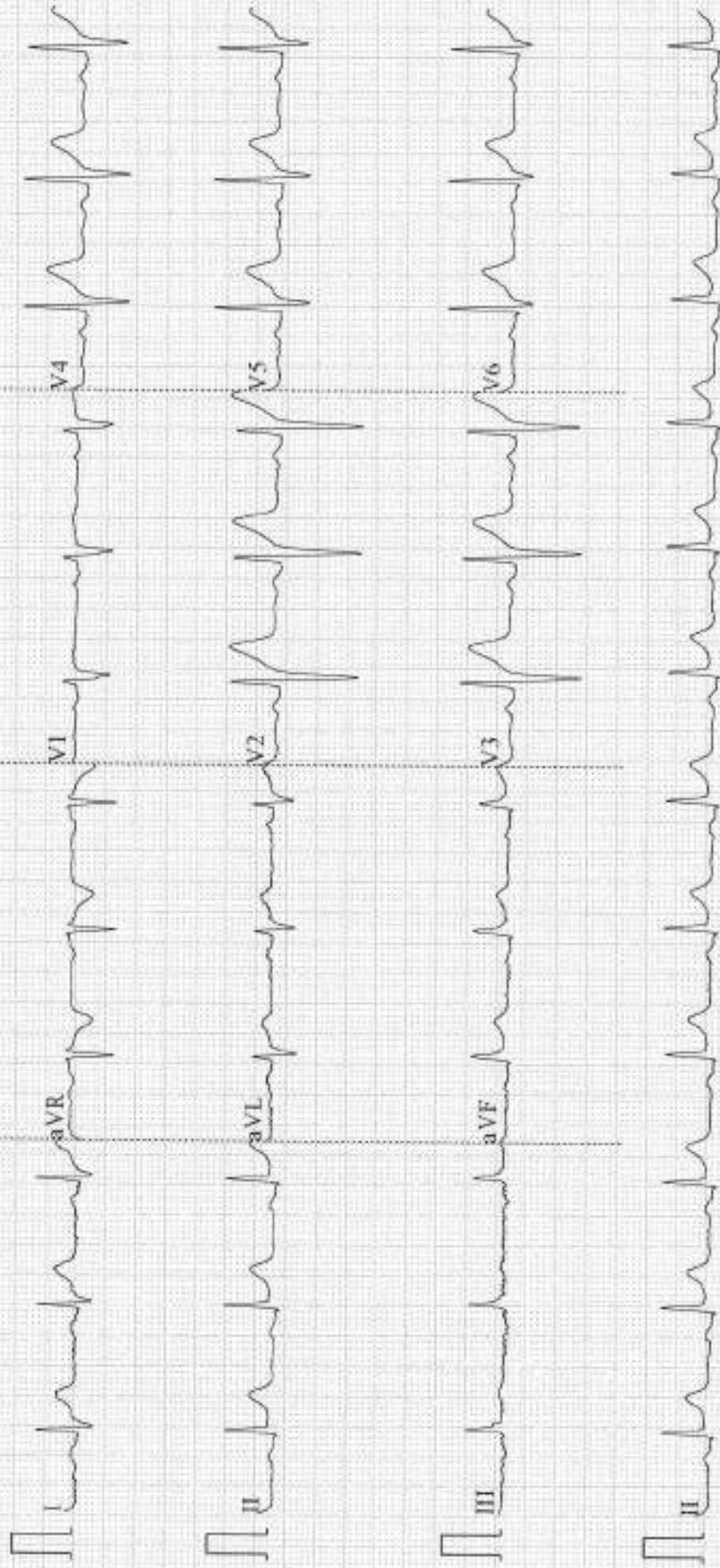
Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Dr. Anam A. A. Inamdar

MBBS

Reg. No 2021/06/6236

Report Confirmed by:



Patient Name : Mr. YOGENDRA GUPTA  
UHID : CPIM.0000051447  
Reported on : 24-02-2024 12:37  
Adm/Consult Doctor :

Age : 43 Y M  
OP Visit No : CPIMOPV157367  
Printed on : 24-02-2024 16:15  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

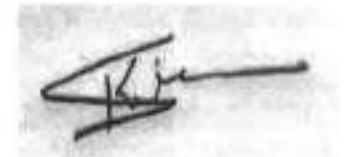
Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.

Printed on:24-02-2024 12:37

---End of the Report---



**Dr. KIRAN PRALHAD SUDHARE**  
**MBBS, DMRD**  
Radiology



Patient Name	: Mr. YOGENDRA GUPTA	Age	: 43 Y M
UHID	: CPJM.0000051447	OP Visit No	: CPJMOPV157367
Reported on	: 24-02-2024 11:01	Printed on	: 24-02-2024 14:01
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size (15.2 cms.) and **bright** echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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

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

**Prostate** is normal in size and echo texture. No evidence of necrosis/calcification seen.

### **IMPRESSION:-** **GRADE I FATTY LIVER**

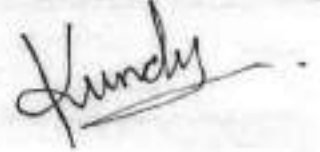
(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion. Not valid for medico legal purpose.

Patient Name : Mr. YOGENDRA GUPTA  
UHID : CPIM.0000051447  
Reported on : 24-02-2024 11:01  
Adm/Consult Doctor :

Age : 43 Y M  
OP Visit No : CPIMOPV157367  
Printed on : 24-02-2024 14:01  
Ref Doctor : SELF

Printed on:24-02-2024 11:01

---End of the Report---



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

**2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MR. YOGENDRA GUPTA</b>	<b>Age/Sex: 43 / M</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 24.02.2024</b>

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

**DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):**

1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

Left Atrium	35.0 mm	Aortic Root	33.0 mm
IVS (d)	10.0 mm	IVS (s)	16.0 mm
LVID (d)	46.0 mm	LVID (s)	27.0 mm
LVPW(d)	10.0 mm	LVPW(s)	16.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**NORMAL CARDIAC VALVES**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**



**DR. RAJENDRA V. CHAVAN**

**MD (MEDICINE), DM (CARDIOLOGY)**

**CONSULTANT CARDIOLOGIST**

**Apollo Clinic,**  
Nigdi, Pune - 411044.

Date - 24.02.24

Patient Name *Yogendra Gupta*

UHID:

Age / Sex: *43 yrs M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N6P</i>	<i>N6P</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>WNL</i>	<i>WNL</i>
Family History/Medical History	<i>-</i>	<i>-</i>

**IMPRESSION:-**

*plane BFE  
+1.25 DBE*

*[Signature]*  
**OPTOMETRIST**

Mr. Yogendra Gupta

43 yrs / m.

Wt - 86 kg Ht - 176 kg.

24<sup>th</sup> Feb 2024.

A - Overweight.

Dietary habit - Mixed diet.Daily DietEarly Morning - 1 glass luke warm water.  
+ 1 spoon ajawine, sof, jeera, salt  
water mix powder.Exercise - 1 hr.Morning - Breakfast - Mug chilla / sprouts-boiled  
1 Bowl or 2-3 Idli (Rice, dal equal quantity)  
with sambar + 1 Boiled egg (whole)  
+ 1 Fruit - Mosambi / Sweet lime / Anjir.  
Seasonal.Mid Time - Buttermilk + sabja seeds.Lunch - 3 Roti + Sabji + Dal + Chawal + Salad.Evening - Fruit plate + Bhuna Chana + Murrura  
or Boiled corn.Dinner - 7.30-8pm - 3 Roti + Sabji + Dal + Salad.Non veg - Boiled egg / 2-3 pcs Chicken or Fish.  
Curry preparation.  
- Afternoon time.

mb

Date : 24-02-2024  
MR NO : CPIM.0000051447

Department : GENERAL  
Doctor :

Name : Mr. YOGENDRA GUPTA

Registration No : 44 170

Age/ Gender : 43 Y / Male

Qualification : Lt 88.2  
BP 130/70  
BMI 30.5

Consultation Timing: 08 19

Neck

Rx  
S/T ongoing

Mother: DM.

Diet: Mix

CUS: S<sub>2</sub> ⊕

RS: ACBE

PA: NAD.


CUS: NAD.

No known allergy.

No past sx

**Dr. Anam A. Inamdar**  
MBBS  
Reg. No. 2021/06/6236

3/2

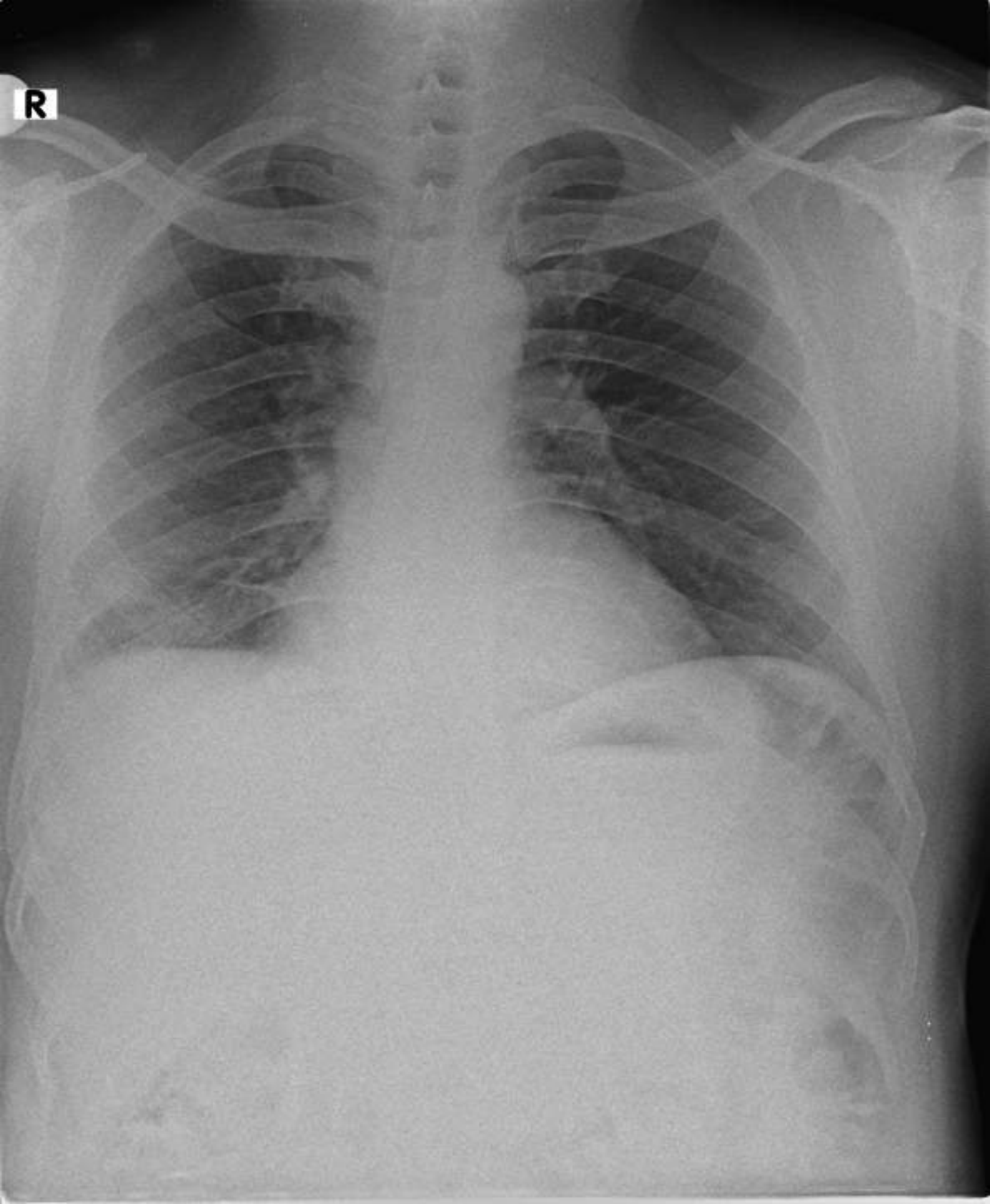
<b>Name</b> : Mr. YOGENDRA GUPTA <b>Address</b> : VIKAS NAGAR, DEHU ROAD <b>Plan</b> : ARCOFMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 45 Y <b>Sex</b> : M	<b>CHID</b> : CPIM.000051447  <b>OP Number</b> : CPIMUPV157367 <b>Bill No</b> : CP2M OCK-76253 <b>Date</b> : 24.02.2024 08:19
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Sno	Service Type/Service Name	Department
1	ARCOFMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2024	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	3 2D ECHO	
<input checked="" type="checkbox"/>	4 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	5 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	6 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE (POST PRANDIAL)	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11	
<input checked="" type="checkbox"/>	12 RENAL PROFILE/RENAL FUNCTION TEST (RFT/RFPT)	
<input checked="" type="checkbox"/>	13 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	14 GLUCOSE, POST PRANDIAL (PP) 2 HOURS (POST MEAL) 10115	
<input checked="" type="checkbox"/>	15 URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	16 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	17 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	18 ENT CONSULTATION	
<input checked="" type="checkbox"/>	19 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	20 BLOOD GROUP ABO AND Rh FACTOR	
<input checked="" type="checkbox"/>	21 LIPID PROFILE	
<input checked="" type="checkbox"/>	22 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	23 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	24 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	25 LUTROTIN PROFILE (TOTAL T3, TOTAL T4, TSIT)	

Vit D } 3050/-  
 Vit B12 } 3050/-

Audio

Complete



R



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 13:01	84 Beats/min	130/70 mmHg	18 Rate/min	98 F	170 cms	88.2 Kgs	%	%	Years	30.52	cms	cms	cms		AHLL09249

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Name: Mr. YOGENDRA GUPTA  
Age/Gender: 43 Y/M  
Address: VIKAS NAGAR, DEHU ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000051447  
Visit ID: CPIMOPV157367  
Visit Date: 24-02-2024 08:19  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. YOGENDRA GUPTA  
Age/Gender: 43 Y/M  
Address: VIKAS NAGAR, DEHU ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000051447  
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Name: Mr. YOGENDRA GUPTA  
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**Doctor's Signature**

Name: Mr. YOGENDRA GUPTA  
Age/Gender: 43 Y/M  
Address: VIKAS NAGAR, DEHU ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000051447  
Visit ID: CPIMOPV157367  
Visit Date: 24-02-2024 08:19  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**



**Patient Name** : Mr. YOGENDRA GUPTA

**Age/Gender** : 43 Y/M

**UHID/MR No.** : CPIM.0000051447

**OP Visit No** : CPIMOPV157367

**Sample Collected on** :

**Reported on** : 24-02-2024 14:01

**LRN#** : RAD2246279

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE9995

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size(15.2 cms.) and **bright** echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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

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

**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen.

#### **IMPRESSION:-**

#### **GRADE I FATTY LIVER**

(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. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**

Radiology

**Patient Name** : Mr. YOGENDRA GUPTA

**Age/Gender** : 43 Y/M

**UHID/MR No.** : CPIM.0000051447

**OP Visit No** : CPIMOPV157367

**Sample Collected on** :

**Reported on** : 24-02-2024 16:15

**LRN#** : RAD2246279

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE9995

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.



**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

**Patient Name** : Mr. YOGENDRA GUPTA

**Age/Gender** : 43 Y/M

**UHID/MR No.** : CPIM.0000051447

**OP Visit No** : CPIMOPV157367

**Sample Collected on** :

**Reported on** : 24-02-2024 16:15

**LRN#** : RAD2246279

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE9995

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**DEPARTMENT OF RADIOLOGY**

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**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

Patient Name : Mr. YOGENDRA GUPTA  
UHID : CPIM.0000051447  
Conducted By: :  
Referred By : SELF

Age : 43 Y/M  
OP Visit No : CPIMOPV157367  
Conducted Date :

Patient Name : Mr. YOGENDRA GUPTA  
UHID : CPIM.0000051447  
Conducted By :  
Referred By : SELF

Age : 43 Y/M  
OP Visit No : CPIMOPV157367  
Conducted Date :

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Patient Name : Mr. YOGENDRA GUPTA  
UHID : CPIM.0000051447  
Conducted By: :  
Referred By : SELF

Age : 43 Y/M  
OP Visit No : CPIMOPV157367  
Conducted Date : 26-02-2024 17:53

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

**DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):**

1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

Left Atrium	35.0 mm	Aortic Root	33.0 mm
IVS (d)	10.0 mm	IVS (s)	16.0 mm
LVID (d)	46.0 mm	LVID (s)	27.0 mm
LVPW(d)	10.0 mm	LVPW(s)	16.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**NORMAL CARDIAC VALVES**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**

**DR. RAJENDRA V. CHAVAN**

**MD (MEDICINE), DM (CARDIOLOGY)**

**CONSULTANT CARDIOLOGIST**