


Customer Pending Tests- ENT AND DENTAL SERVICE NOT AVAIABLE IN APOLLO

<b>Name</b> : Mr. Harish Bankar	<b>Age</b> : 41 Y	<b>UHID</b> :SPUN.0000018715
<b>Address</b> : Dhayari, Pune	<b>Sex</b> : M	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :SPUNOPV61289
		<b>Bill No</b> :SPUN-OCR-10271
		<b>Date</b> : 15.02.2024 09:59

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

12:45 PM


## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Harish Bankar on 15/02/24

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 not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. Samrat Shah   
 General Physician  
 Apollo Spectra Hospital Pune

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

**Dr. Samrat Shah**  
 MBBS MD  
 Reg No. 2021097302  
 Consultant Internal Medicine  
 Apollo Speciality Hospital

Date : 15/02/24  
MRNO :  
Name : Harish Bankar  
Age/Gender :  
Mobile No : 41111

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

Pulse : 68/min	B.P : 126/64 mmHg	Resp : 18/min	Temp : Afebrile
Weight : 82.2	Height : 162 cm	BMI : 31.3	Waist Circum : -

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

found fit to join duty

Follow up date:

**Dr. Samrat Shah**  
MBBS MD  
Reg No. 2021097302  
Consultant Internal Medicine  
Apollo Speciality Hospital  
Doctor Signature  
*Dr. Shah*




Patient Name : Mr.HARISH BANKAR	Collected : 15/Feb/2024 10:26AM
Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:22AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 12:21PM
Visit ID : SPUNOPV61289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158832	

**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>				
HAEMOGLOBIN	15.5	g/dL	13-17	Spectrophotometer
PCV	44.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.47	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,720	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51.6	%	40-80	Electrical Impedance
LYMPHOCYTES	36.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2951.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2110.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	165.88	Cells/cu.mm	20-500	Calculated
MONOCYTES	474.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.4		0.78- 3.53	Calculated
PLATELET COUNT	263000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



SIN No:BED240038664

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

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240038664

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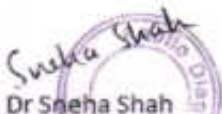


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Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:22AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 03:03PM
Visit ID : SPUNOPV61289	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**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

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

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Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:14AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 11:34AM
Visit ID : SPUNOPV61289	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.



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



SIN No:PLE02106436

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	85	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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.

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:EDT240016992

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



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**DEPARTMENT OF BIOCHEMISTRY**

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

- 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
  - HbF >25%
  - Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:EDT240016992

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TOUCHING LIVES

Patient Name : Mr.HARISH BANKAR	Collected : 15/Feb/2024 10:26AM
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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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	107	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	110.14	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.42	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.23		0-4.97	Calculated

**Comment:**

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04630116

This test has been performed at Apollo Health and Lifestyle 100- Sadashiv Peti Pune, Diagnostics Lab



TOUCHING LIVES

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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27.45	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	79.75	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.55	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

- ALP - Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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



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

SIN No:SE04630116

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**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)  
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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.90	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.36	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.61	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.6	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.69	mmol/L	101–109	ISE (Indirect)

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04630116

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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.23	U/L	<55	IFCC



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

SIN No:SE04630116

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**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)  
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TOUCHING LIVES

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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	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.38	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.502	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

Page 11 of 14



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



SIN No: SPL 24025290

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

 Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohl.com | Email ID: enquiry@apollohl.com

[www.apollodiagnostics.in](http://www.apollodiagnostics.in)

Patient Name : Mr.HARISH BANKAR	Collected : 15/Feb/2024 10:26AM
Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:13AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 11:44AM
Visit ID : SPUNOPV61289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158832	

**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	0.510	ng/mL	0-4	CLIA



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

SIN No: SPL24025290



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

[www.apolلودiagnostics.in](http://www.apolلودiagnostics.in)

(CIN - U85110TG2000PLC115819)  
Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana  
Ph No: 040-4904 7777  
[www.apollohi.com](http://www.apollohi.com) | Email ID:enquiry@apollohi.com



Patient Name : Mr.HARISH BANKAR  
Age/Gender : 41 Y 3 M 8 D/M  
UHID/MR No : SPUN.0000018715  
Visit ID : SPUNOPV61289  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 158832

Collected : 15/Feb/2024 10:26AM  
Received : 15/Feb/2024 11:48AM  
Reported : 15/Feb/2024 12:14PM  
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
<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



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

SIN No:UR2283286

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohl.com | Email ID:enquiry@apollohl.com

Patient Name : Mr.HARISH BANKAR	Collected : 15/Feb/2024 10:26AM
Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:48AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 12:18PM
Visit ID : SPUNOPV61289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158832	

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 \*\*\*



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

SIN No:UF010587

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

**Patient Name:** MR.HARISH BANKAR  
**Age:** 41 Years  
**Gender:** M  
**Image Count:** 1  
**Arrival Time:** 15-Feb-2024 10:46

**MR No:** SPUN.D00028715  
**Location:** Apollo Spectra Hospital Pune (Swargate)  
**Physician:** SELF  
**Date of Exam:** 15-Feb-2024  
**Date of Report:** 15-Feb-2024 10:58

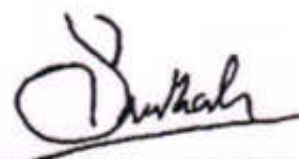
### X-RAY CHEST PA VIEW

#### FINDINGS

Normal heart and mediastinum.  
There is no focal pulmonary mass lesion is seen.  
No collapse or consolidation is evident.  
The apices, costo and cardiophrenic angles are free.  
No hilar or mediastinal lymphadenopathy is demonstrated.  
There is no pleural or pericardial effusion.  
No destructive osseous pathology is evident.

#### IMPRESSION:

No significant abnormality is seen.



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

#### CONFIDENTIALITY:

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

#### PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.



# EYE REPORT



ASH/PUN/OPHT/06/02-0216

Name: Mr. Harish Bankar

Date: 15/02/24

Age / Sex: 41 Y / M

Ref No.:

Complaint: No complaints

Examination

No DM

No HTN

~~Unaided~~ Vision   
 R 6/6 NG   
 L 6/6 NG

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-0.75	—	—	6/6	-0.75	—	—
Read	—	—	—	NG	—	—	—	NG
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: USE ARC / B/B GLASSES.

WNL

PGP   
 R -0.75   
 L -0.75

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 YRS

Consultant:

**Apollo Spectra Hospitals**

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



**2D ECHO / COLOUR DOPPLER**

**Name : Mr. Harish Bankar**  
**Ref by : HEALTH CHECKUP**

**Age : 41YRS / M**  
**Date : 15/02/2024**

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

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

**IMPRESSION :**  
**NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.**  
**NO RWMA. NO PULMONARY HTN**  
**NO CLOTS/VEGETATIONS**



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



Name	Mr Harish Dnyaneshwar Bankar	Age	41 Years
Patient ID	DD/152/2023-2024/1353	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	15/02/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**The liver** appears normal in size, shape and shows mild fatty echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

**The gall bladder** is normal in size with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

**The pancreas** appear normal in size and echotexture.

**The spleen** appears normal in size and echotexture.

**The right kidney** measures 10.7x4.8 cms and **the left kidney** measures 11x5.2cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

**The urinary bladder** distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

**The prostate** is normal in size, shape and echotexture. No focal lesion is seen.

There is no free fluid or paraaortic lymphadenopathy seen.

### IMPRESSION:

**Fatty Liver.**

**No significant abnormality is seen.**

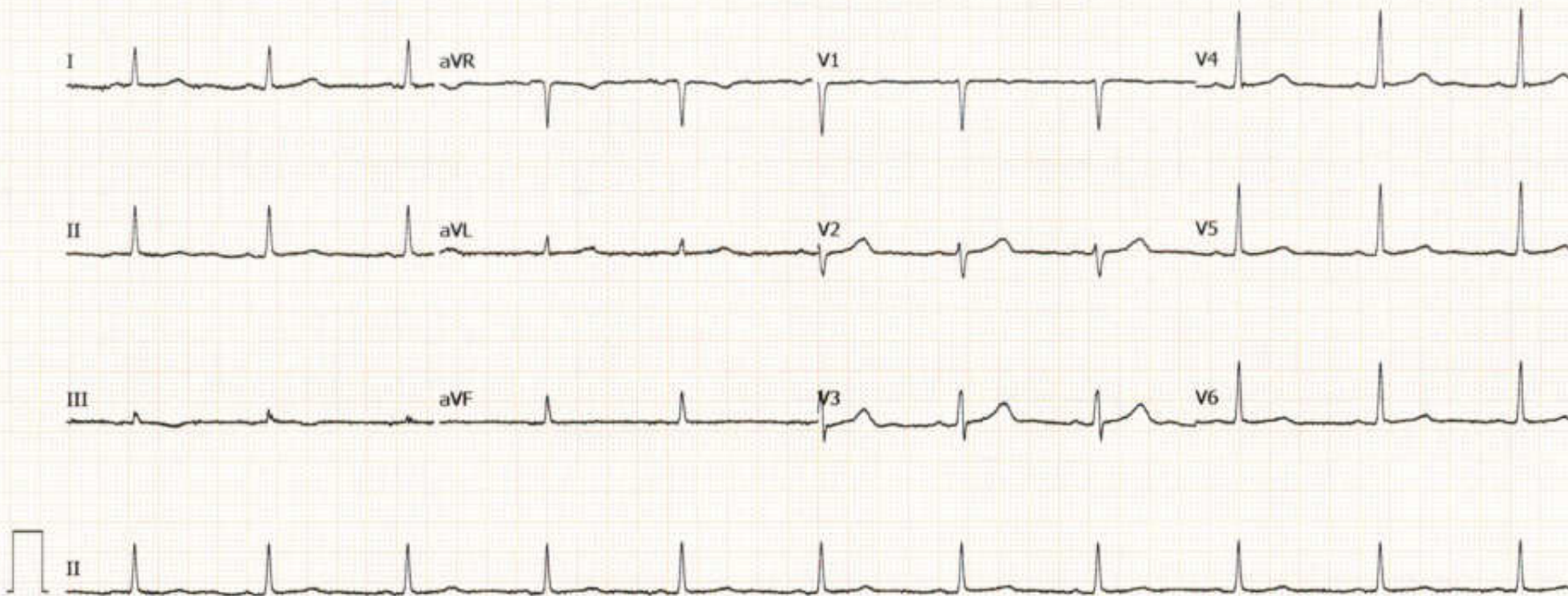
**Dr. Lalitkumar S Deore**  
MD(Radiology) (2001/04/1871)



162 cm Male  
82.0 kg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS :	70 ms	Normal sinus rhythm
QT / QTcBaz :	420 / 436 ms	Normal ECG
PR :	142 ms	
P :	78 ms	
RR / PP :	918 / 923 ms	
P / QRS / T :	6 / 38 / 14 degrees	







Appointment Id	Corporate Name	Name	Email Id	Mobile	Agreement
80054	VISIT HEALTH PRIVATE LIMITED	Mrs Heena Kathoa	arko.sarkar@getvisitapp.com	8556867024	VISIT HEALTH NB DIAGNOSTICS T...
76981	HEALTH WEALTH MANAGEMENT PRIVA	Sudhakar Koli	health.checkup@healthwealth.management	9822020992	HEALTH WEALTH NOVATEUR PMC CRE...
78811	BAJAJ ALLIANZ GENERAL INSURANC	Chandrashekar R Bagade	Nikita.Shinde22@bajajallianz.co.in	9371111951	BAJAJ ALLIANZ GIC GERA DEVELOP...
<del>77779</del>	ARCOFEMI HEALTHCARE LIMITED	MR. BANKAR HARISH D	harishbankar1@gmail.com	9657625886	ARCOFEMI MEDIWHEEL MALE AHC CR...
77773	ARCOFEMI HEALTHCARE LIMITED	Ashvini	harishbankar1@gmail.com	9657625886	ARCOFEMI MEDIWHEEL FEMALE AHC...

 भारत सरकार  
GOVERNMENT OF INDIA

 हरीश द्यानेश्वर बंकार  
Harish Dnyaneshwar Bankar  
जन्म तारीख/DOB: 07/11/1982  
पुरुष/ MALE  
Mobile No: 9657625886



**2921 6341 4096**

माझे आधार, माझी ओळख

 भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:  
एस नं 8/3, फ्लॉट नं 11, विठ्ठल रुक्मिणी विहार, बी-  
विंग, बंकार वास्ती, संकल्प रेसिडेन्सी जवळ, धायरी, पुणे  
411041  
महाराष्ट्र - 411041

 Generation Date: 19/07/2017

**2921 6341 4096**

 1947  
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

 P.O. Box No.1947  
Bangalore-560 001

Patient Name : Mr.HARISH BANKAR  
Age/Gender : 41 Y 3 M 8 D/M  
UHID/MR No : SPUN.0000018715  
Visit ID : SPUNOPV61289  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 158832

Collected : 15/Feb/2024 10:26AM  
Received : 15/Feb/2024 11:22AM  
Reported : 15/Feb/2024 12:21PM  
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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.5	g/dL	13-17	Spectrophotometer
PCV	44.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.47	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>82</b>	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,720	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51.6	%	40-80	Electrical Impedance
LYMPHOCYTES	36.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2951.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2110.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	165.88	Cells/cu.mm	20-500	Calculated
MONOCYTES	474.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.4		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	263000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	5	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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

Page 1 of 14



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



SIN No:BED240038664

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

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

Address:  
P.No 9 & 10a, S.No.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,  
Pune, Maharashtra



Patient Name : Mr.HARISH BANKAR	Collected : 15/Feb/2024 10:26AM
Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:22AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 12:21PM
Visit ID : SPUNOPV61289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158832	

**DEPARTMENT OF HAEMATOLOGY**

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240038664



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

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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,  
Pune, Maharashtra

Patient Name : Mr.HARISH BANKAR	Collected : 15/Feb/2024 10:26AM
Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:22AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 03:03PM
Visit ID : SPUNOPV61289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158832	

**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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240038664



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

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CIN- U85100TG2009PTC099414

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Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth, Pune, Maharashtra

Patient Name : Mr.HARISH BANKAR	Collected : 15/Feb/2024 10:26AM
Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:14AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 11:34AM
Visit ID : SPUNOPV61289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158832	

**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	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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.



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



SIN No:PLF02106426

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

**Apollo Speciality Hospitals Private Limited**  
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CIN- U85100TG2009PTC099414  
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Begumpet, Hyderabad, Telangana - 500016

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,  
Pune, Maharashtra



Patient Name : Mr.HARISH BANKAR  
Age/Gender : 41 Y 3 M 8 D/M  
UHID/MR No : SPUN.0000018715  
Visit ID : SPUNOPV61289  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 158832

Collected : 15/Feb/2024 10:26AM  
Received : 15/Feb/2024 11:22AM  
Reported : 15/Feb/2024 12:11PM  
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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	85	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.  
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:EDT240016992

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

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

Address:  
P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,  
Pune, Maharashtra



Patient Name : Mr.HARISH BANKAR	Collected : 15/Feb/2024 10:26AM
Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:22AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 12:11PM
Visit ID : SPUNOPV61289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158832	

**DEPARTMENT OF BIOCHEMISTRY**

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

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)

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

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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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	107	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>31</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>132</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>110.14</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.42	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.23</b>		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.

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



SIN No:SE04630116

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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27.45	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	79.75	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.55	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		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.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

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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	0.90	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.36	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.61	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.6	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.69	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>	19.23	U/L	<55	IFCC

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

SIN No:SE04630116



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Visit ID : SPUNOPV61289	Status : Final Report
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Emp/Auth/TPA ID : 158832	

**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)	1.38	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.502	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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



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



SIN No: SPL24025290

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Patient Name : Mr.HARISH BANKAR	Collected : 15/Feb/2024 10:26AM
Age/Gender : 41 Y 3 M 8 D/M	Received : 15/Feb/2024 11:13AM
UHID/MR No : SPUN.0000018715	Reported : 15/Feb/2024 11:44AM
Visit ID : SPUNOPV61289	Status : Final Report
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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	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.510	ng/mL	0-4	CLIA



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



SIN No:SPL24025290

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Collected : 15/Feb/2024 10:26AM  
Received : 15/Feb/2024 11:48AM  
Reported : 15/Feb/2024 12:14PM  
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
<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



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SIN No:UR2283286

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**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 \*\*\*

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SIN No:UF010587



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