

CERTIFICATE OF MEDICAL FITNESS

| Ajay Patil on 02/02/2024 | |
|--|---------------|
| r reviewing the medical history and on clinical examination it has been found | |
| he/she is | Ti |
| | |
| Medically Fit | |
| <u> </u> | |
| Fit with restrictions/recommendations | |
| Though following restrictions have been revealed, in my opinion, these are | |
| not impediments to the job. 31 Vs. Oct | |
| not impediments to the job. 31 yr old 1 Uncontolled & M UbA1 (12.9 | |
| 1 ancomposed In Monicus | |
| 2 | |
| 2 | |
| 3 | |
| | |
| However the employee should follow the advice/medication that has been communicated to him/her. | |
| communicated to him/her. | 1 000 |
| Review after to llown up our a well to constitute | v(ra) |
| Review after to llown yp om a week for consortal | |
| TORREDIV ORDIT. | |
| Review after APOLLO CICIO APOLL | SHI IDE |
| Unfit Dr. VIDYA DESHPAN MBBS, DGO | Lipper Bisser |
| Untit Family Physician Reg.No : 56565 | |

Medical Officer
Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT









: Mr.AJAY ANIL PATIL

Age/Gender

: 31 Y 1 M 5 D/M

UHID/MR No

: CAUN.0000140043

Visit ID Ref Doctor : CAUNOPV165925

Emp/Auth/TPA ID

: Dr.SELF

: 342715

Collected Received : 02/Feb/2024 09:20AM

: 02/Feb/2024 01:16PM

Reported

: 02/Feb/2024 02:25PM

Status
Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|--|---|---|--|--|
| HEMOGRAM , WHOLE BLOOD EDT | Ä | un nitural este en en este en este en este en en este e | oncidentinis en est contrata esta mais esta esta esta esta esta esta esta en el describir en el deriver en el d | | on the state of th |
| HAEMOGLOBIN | 13.4 | Normal | g/dL | 13-17 | Spectrophotometer |
| PCV | 39.10 | Low | % . | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.49 | Normal | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 71.3 | Low | fL | 83-101 | Calculated |
| MCH | 24.5 | Low | pg | 27-32 | Calculated |
| MCHC | 34.3 | Normal | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 16.7 | High | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,820 | Normal | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC CO | OUNT (DLC) | | | | en mellen finde en mellen mellen mellen film en film film en film film en film en film en film en film en film |
| NEUTROPHILS | 63.8 | Normal | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 29.5 | Normal | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 0.8 | Low | % | 1-6 | Electrical Impedance |
| MONOCYTES | 5.7 | Normal | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.2 | Normal | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | annilla errer e nom e na loca podenta America nomenana in comenza e na turnica e e e e e e e e e e e e e e e e | | | an de s'anne metropologie de la esta esta esta de la constitución de la completa de la colonida de la colonida | |
| NEUTROPHILS | 3713.16 | Normal | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1716.9 | Normal | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 46.56 | Normal | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 331.74 | Normal | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 11.64 | Normal | Cells/cu.mm | 0-100 | Calculated |
| PLATELET COUNT | 198000 | Normal | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 2 | Normal | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | Normal | | | |

RBC's Anisocytosis+, Microcytes+, Elliptocytes+

WBC's are normal in number and morphology

Page 1 of 13

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

SIN No:BED240025036











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Platelets are Adequate

No Abnormal cells/hemoparasite seen.

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|----------------------------|------------------|----------|------|-----------------|--------------------------------|
| BLOOD GROUP ABO AND RH FAC | CTOR , WHOLE BLC | OOD EDTA | | | |
| BLOOD GROUP TYPE | 0 | | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | | Microplate Hemagglutination |

Page 3 of 13

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING, NAF PLASMA | 364 | High | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), | 381 | High | mg/dL | 70-140 | HEXOKINASE |
| 2 HOURS , SODIUM FLUORIDE | | | | | |
| PLASMA (2 HR) | | | | | |

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.

Page 4 of 13

Dr Sheha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:PLP1414243







Patient Name Age/Gender

: Mr.AJAY ANIL PATIL

: 31 Y 1 M 5 D/M

UHID/MR No

: CAUN.0000140043

Visit ID Ref Doctor : CAUNOPV165925

Emp/Auth/TPA ID

: Dr.SELF : 342715

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA | | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 12.9 | High | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 324 | | mg/dL | - | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No:EDT240010781







Patient Name : Mr.AJAY ANIL PATIL

Age/Gender : 31 Y 1 M 5 D/M

UHID/MR No : CAUN.0000140043

Visit ID : CAUNOPV165925

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 342715

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|-----------------------|--------|---|-------|-----------------|--|
| LIPID PROFILE , SERUM | | mus con introducer processor and constructive processor and a section when a section when the first | | | maka di danah mesada dan di kabupatan dan banyar da dan mentah dan |
| TOTAL CHOLESTEROL | 162 | Normal | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 118 | Normal | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 33 | Low | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 129 | Normal | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 105.36 | High | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 23.54 | Normal | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.86 | Normal | | 0-4.97 | Calculated |

Comment:

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

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

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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

SIN No:SE04616339







: Mr.AJAY ANIL PATIL

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|--|---|---|-----------------|-----------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | Declaration in Contract of Parketter and Contract Contract of Cont | erre annihini amerika sumunin sumun menengan akan | | | |
| BILIRUBIN, TOTAL | 1.04 | Normal | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.17 | Normal | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.87 | Normal | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 25.47 | Normal | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 21.9 | Normal | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 84.33 | Normal | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.56 | Normal | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.77 | Normal | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.79 | Normal | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.71 | Normal | isani kan ani asaharani mali mbalani mbalani kan da | 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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- * ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. Synthetic function impairment: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

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

SIN No:SE04616339









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| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|-------------------------------|-----------------|-----------|--|--|-----------------------------|
| RENAL PROFILE/KIDNEY FUNCTION | ON TEST (RFT/KF | T), SERUM | - Street, har Steel and Administration of the Steel Admini | u. La unique expression de la manera a un descende colonida de la calenda de la colonida de la manera en que esta | |
| CREATININE | 0.64 | Low | mg/dL | 0.72 – 1.18 | Modified Jaffe, Kinetic |
| UREA | 20.54 | Normal | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.6 | Normal | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 3.71 | Normal | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 8.43 | Low | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.44 | Low | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 136.74 | Normal | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.0 | Normal | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 101.25 | Normal | mmol/L | 101–109 | ISE (Indirect) |

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|-----------------------------|--------|--------|------|-----------------|--------|
| GAMMA GLUTAMYL | 20.30 | Normal | U/L | <55 | IFCC |
| TRANSPEPTIDASE (GGT), SERUM | | | | | |

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| Test Name | Result | Status | Unit | Bio. Ref. Range | Method | | |
|---|--------|--------|--------|-----------------|--------|--|--|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.74 | Normal | ng/mL | 0.7-2.04 | CLIA | | |
| THYROXINE (T4, TOTAL) | 5.90 | Normal | μg/dL | 5.48-14.28 | CLIA | | |
| THYROID STIMULATING HORMONE (TSH) | 4.414 | Normal | μIU/mL | 0.34-5.60 | CLIA | | |

Comment:

| For preg | nant lemales | Bio Ref Range for TSH in uIU/ml (As per An Thyroid Association) | nerican |
|------------|--------------|--|---------|
| First trim | ester | 0.1 - 2.5 | |
| Second tr | imester | 0.2 - 3.0 | |
| Third trin | nester | 0.3 – 3.0 | |

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

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | Т3 | 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 | I.ow | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | Ν | N | Ν | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | Ν | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |

Page 10 of 13

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| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---------------------------|--|---|--|------------------|--|
| COMPLETE URINE EXAMINATIO | N (CUE) , URINE | describer o reconse in consiste encountries de con- | diversity na kalanta ang kalanta na Kalanta kalanta na kalanta kalanta na kalanta na kalanta na kalanta na kal | | gaminos decembros activos interes estado como dos estados estados de teneros de teneros estados entidados entida |
| PHYSICAL EXAMINATION | derlieder die Arteil der | | | | una arich dalamatika makadan katalan katika na akalan bimbindah dafah karim hani ketik di da bandah na dalah n |
| COLOUR | PALE YELLOW | | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | | CLEAR | Visual |
| рН | <5.5 | Normal | martinin ding dia kaban salaman ara anatan di aya ilan ilan jumban da anatan di aya ilan ilan jumban di aya di | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | >1.025 | Normal | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | d allered to different for triallered to it revenues birdisestands and disease the families for the control of a recent of the control of the | | | | antinementa de de de como de desenvolves de como de co |
| URINE PROTEIN | NEGATIVE | | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | POSITIVE +++ | | оборова на выбранија от да усто богове на начен во фонунского из в во подгогового во | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | | NORMAL | MODIFED EHRLICH REACTION |
| BLOOD . | NEGATIVE | | and discher and primary for the manager of the fact of the foreign of the control | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET | MOUNT AND MICRO | DSCOPY | | | |
| PUS CELLS | 2 - 4 | Normal | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1 - 2 | | /hpf | <10 | MICROSCOPY |
| RBC | NIL | | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | Normal | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | The street of a section of a section of the street of the | ABSENT | MICROSCOPY |

Page 12 of 13

Dr Sheha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:UR2273190









: Mr.AJAY ANIL PATIL

Age/Gender

:31 Y 1 M 5 D/M

UHID/MR No

: CAUN.0000140043

Visit ID Ref Doctor : CAUNOPV165925

Emp/Auth/TPA ID

: Dr.SELF : 342715

: 02/Feb/2024 09:20AM

Collected Received

: 02/Feb/2024 01:39PM

Reported

: 02/Feb/2024 03:49PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|--------------------|---------------|-------------------|------|-----------------|----------------|
| URINE GLUCOSE(POST | POSITIVE +++ | | | NEGATIVE | Dipstick |
| PRANDIAL) | seconomic por | Virtholiseas a de | | | Con Assertable |

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|------------------------|--------------|--------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | POSITIVE +++ | | | NEGATIVE | Dipstick |

*** End Of Report ***

Page 13 of 13

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

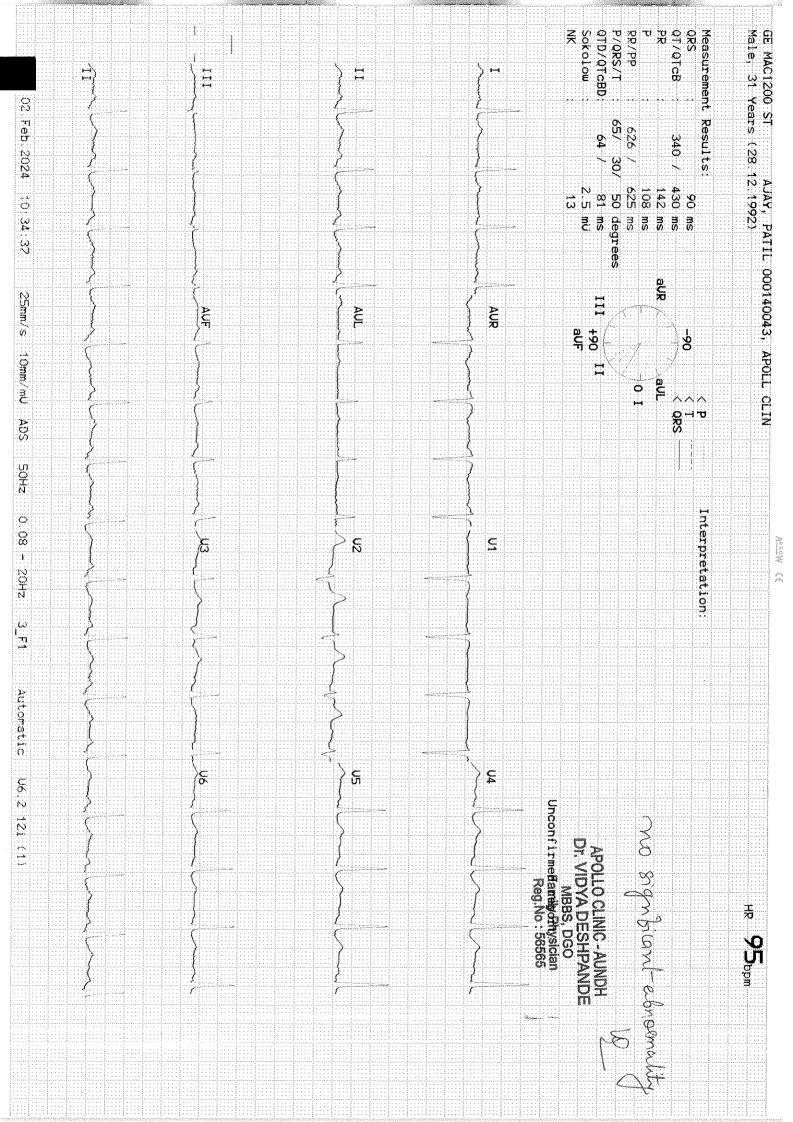
SIN No:UF010413

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



Centriole, Plot #90, Survey #129, 130/1+2, ITI Road, Aundh, Pune, Maharashtra, India - 411007

[elangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Beilandur | Electronics City | Fraser Town | HSR Layout | Indira





: Mr. Ajay Anil Patil

UHID

: CAUN.0000140043

Reported on

: 05-02-2024 09:30

Adm/Consult Doctor

Age

:31 Y M

OP Visit No

: CAUNOPV165925

Printed on

: 05-02-2024 09:30

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

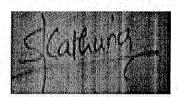
Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.

Printed on:05-02-2024 09:30

---End of the Report---



Dr. SUHAS SANJEEV KATHURIA

MBBS,DMRE, RADIOLOGY

Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT





PATIENT NAME:-MR. AJAY PATIL

REFERRED BY

:- ARCOFEMI

UHID

:- 140043

AGE: 31YRS/M

DATE: 02.02.2024

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

Mitral Valve

: Normal.

Aortic Valve

: Normal.

Tricuspid Valve

: Normal.

Pulmonary Valve

: Normal.

RWMA: Absent.

RA

: Normal

RV

: Normal

IVS

: Intact

IAS

: Intact

Pericardial effusion: No

IVC

: Normal.

AO - 26 mm, LA - 29 mm, LVIDd - 41 mm, LVISd - 28 mm, IVS - 10 mm, PW - 10 mm.

CONCLUSION:

- Normal size cardiac chambers.
- No RWMA.
- Good LV function LVEF-60%.
- No AR/MR/TR No PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

MNAMS, FCPS DR.SATYAJEET SURYAWANSHI (CONSULTANT CARDIOLOGIST)

P/S: Normal echo does not rule out coronary artery disease.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500



Agon Padil

Date

:0202.24

AGE/Sex

: 21199

UHID/ MR NO

:140043

| | RIGHT EYE | LEFT EYE |
|------------------------|-----------|---|
| FAR VISION | CA 616 | 0 616 VA |
| NEAR VISION | NI6 | N16 |
| ANTERIOR SEGMENT PUPIL | 140 | MD |
| COLOUR VISION | Partial | Partial. |
| AMILY / MEDICAL | | *************************************** |

| Impression: | WNC | | | |
|-------------|-----|--|--|--|
| | | and the second s | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |

Optometrist:-Mr. Ritesh Sutnase

aith and Lifestyle Limited

TG2000PLC115819)

- 10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Bequmpet, Hyderabad, Telangana - 500 016. Od 7797, Pat No. 4904-77-14.) Email ID: enquiry@apollohi.com: www.apollohi.com

IICS NETWORK MAHARASHTRA

(Claradi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

TO BOOK AN APPOINTMENT

Date

: 02-02-2024

Department

: GENERAL

MR NO

CAUN.0000140043

Doctor

Name

: Mr. Ajay Anil Patil

Registration No

Age/ Gender

31 Y / Male

Qualification

Consultation Timing:

08:53

| Weight | | ta a sa a | |
|--|--|--|--|
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5/2/24 Sun Risults

Uncontrolled DM

31 yrs old

this week for Consult", & Refused by