

Customer Pending Tests  
DENTAL AND ENT SERVICE NOT AVAILABLE

Name : Mr. Anand Genu Hanamghar

Age: 47 Y

UHID:SPUN.0000046368

Sex: M



Address : Torana Nagar SR No 48 Vadgaon BK Pune

OP Number:SPUNOPV61313

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10278

Date : 16.02.2024 09:47

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL) 12:05	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:05	
15	URINE GLUCOSE(FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
18	DENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Anand Hanamgale on 16/02/24

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>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</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>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Currently Unfit. Review after _____ recommended</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Unfit</li></ul>	<input type="checkbox"/>

Dr. Samrat Shah  
General Physician  
Apollo Spectra Hospital Pune

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

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

Date : 16/02/24  
MRNO :  
Name : Anand Hanamghar  
Age/Gender :  
Mobile No : 471m

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

Spoke 96.1.

Pulse: 80/min	B.P: 150/70	Resp: 20/min	Temp: 98.6
Weight: 82.4kg	Height: 164cm	BMI: 30.6	Waist Circum: -

General Examination / Allergies History

Clinical Diagnosis & Management Plan

→ Kcle + TN 7. Temsan 10 OD.  
No tingling sensation in hands & feet (A)

Med

→ Tab Telny 40mg  
1 - 0 - 0 (30)

→ Tab Gen D3 60k  
One a wk (12)

→ Inj Nevisare  
1m two a wk (5)

Followed up to join duty

Follow up date:

**Dr. Samrat Shah**  
MBBS MD  
Reg No. 201097302  
Consultant Internal Medicine  
Apollo Spectra Hospital



Patient Name : Mr. ANAND GENU HANAMGHAR  
 Age/Gender : 47 Y 11 M 17 D/M  
 UHID/MR No : SPUN.0000046368  
 Visit ID : SPUNOPV61313  
 Ref Doctor : Dr SELF  
 Emp/Auth/TPA ID : SH158258

Collected : 16/Feb/2024 10:32AM  
 Received : 16/Feb/2024 11:25AM  
 Reported : 16/Feb/2024 11:52AM  
 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>				
HAEMOGLOBIN	16.8	g/dL	13-17	Spectrophotometer
PCV	48.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.9	fL	83-101	Calculated
MCH	32.7	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,580	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	37.8	%	40-80	Electrical Impedance
LYMPHOCYTES	40.6	%	20-40	Electrical Impedance
EOSINOPHILS	13.4	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3621.24	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3889.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1283.72	Cells/cu.mm	20-500	Calculated
MONOCYTES	699.34	Cells/cu.mm	200-1000	Calculated
BASOPHILS	86.22	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.93		0.78- 3.53	Calculated
PLATELET COUNT	227000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic  
 WBC's Eosinophilia  
 Platelets are Adequate  
 No Abnormal cells/hemoparasite seen.



  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:BED240039737

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

Patient Name : Mr.ANAND GENU HANAMGHAR.  
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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:BED240039737

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

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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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

  
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 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
GLUCOSE, FASTING , NAF PLASMA	83	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  $\geq$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $\geq$  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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	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	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

**Comment:**

Page 4 of 13



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

SIN No:EDT240017415

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

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



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

SIN No: ~~DDT340017415~~

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(CIN - U85110TG2000PLC115819)  
 Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana  
 Ph No: 040-4904 7777  
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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	168	mg/dL	<200	CHO-POD
TRIGLYCERIDES	83	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>105.23</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.54	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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.



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

SIN No:SE04631154

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



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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	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.76	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20.96	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	69.37	U/L	30-120	IFCC
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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.



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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	0.92	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.95	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	<b>8.36</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.26	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107.68	mmol/L	101–109	ISE (Indirect)



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

SIN No:SE04631154

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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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	18.60	U/L	<55	IFCC



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: SED4631154

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



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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)	0.97	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.85	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.300	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, Grave, 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: SPL24025961

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(CIN - U85110TG2000PLC115819)

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 Visit ID : SPUNOPV61313  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : SH158258

Collected : 16/Feb/2024 10:32AM  
 Received : 16/Feb/2024 11:18AM  
 Reported : 16/Feb/2024 01:11PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.380	ng/mL	0-4	CLIA




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

SIN No:SP120025901

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

**Apollo Health and Lifestyle Limited**

(CIN - UR5110TG2000PLC115819)

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.ANAND GENU HANAMGHAR	Collected : 16/Feb/2024 10:32AM
Age/Gender : 47 Y 11 M 17 D/M	Received : 16/Feb/2024 11:25AM
UHID/MR No : SPUN.0000046368	Reported : 16/Feb/2024 11:46AM
Visit ID : SPUNOPV61313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SH158258	

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	3 - 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





Patient Name : Mr.ANAND GENU HANAMGHAR  
 Age/Gender : 47 Y 11 M 17 DM  
 UHID/MR No : SPUN.0000046368  
 Visit ID : SPUNOPV81313  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : SH158258

Collected : 16/Feb/2024 10:32AM  
 Received : 16/Feb/2024 11:25AM  
 Reported : 16/Feb/2024 11:45AM  
 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
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

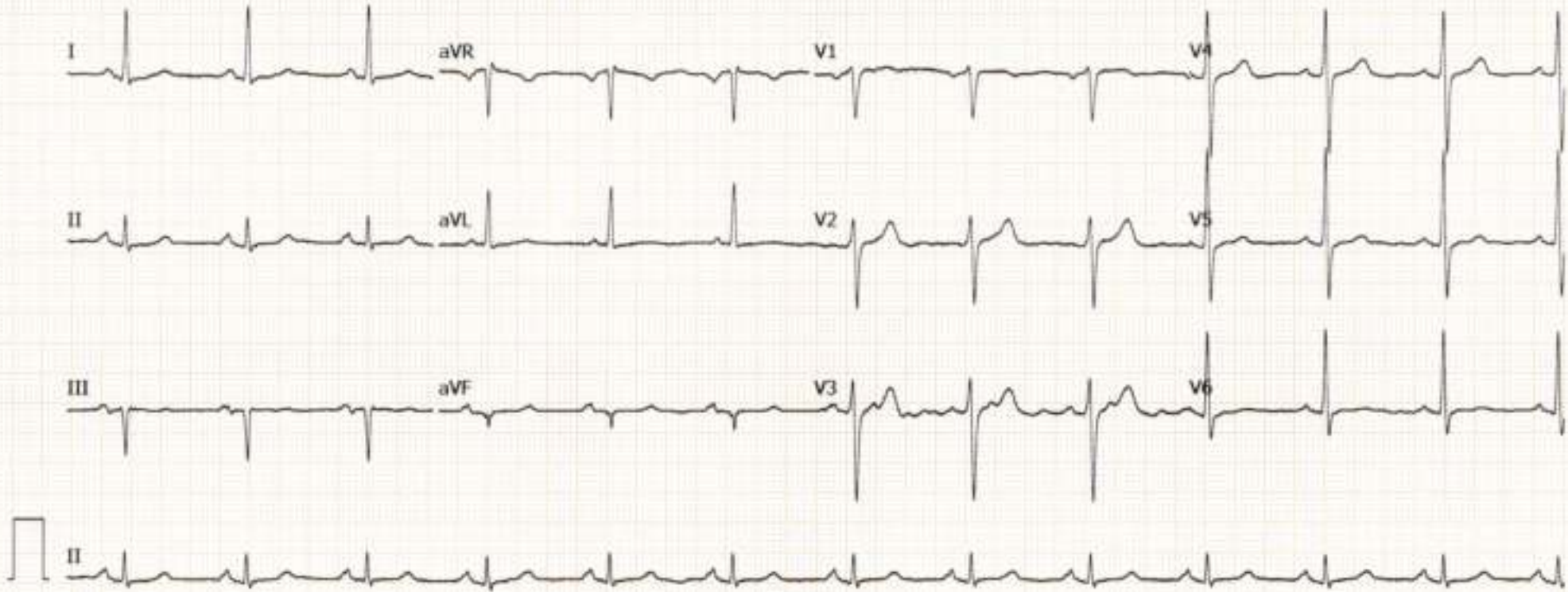
SIN No:UF010594

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

162 cm Male  
82.0 kg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS :	92 ms	Normal sinus rhythm
QT / QTcBaz :	392 / 437 ms	Inferior infarct , age undetermined
PR :	146 ms	Abnormal ECG
P :	114 ms	
RR / PP :	800 / 800 ms	
P / QRS / T :	37 / -12 / 35 degrees	



**2D ECHO / COLOUR DOPPLER**

Name : Mr. Anand Hanamghar  
Ref by : HEALTH CHECKUP

Age : 47YRS / M  
Date : 16/02/2024

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**



## Apollo Clinic

### CONSENT FORM

Patient Name: Anand Hanamghar Age: 47 / M

UHID Number: ..... Company Name: Amcofem

Mr/Mrs/Ms Anand Hanamghar Employee of Amcofem

(Company) Want to inform you that I am not interested in getting .....

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Dental & ENT service not available

Patient Signature:  .....

Date: 16/02/24



<b>MR. ANAND HANAMGHAR</b> 47Y	<b>MR No:</b> SPUH/000046868
Age: 47 Years	<b>Location:</b> Apollo Spectra Hospital Pune (Swargate)
<b>Gender:</b> M	<b>Physician:</b> SELF
<b>Image Count:</b> 1	<b>Date of Exam:</b> 16-Feb-2024
<b>Arrival Time:</b> 16-Feb-2024 10:42	<b>Date of Report:</b> 16-Feb-2024 11:00

### X-RAY CHEST PA VIEW

#### HISTORY: CHECK UP

#### FINDINGS

##### Mild cardiomegaly.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

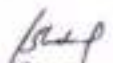
No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

#### IMPRESSION:

##### Mild cardiomegaly.

  
**Dr. Md. Shabeel Hussain, MD.**  
Consultant Radiologist  
REG NO : 73290

#### 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.



Name	Mr Anand Genu Hanamghar	Age	48 Years
Patient ID	DD/162/2023-2024/1366	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	16/02/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**The liver** appears normal in size, shape and 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 11.2x5.2cms .

**The left kidney** measures 10.5x5.6cms and shows a 1.2x1.2cm cortical cyst with wall calcification in the mid pole. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

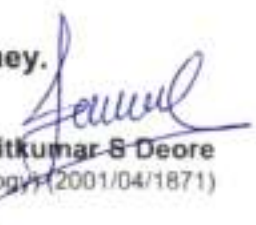
**The urinary bladder** distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

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

There is no free fluid or paraaortic lymphadenopathy seen.

### IMPRESSION:

**A 1.2x1.2cm cortical cyst with wall calcification in the mid pole of left kidney.**

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

# EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mr. Anand Hanamghar

Date: 16/02/24

Age / Sex: 47 / M

Ref No.:

Complaint: NO complaints

Examination

Unaided Vision   
 R 6/6 N10   
 L 6/6 N10

NO DM

HTN on Rx - 7 to 8 yrs

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	Plano	---	---	6/6	Plano	---	---
Add <del>Head</del>	+1.75	---	---	N6	+1.75	---	---	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP   
 R   
 L

Medications: ∴ BE colour vision Normal

















Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant:

Apollo Spectra Hospitals

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

Appointment id	Corporate Name	Name	Email id	Action
82597	AMANSH HEALTHCARE PRIVATE LIMI...	Anrudha Shelke	aniruddha.shelke314@gmail.com, booking@bookmyscans.com, pratik.p@apollohl.com, m...	 
82255	LTIMINDTREE LIMITED...	Sapna Parag Karve	Parag Karve <Parag.Karve@timindtree.com>	 
82263	LTIMINDTREE LIMITED...	Parag Pramod Karve	Parag Karve@timindtree.com	 
81897	VISIT HEALTH PRIVATE LIMITED...	TANVI UDAY THATTE	ariko.sarkar@getvisitapp.com	 
81863	VISIT HEALTH PRIVATE LIMITED...	UDAY V KALHE	ariko.sarkar@getvisitapp.com	 
81820	VISIT HEALTH PRIVATE LIMITED...	TANVI UDAY THATTE	ariko.sarkar@getvisitapp.com	
✓ 80944	ARCOFEMI HEALTHCARE LIMITED...	Anand G Hanamghar	sarikahanamghar1@gmail.com	  
80909	ARCOFEMI HEALTHCARE LIMITED...	MS. HANAMGHAR SARIKA	sarikahanamghar1@gmail.com	 
80672	CIPLA LIMITED...	Nihal Abdul mula	providersupport@bajajnsenhealth.in	 



भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1207/43934/04978

To,

आनंद गेणू हनमगार

Anand Genu Hanamghar

Hanamghar Patil Complex, Flat No. 5

Sinhagad Road

Torana Nagar Survey No. 48, Vadgaon Budruk

Pune City

Vadgaon Budruk Pune City Pune

Maharashtra 411041

9850660492

Ref: 56 / 20C / 50401 / 50820 / P



SE006157324FT



आपला आधार क्रमांक / Your Aadhaar No. :

**8191 5712 8654**

आधार - सामान्य माणसाचा अधिकार



भारत सरकार

Government of India



आनंद गेणू हनमगार

Anand Genu Hanamghar

जन्म तारीख / DOB : 28/02/1976

पुरुष / Male



**8191 5712 8654**

आधार - सामान्य माणसाचा अधिकार

Patient Name : Mr.ANAND GENU HANAMGHAR	Collected : 16/Feb/2024 10:32AM
Age/Gender : 47 Y 11 M 17 D/M	Received : 16/Feb/2024 11:25AM
UHID/MR No : SPUN.0000046368	Reported : 16/Feb/2024 11:52AM
Visit ID : SPUNOPV61313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SH158258	

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	16.8	g/dL	13-17	Spectrophotometer
PCV	48.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.9	fL	83-101	Calculated
MCH	<b>32.7</b>	pg	27-32	Calculated
MCHC	<b>34.8</b>	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,580	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	<b>37.8</b>	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>40.6</b>	%	20-40	Electrical Impedance
EOSINOPHILS	<b>13.4</b>	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3621.24	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3889.48</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>1283.72</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	699.34	Cells/cu.mm	200-1000	Calculated
BASOPHILS	86.22	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.93		0.78- 3.53	Calculated
PLATELET COUNT	227000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic  
WBC's Eosinophilia  
Platelets are Adequate  
No Abnormal cells/hemoparasite seen.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



SIN No:BED240039737

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.ANAND GENU HANAMGHAR	Collected : 16/Feb/2024 10:32AM
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**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:BED240039737

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

Patient Name : Mr.ANAND GENU HANAMGHAR  
 Age/Gender : 47 Y 11 M 17 D/M  
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 Visit ID : SPUNOPV61313  
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Collected : 16/Feb/2024 10:32AM  
 Received : 16/Feb/2024 11:25AM  
 Reported : 16/Feb/2024 12:53PM  
 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>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist



SIN No:BED240039737

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



Patient Name : Mr.ANAND GENU HANAMGHAR	Collected : 16/Feb/2024 10:32AM
Age/Gender : 47 Y 11 M 17 D/M	Received : 16/Feb/2024 11:25AM
UHID/MR No : SPUN.0000046368	Reported : 16/Feb/2024 01:59PM
Visit ID : SPUNOPV61313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SH158258	

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	83	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	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	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

**Comment:**



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



SIN No:EDT240017415

This test has been performed at Apollo Health and Lifestyle Rd- 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**

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

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

**Note:** Dietary preparation or fasting is not required.

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



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



SIN No: ED1240017415

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

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Pune, Maharashtra

Patient Name : Mr.ANAND GENU HANAMGHAR	Collected : 16/Feb/2024 10:32AM
Age/Gender : 47 Y 11 M 17 D/M	Received : 16/Feb/2024 11:18AM
UHID/MR No : SPUN.0000046368	Reported : 16/Feb/2024 11:57AM
Visit ID : SPUNOPV61313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SH158258	

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	168	mg/dL	<200	CHO-POD
TRIGLYCERIDES	83	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>105.23</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.54	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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.



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



SIN No:SE04631154

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,  
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Pune, Maharashtra



Patient Name : Mr.ANAND GENU HANAMGHAR	Collected : 16/Feb/2024 10:32AM
Age/Gender : 47 Y 11 M 17 D/M	Received : 16/Feb/2024 11:18AM
UHID/MR No : SPUN.0000046368	Reported : 16/Feb/2024 11:57AM
Visit ID : SPUNOPV61313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SH158258	

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	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.20</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.76	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20.96	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	69.37	U/L	30-120	IFCC
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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	0.92	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.95	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	<b>8.36</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.26	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107.68	mmol/L	101–109	ISE (Indirect)

  
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Consultant Pathologist

SIN No:SE04631154

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Patient Name : Mr.ANAND GENU HANAMGHAR  
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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>	18.60	U/L	<55	IFCC

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



SIN No:SE04631154

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Age/Gender : 47 Y 11 M 17 D/M	Received : 16/Feb/2024 11:18AM
UHID/MR No : SPUN.0000046368	Reported : 16/Feb/2024 01:24PM
Visit ID : SPUNOPV61313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SH158258	

**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)	0.97	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.85	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.300	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  
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Consultant Pathologist



SIN No: SPL24025961

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

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Patient Name : Mr.ANAND GENU HANAMGHAR  
 Age/Gender : 47 Y 11 M 17 D/M  
 UHID/MR No : SPUN.0000046368  
 Visit ID : SPUNOPV61313  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : SH158258

Collected : 16/Feb/2024 10:32AM  
 Received : 16/Feb/2024 11:18AM  
 Reported : 16/Feb/2024 01:11PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.380	ng/mL	0-4	CLIA



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



SIN No: SPL24025961

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

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Patient Name : Mr.ANAND GENU HANAMGHAR	Collected : 16/Feb/2024 10:32AM
Age/Gender : 47 Y 11 M 17 D/M	Received : 16/Feb/2024 11:25AM
UHID/MR No : SPUN.0000046368	Reported : 16/Feb/2024 11:46AM
Visit ID : SPUNOPV61313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SH158258	

**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	3 - 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 Sneha Shah  
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Consultant Pathologist



SIN No:UR2284086

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

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Age/Gender : 47 Y 11 M 17 D/M	Received : 16/Feb/2024 11:25AM
UHID/MR No : SPUN.0000046368	Reported : 16/Feb/2024 11:45AM
Visit ID : SPUNOPV61313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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 \*\*\*

*Sneha Shah*  
Dr Sneha Shah  
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Consultant Pathologist

SIN No:UF010594

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