



Certificate No: MC-5697

Patient Name : Mr.AJAY KUMAR	Collected : 09/Mar/2024 09:27AM
Age/Gender : 46 Y 6 M 0 D/M	Received : 09/Mar/2024 01:58PM
UHID/MR No : CKHA.0000072280	Reported : 09/Mar/2024 03:09PM
Visit ID : CKHAOPV110498	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95666856	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's Macrocytes+ ,
WBC's Mild Thrombocytopenia
Platelets Adequate
No hemoparasite seen.**



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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi

Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,
WVD, Shop No 200, KHL SCAPES, Opp. Reliance Mall,
Kharadi, Pune-411024



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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	45.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.38	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	104	fL	83-101	Calculated
MCH	36.1	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,290	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.7	%	40-80	Electrical Impedance
LYMPHOCYTES	32.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2999.43	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1719.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	153.41	Cells/cu.mm	20-500	Calculated
MONOCYTES	402.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	15.87	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
PLATELET COUNT	130000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,

WBC's are normal in number and morphology

Platelets mild thrombocytopenia


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist





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DEPARTMENT OF HAEMATOLOGY

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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Certificate No: MC-5697

Patient Name : Mr.AJAY KUMAR	Collected : 09/Mar/2024 09:27AM
Age/Gender : 46 Y 6 M 0 D/M	Received : 09/Mar/2024 01:46PM
UHID/MR No : CKHA.0000072280	Reported : 09/Mar/2024 03:13PM
Visit ID : CKHAOPV110498	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	109	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.



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



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Patient Name : Mr.AJAY KUMAR	Collected : 09/Mar/2024 12:27PM
Age/Gender : 46 Y 6 M 0 D/M	Received : 09/Mar/2024 05:14PM
UHID/MR No : CKHA.0000072280	Reported : 09/Mar/2024 07:28PM
Visit ID : CKHAOPV110498	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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	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.



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UHID/MR No : CKHA.0000072280	Reported : 09/Mar/2024 03:48PM
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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DEPARTMENT OF BIOCHEMISTRY

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

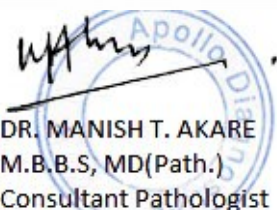
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	170	mg/dL	<200	CHO-POD
TRIGLYCERIDES	141	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.26	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.26	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.13		0-4.97	Calculated

Comment:

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

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

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



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	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)	29.48	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.50	U/L	30-120	IFCC
PROTEIN, TOTAL	7.41	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

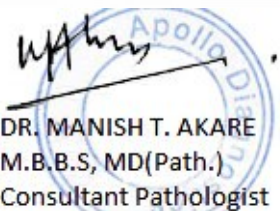
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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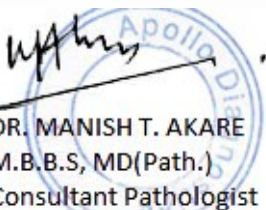
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.35	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.98	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.75	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135.82	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100.68	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.41	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated



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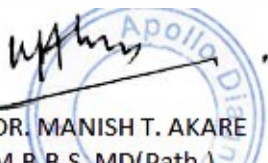
Certificate No: MC-5687

Patient Name : Mr.AJAY KUMAR	Collected : 09/Mar/2024 09:27AM
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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	57.48	U/L	<55	IFCC

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Certificate No: MC-5597

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Age/Gender : 46 Y 6 M 0 D/M	Received : 09/Mar/2024 01:49PM
UHID/MR No : CKHA.0000072280	Reported : 09/Mar/2024 03:04PM
Visit ID : CKHAOPV110498	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.994	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

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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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.570	ng/mL	0-4	CLIA



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DEPARTMENT OF CLINICAL PATHOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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

Certificate No: MC-5697

Patient Name : Mr.AJAY KUMAR	Collected : 09/Mar/2024 09:27AM
Age/Gender : 46 Y 6 M 0 D/M	Received : 09/Mar/2024 06:50PM
UHID/MR No : CKHA.0000072280	Reported : 09/Mar/2024 07:20PM
Visit ID : CKHAOPV110498	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95666856	

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



Patient Name : Mr.AJAY KUMAR	Collected : 09/Mar/2024 06:25PM
Age/Gender : 46 Y 6 M 0 D/M	Received : 09/Mar/2024 08:26PM
UHID/MR No : CKHA.0000072280	Reported : 09/Mar/2024 09:18PM
Visit ID : CMAHOPV49881	Status : Final Report
Ref Doctor : Dr.SELF	

DEPARTMENT OF IMMUNOLOGY

ALP VITAMIN PANEL - LEVEL 1

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	18.96	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	110	pg/mL	120-914	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,



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

SIN No:SPL24042653

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



Patient Name : Mr.AJAY KUMAR	Collected : 09/Mar/2024 06:25PM
Age/Gender : 46 Y 6 M 0 D/M	Received : 09/Mar/2024 08:26PM
UHID/MR No : CKHA.0000072280	Reported : 09/Mar/2024 09:18PM
Visit ID : CMAHOPV49881	Status : Final Report
Ref Doctor : Dr.SELF	

DEPARTMENT OF IMMUNOLOGY

ALP VITAMIN PANEL - LEVEL 1

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

*** End Of Report ***




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

SIN No:SPL24042653

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



Name: Mr. AJAY KUMAR

Age/ Sex: 46 Yrs / M

Date:09/03/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	25	PULMONARY VE(m/sec)	0.9
LEFT ATRIUM (mm)	31	PG (mmHg)	3
		AORTIC VEL (m/sec)	0.9
IVS - D (mm)	12	PG (mmHg)	4
LVID - D (mm)	43	MITRAL E WAVE(m/sec)	0.7
LVID - S (mm)	29	A WAVE (m/sec)	0.6
LVPW - D (mm)	11		
EJECTION FRACTION (%)	60%		

REPORT: Borderline Concentric LVH.

Normal sized all cardiac chambers.

No regional wall motion abnormality.

Normal LV systolic function.

Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.

Aortic valve normal. No aortic regurgitation/No Aortic stenosis.

Normal Tricuspid & pulmonary valve.

No tricuspid regurgitation. No pulmonary hypertension.

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

Aortic arch appears normal

IMPRESSION:

Borderline Concentric LVH.

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.

For. *[Signature]*

DR. VIKRANT KHESE

MBBS, MD Medicine, DNB Medicine, DM Cardiology

Consultant and interventional Cardiologist

Reg No: MMC: 2015/02/0627

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 7788**

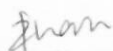
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ajay Kumar on 11/03/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Glucose Fasting ↑ HbA1c ↑ - Prediabetes</u></p> <p>2. <u>Hypertension</u></p> <p>3. <u>Vit D ↓ Vit B12 ↓</u></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"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	


Dr. Zuha Khan
 Dr. MBBS General Physician
 Medical Officer
 Reg. No.: 2020/03/1804
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Ajay

Date : 09-03-2024
 MR NO : CKHA.0000072280
 Name : Mr. AJAY KUMAR
 Age/ Gender : 46 Y / Male

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:13

Height : 174	Weight : 76.2	BMI : 25	Waist Circum : 95
Temp : 97.5	Pulse : 58	Resp : 22	B.P : 145/99

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains - N.I; lower back pain.

Comorbidity - K/C/O HTN

Allergies - N.I

Surgical H/O N.I

Family H/O N.I

Addiction - N.I

OE

CVS-

CNS-

P/A-

Chest-

H/O covid infection - +

Vaccinated with - Taken two doses

Follow up date:


 Doctor Signature

ID: 72280

09-03-2024 12:33:49

ajay kumar

Male 46Years

kg / mmHg

Req. No. :

Diagnosis Information:

Sinus rhythm
Normal ECG

HR : 62 bpm

P : 104 ms

PR : 154 ms

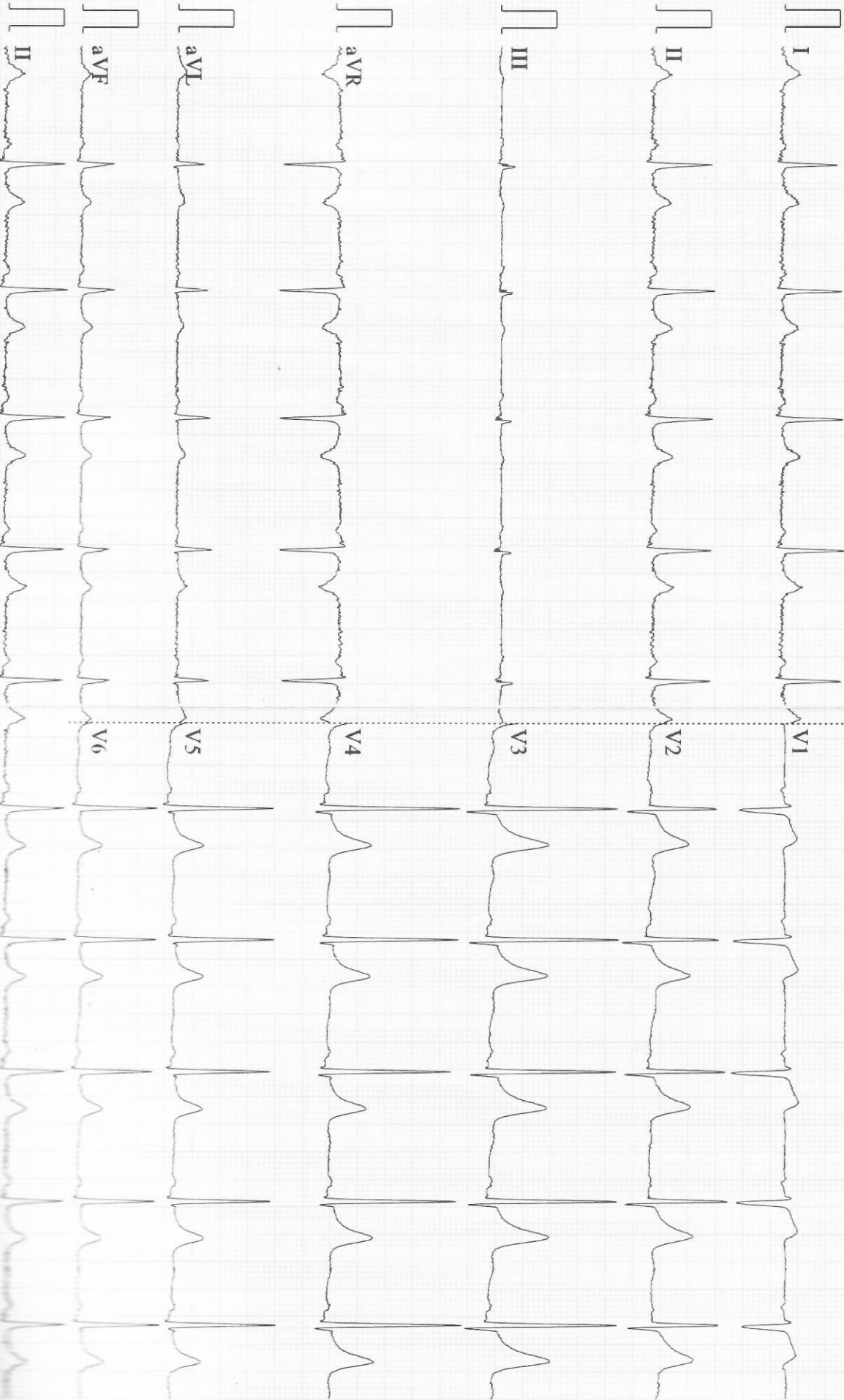
QRS : 86 ms

QT/QTcBz : 416/423 ms

P/QRS/T : 41/34/34 °

RV5/SV1 : 1.843/0.884 mV

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r

CARDIART 9

D V1.47

Glasgow V28.67

APOLLO CLINIC KHARADI

AcqW

AcqW

CE

POWER PRESCRIPTION

NAME: Mr. Ajay Kumar

GENDER: M/F

DATE: 9-3-24

AGE: 46

UHID: 72280

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	.	-0.50	90°	6/6
NEAR	+1.25			

	SPH	CYL	AXIS	VISION
DISTANCE		-0.25	90°	6/6
NEAR	+1.25			

INSTRUCTIONS:

SIGNATURE



Patient Name : Mr. AJAY KUMAR Age : 46 Y M
UHID : CKHA.0000072280 OP Visit No : CKHAOPV110498
Reported on : 09-03-2024 16:36 Printed on : 09-03-2024 19:50
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:09-03-2024 16:36

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Ajay Kumar.

Date : 09/03/2024

Referred By : Apollo Clinics.

Age : 46 yrs. Sex : M.

USG – Abdomen & pelvis

Clinical Profile : Routine check up.

Findings:

Liver appears normal in size, shape and echotexture. No focal mass lesions seen. Intrahepatic biliary radicals and veins are normal.

GB is well distended and appears normal. No calculi are noted. Gall bladder wall is normal. CBD and PV are normal.

Pancreas is normal in size, shape and echotexture. No focal mass lesion seen. Pancreatic duct is normal.

Spleen is normal in size, shape and echotexture. No focal mass lesion seen.

Right kidney is normal in size, shape and echotexture. It measures 10.3 x 4.4 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

Left kidney is normal in size, shape and echotexture. It measures 10.4 x 4.7 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

No ascites. No para-aortic lymphadenopathy.

Bladder is well distended and normal in outline. Bladder wall is normal.

Prostate appears normal in size and texture.

Impression:

> USG of the abdomen and pelvis does not reveal any significant abnormality.
Suggest- Clinico- Lab correlation.

This report is a professional opinion based on real time imaging findings and not a diagnosis by itself. Its has to correlated and interpreted with clinical and other investigations findings. Kindly bring the previous sonography reports for reference.

Dr. Harshad V. Jagtap
DMRD, DNB (Radiodiagnosis)

Thanks for the referral

Apollo Health and Lifestyle Limited

ICIN - UBS110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

भारत सरकार
GOVERNMENT OF INDIA



अजय कुमार
Ajay Kumar
जन्म तारीख/DOB: 01/12/1977
पुरुष/ MALE
Mobile No: 9764074478

9784 5357 0221

माझे आधार, माझी ओळख

From:
Sent:
To:
Cc:
Subject:

Dear AJAY KUMAR

आपला
नाम

आपला
नाम

आपला
नाम

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

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any hindrance will happen based on doctor availability and clinic will be updating the same to customers.

Instructions to be followed for health check.

Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: 06 March 2024 04:38 PM
To: ajaychoudhary.ac77@gmail.com
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your appointment is confirmed



Dear AJAY KUMAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KHARADI clinic** on **2024-03-09** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

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

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

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check: