


Patient Name	: Mr.ROHAN KUMAR SINGH	Collected	: 26/Mar/2024 10:11AM
Age/Gender	: 44 Y 4 M 11 D/M	Received	: 26/Mar/2024 01:45PM
UHID/MR No	: CAUN.0000141713	Reported	: 26/Mar/2024 03:23PM
Visit ID	: CAUNOPV168798	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4326		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



  
Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240083057

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

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UHID/MR No : CAUN.0000141713	Reported : 26/Mar/2024 03:16PM
Visit ID : CAUNOPV168798	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.6	g/dL	13-17	Spectrophotometer
PCV	42.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.62	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.7	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,160	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	46.5	%	40-80	Electrical Impedance
LYMPHOCYTES	34.1	%	20-40	Electrical Impedance
EOSINOPHILS	<b>12.1</b>	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3329.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2441.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>866.36</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	479.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.96	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.36		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	150000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	7	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology**



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

SIN No:BED240083057

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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324**

**Platelets are Adequate**  
**No hemoparasite seen.**



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UHID/MR No : CAUN.0000141713	Reported : 26/Mar/2024 03:28PM
Visit ID : CAUNOPV168798	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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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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Patient Name : Mr.ROHAN KUMAR SINGH	Collected : 26/Mar/2024 10:11AM
Age/Gender : 44 Y 4 M 11 DM	Received : 26/Mar/2024 01:49PM
UHID/MR No : CAUN.0000141713	Reported : 26/Mar/2024 02:39PM
Visit ID : CAUNOPV168798	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	104	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.



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SIN No: PLF02134070

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Age/Gender : 44 Y 4 M 11 DM	Received : 26/Mar/2024 01:45PM
UHID/MR No : CAUN.0000141713	Reported : 26/Mar/2024 04:20PM
Visit ID : CAUNOPV168798	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	mg/dL	70-140	HEXOKINASE

**Comment:**

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

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

**Comment:**

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

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

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

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.



Dr Sheha Shah  
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SIN No:EDT240038307

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DEPARTMENT OF BIOCHEMISTRY

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324**

- 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 glycemc 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)



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Consultant Pathologist

SIN No:EDT240038307

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Patient Name : Mr.ROHAN KUMAR SINGH	Collected : 26/Mar/2024 10:11AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	184	mg/dL	<200	CHO-POD
TRIGLYCERIDES	76	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>113.39</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.14	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 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.

  
 Dr Sheha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04676316

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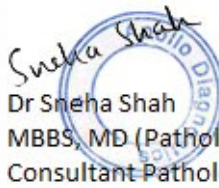


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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324**

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36.21	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	91.19	U/L	30-120	IFCC
PROTEIN, TOTAL	6.79	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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.

*Sheha Shah*  
  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.94	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	30.29	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.55	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.89	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.08	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.93	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.79	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated

  
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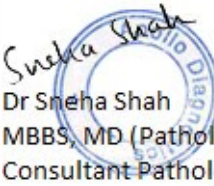
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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	91.19	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	42.21	U/L	<55	IFCC

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.161	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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SIN No: SPL24056041

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**DEPARTMENT OF IMMUNOLOGY**

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SIN No:SPL24056041

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



Patient Name : Mr.ROHAN KUMAR SINGH	Collected : 26/Mar/2024 10:11AM
Age/Gender : 44 Y 4 M 11 D/M	Received : 26/Mar/2024 02:09PM
UHID/MR No : CAUN.0000141713	Reported : 26/Mar/2024 02:57PM
Visit ID : CAUNOPV168798	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4326	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	11	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	222	pg/mL	120-914	CLIA

**Comment:**



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



SIN No: SPL24056041

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

Patient Name : Mr.ROHAN KUMAR SINGH	Collected : 26/Mar/2024 10:11AM
Age/Gender : 44 Y 4 M 11 DM	Received : 26/Mar/2024 02:09PM
UHID/MR No : CAUN.0000141713	Reported : 26/Mar/2024 02:57PM
Visit ID : CAUNOPV168798	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4326	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.420	ng/mL	0-4	CLIA



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

SIN No:SPL24056041

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






Patient Name : Mr.ROHAN KUMAR SINGH	Collected : 26/Mar/2024 10:11AM
Age/Gender : 44 Y 4 M 11 D/M	Received : 26/Mar/2024 02:13PM
UHID/MR No : CAUN.0000141713	Reported : 26/Mar/2024 02:43PM
Visit ID : CAUNOPV168798	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4326	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - 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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

  
 Dr Sheha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:UR2316739

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



Patient Name : Mr.ROHAN KUMAR SINGH	Collected : 26/Mar/2024 10:11AM
Age/Gender : 44 Y 4 M 11 D/M	Received : 26/Mar/2024 02:13PM
UHID/MR No : CAUN.0000141713	Reported : 26/Mar/2024 02:55PM
Visit ID : CAUNOPV168798	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4326	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - 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 \*\*\*

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

SIN No:UF011464

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



**ROHAN KUMAR, SINGH**

## Exercise Test / Tabular Summary

APOLLO CLINIC AUNDH

Patient ID: 141713

26.03.2024 Male 178 cm 78 kg

12:15:40pm 44 yrs Indian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 10:31

Max HR: 151 bpm 85 % of max predicted 176 bpm HR at rest: 74

Max BP: 150/90 mmHg Max RPP: 22650 mmHg\*bp

Maximum Workload: 10.10 METS

Max. ST: -0.90 mm, -0.89 mV/s in III; EXERCISE STAGE 1 2:50

ST/HR index: 3.75  $\mu$ V/bpm

HR reserve used: 7 %

VE recovery: 0 VE/min

QRS duration: BASELINE: 98 ms, PEAK EX: 98 ms, REC: 98 ms

Room:

Location: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [/min]	ST Level III [mm]	Comment
PRETEST	SUPINE	00:03	0.00	0.00	1.0	74			0	-0.20	
	STANDING	00:02	0.00	0.00	1.0	73			0	-0.20	
	HYPERV.	00:11	0.00	0.00	1.0	69			0	-0.20	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	101	130/70	13130	0	-0.50	
	STAGE 2	03:00	2.50	12.00	7.0	126	140/80	17640	0	-0.20	
	STAGE 3	03:00	0.00	14.00	1.0	150	150/80	22500	0	-0.85	8:31 No symptoms
	STAGE 4	00:03	0.00	14.10	1.0	146		21900	0	-0.85	
	STAGE 5	01:30	0.00	18.00	1.0	82	150/90	12300	0	-0.45	
RECOVERY		00:11	0.00	0.00	1.0	86		12900	0	-0.40	

TMT  $\rightarrow$  Negative


APOLLO CLINIC-AUNDH

Dr. Akshay Shelar

M.B.B.S, M.D. (Medicine)

Reg No. 2019/05/4045

ROHAN KUMAR, SINGH

Patient ID: 141713

26.03.2024 Male 178 cm 78 kg

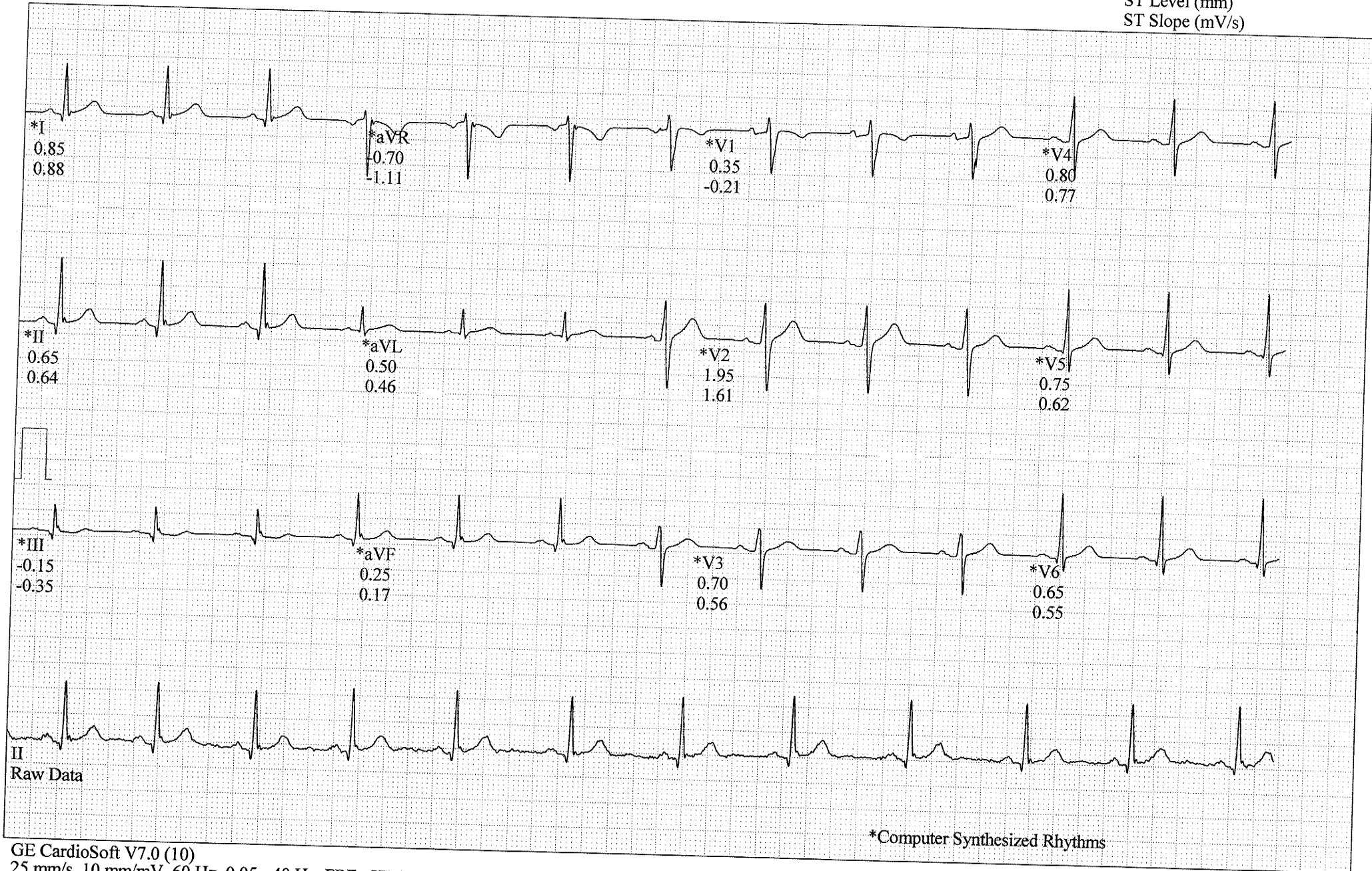
12:15:39pm 44 yrs Indian

Exercise Test / Linked Medians

76 bpm

APOLLO CLINIC AUNDH

Lead  
ST Level (mm)  
ST Slope (mV/s)





ROHAN KUMAR, SINGH

Patient ID: 141713

26.03.2024

Male 178 cm 78 kg

12:15:41pm

44 yrs Indian

74 bpm

Exercise Test / Linked Medians

PRETEST

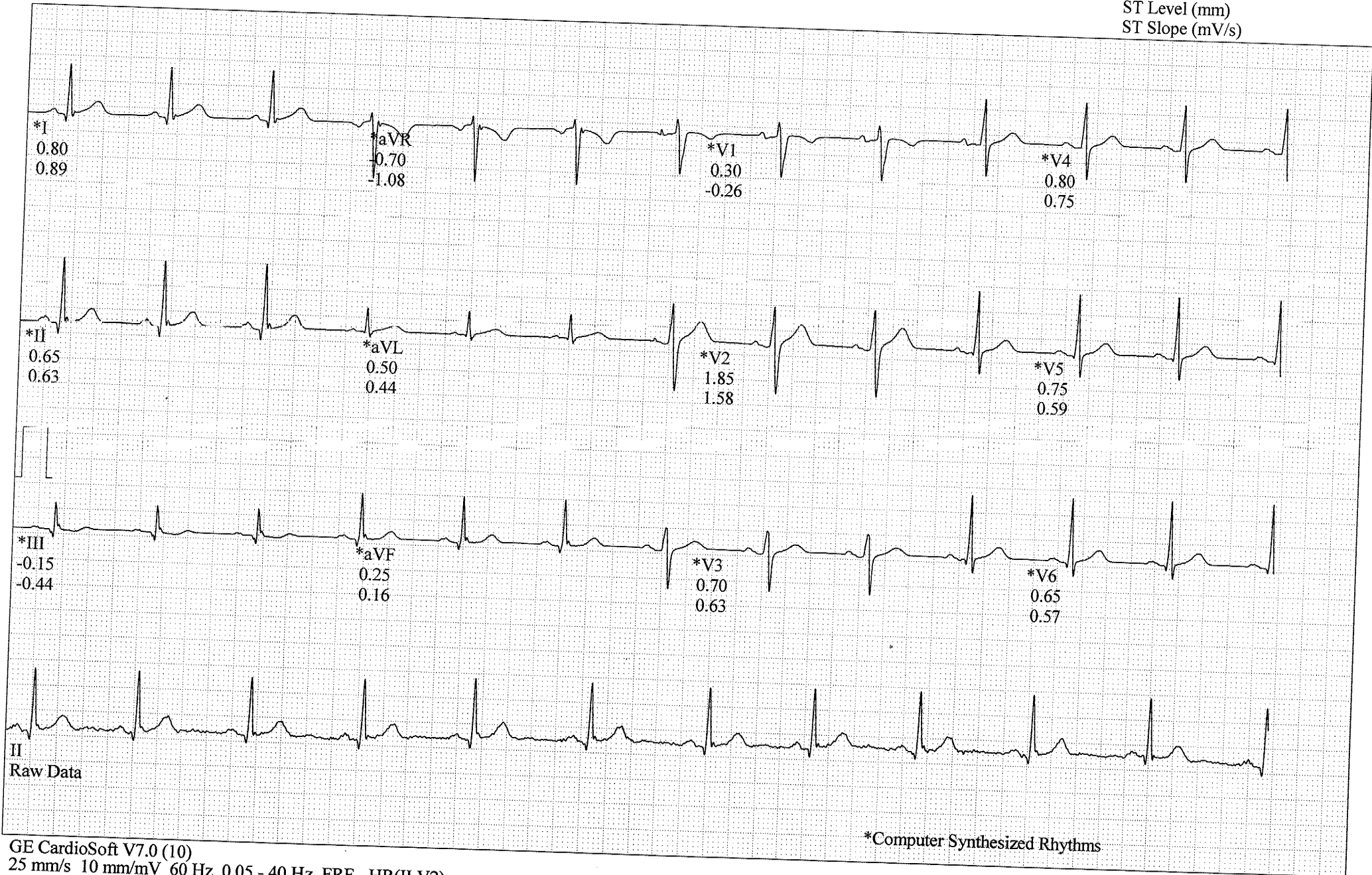
SUPINE

00:01

BRUCE

APOLLO CLINIC AUNDH

Lead  
ST Level (mm)  
ST Slope (mV/s)



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 60 Hz 0.05 - 40 Hz FRF- HR(II,V2)

Start of Test: 12:15:40pm

ROHAN KUMAR, SINGH

Patient ID: 141713

26.03.2024 Male 178 cm 78 kg

12:15:43pm 44 yrs Indian

Exercise Test / Linked Medians

PRETEST

STANDING

00:03

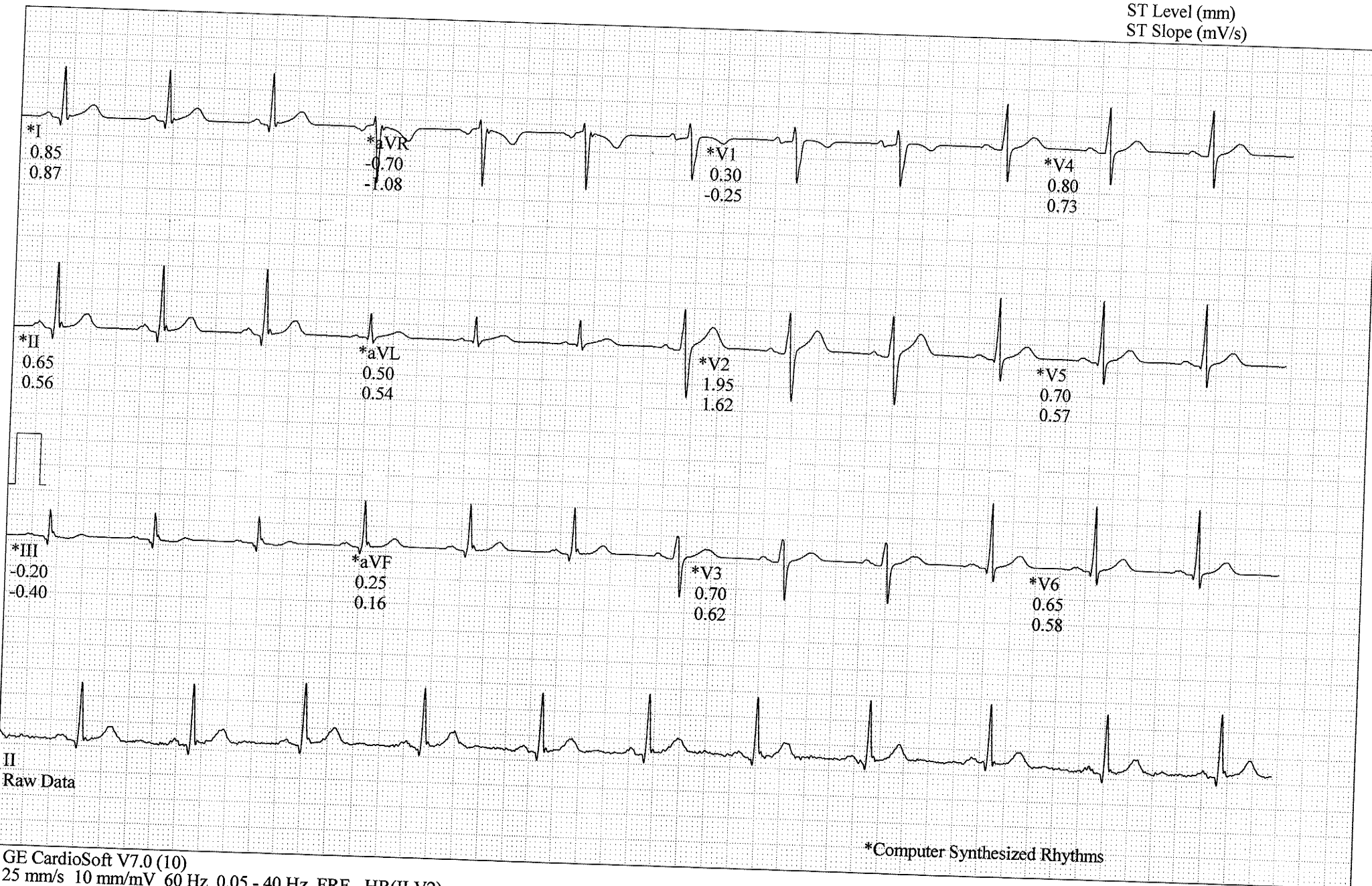
BRUCE

0.0 mph

0.0 %

APOLLO CLINIC AUNDH

Lead  
ST Level (mm)  
ST Slope (mV/s)



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 60 Hz 0.05 - 40 Hz FRF- HR(II,V2)

Start of Test: 12:15:40pm

ROHAN KUMAR, SINGH

Patient ID: 141713

26.03.2024

Male 178 cm 78 kg

12:15:45pm

44 yrs Indian

Exercise Test / Linked Medians

71 bpm

PRETEST

HYPERV.

00:04

BRUCE

0.0 mph

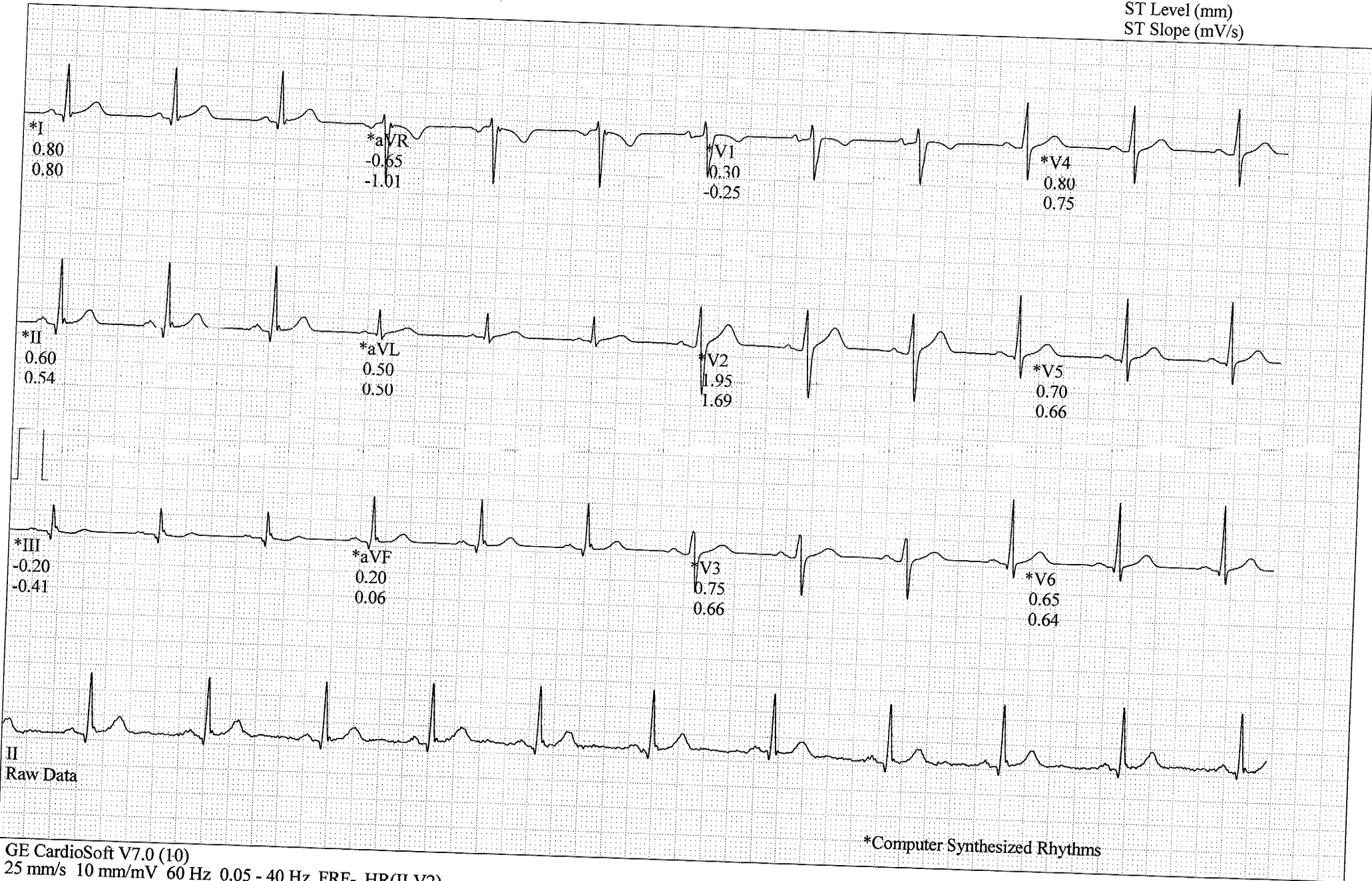
0.0 %

APOLLO CLINIC AUNDH

Lead

ST Level (mm)

ST Slope (mV/s)



\*Computer Synthesized Rhythms

ROHAN KUMAR, SINGH

Patient ID: 141713

26.03.2024 Male 178 cm 78 kg

12:18:51pm 44 yrs Indian

Exercise Test / Linked Medians

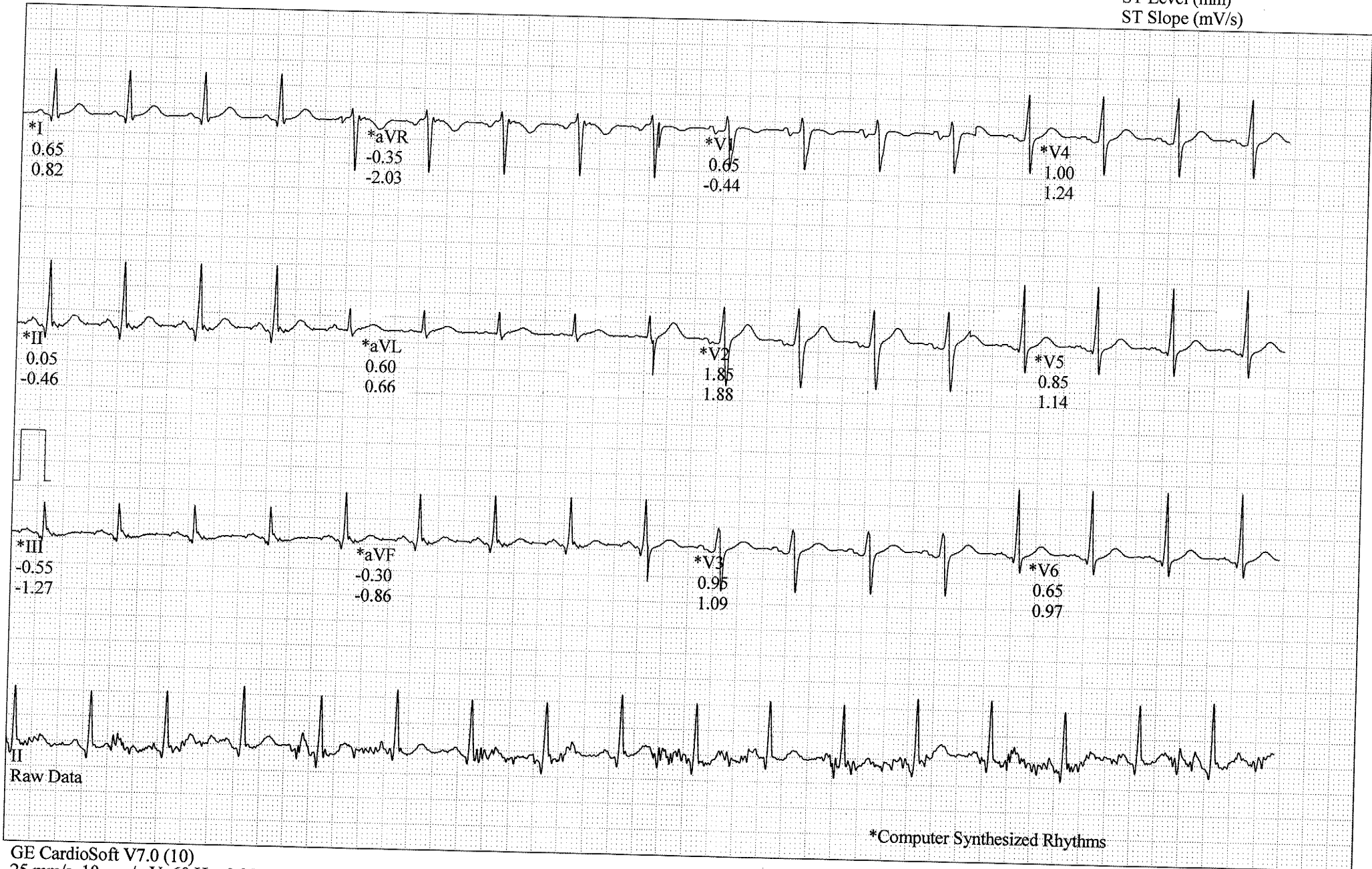
101 bpm  
130/70 mmHg

EXERCISE  
STAGE 1  
02:58

BRUCE  
1.7 mph  
10.0 %

APOLLO CLINIC AUNDH

Lead  
ST Level (mm)  
ST Slope (mV/s)



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 60 Hz 0.05 - 40 Hz FRF- HR(II,V2)

Start of Test: 12:15:40pm



**ROHAN KUMAR, SINGH**

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 141713

26.03.2024 Male 178 cm 78 kg

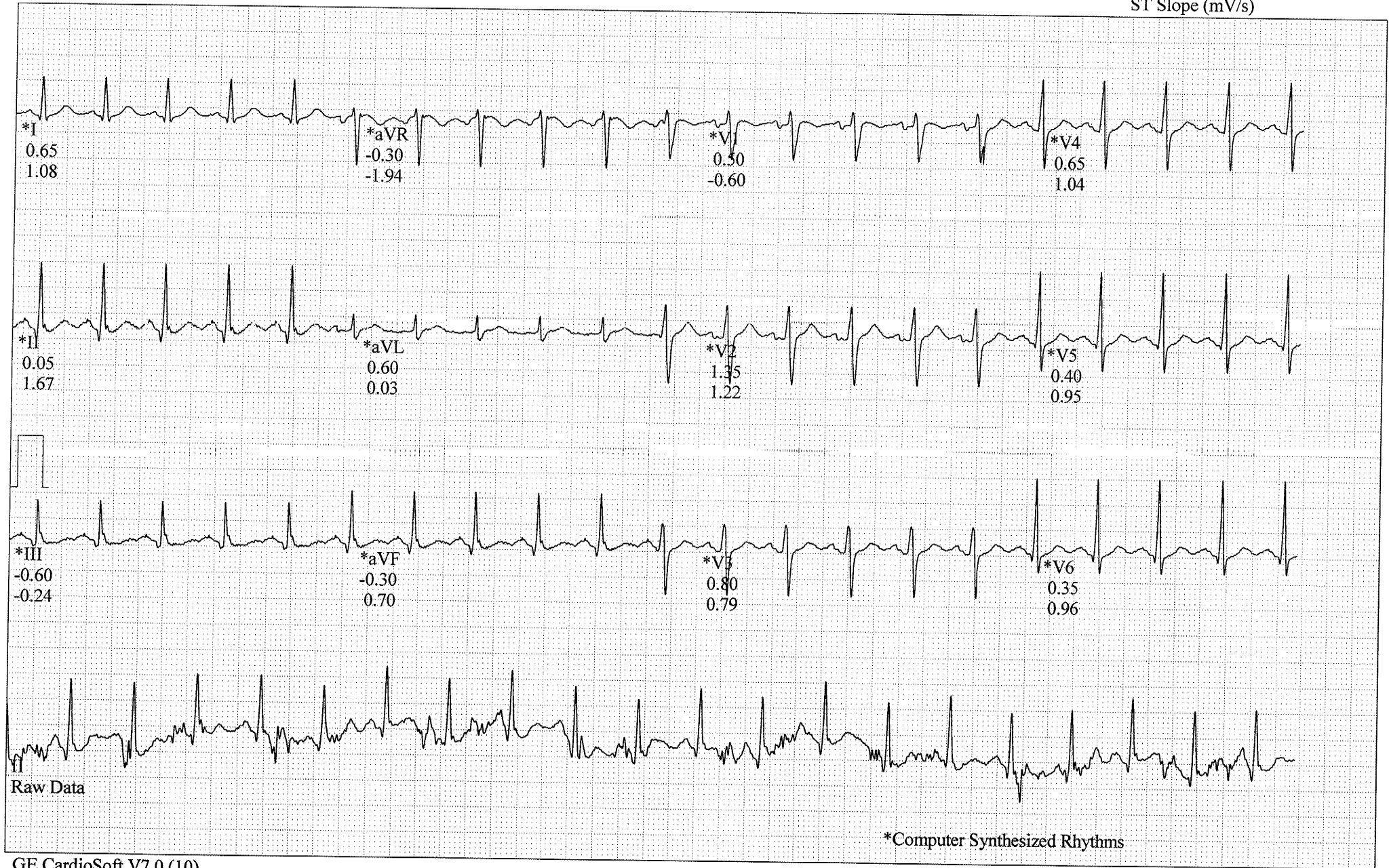
12:21:48pm 44 yrs Indian

123 bpm  
140/80 mmHg

EXERCISE  
STAGE 2  
05:55

BRUCE  
2.5 mph  
12.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



**ROHAN KUMAR, SINGH**

Patient ID: 141713  
26.03.2024 Male 178 cm 78 kg  
12:24:48pm 44 yrs Indian  
02:31 No symptoms

Exercise Test / 12-Lead Report

150 bpm  
150/80 mmHg

EXERCISE  
STAGE 3  
08:50

BRUCE

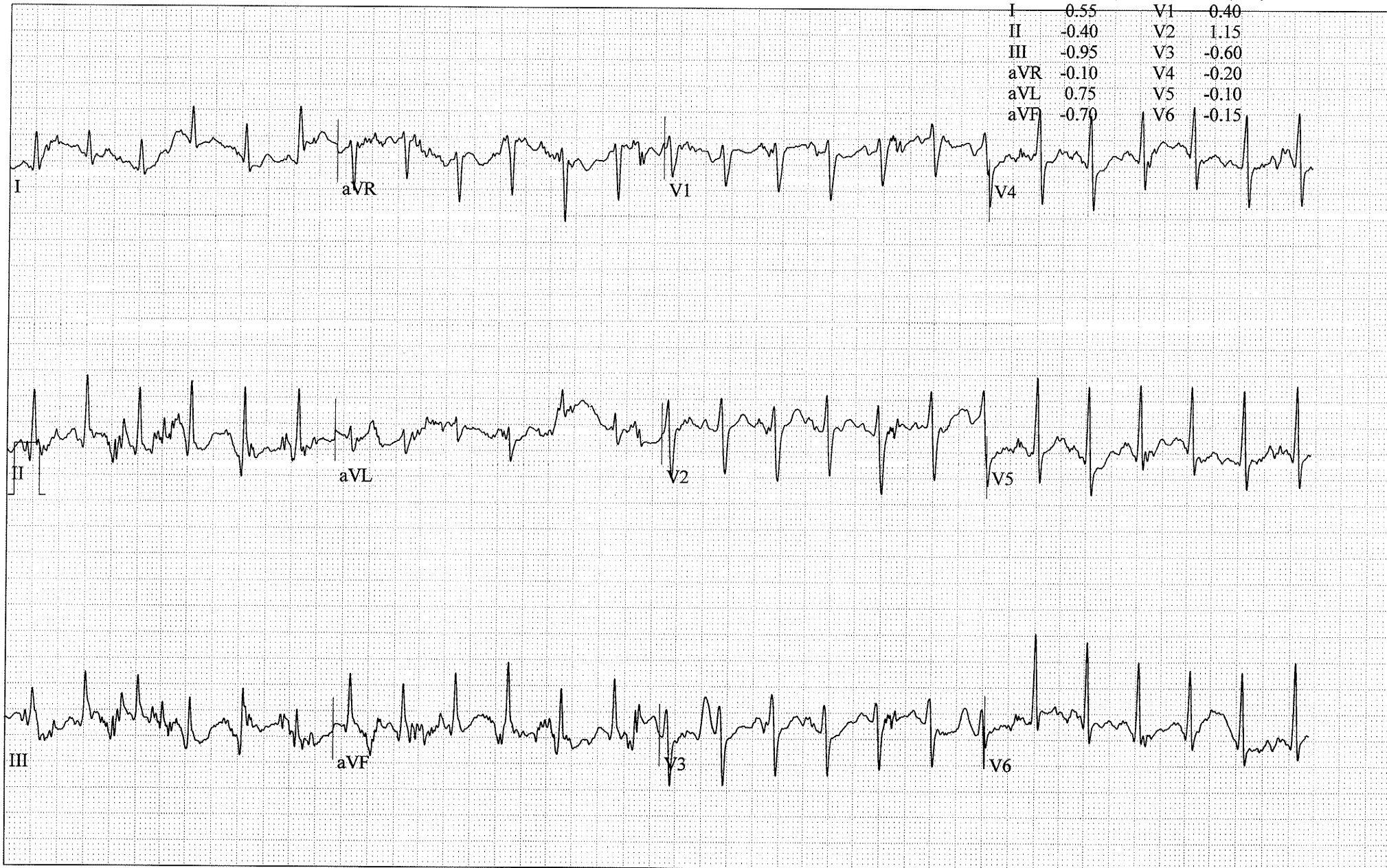
3.4 mph

APOLLO CLINIC AUNDH

14.0 % Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.55	V1	-0.40
II	-0.40	V2	1.15
III	-0.95	V3	-0.60
aVR	-0.10	V4	-0.20
aVL	0.75	V5	-0.10
aVF	-0.70	V6	-0.15



**ROHAN KUMAR, SINGH**

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 141713

26.03.2024 Male 178 cm 78 kg

12:24:48pm 44 yrs Indian

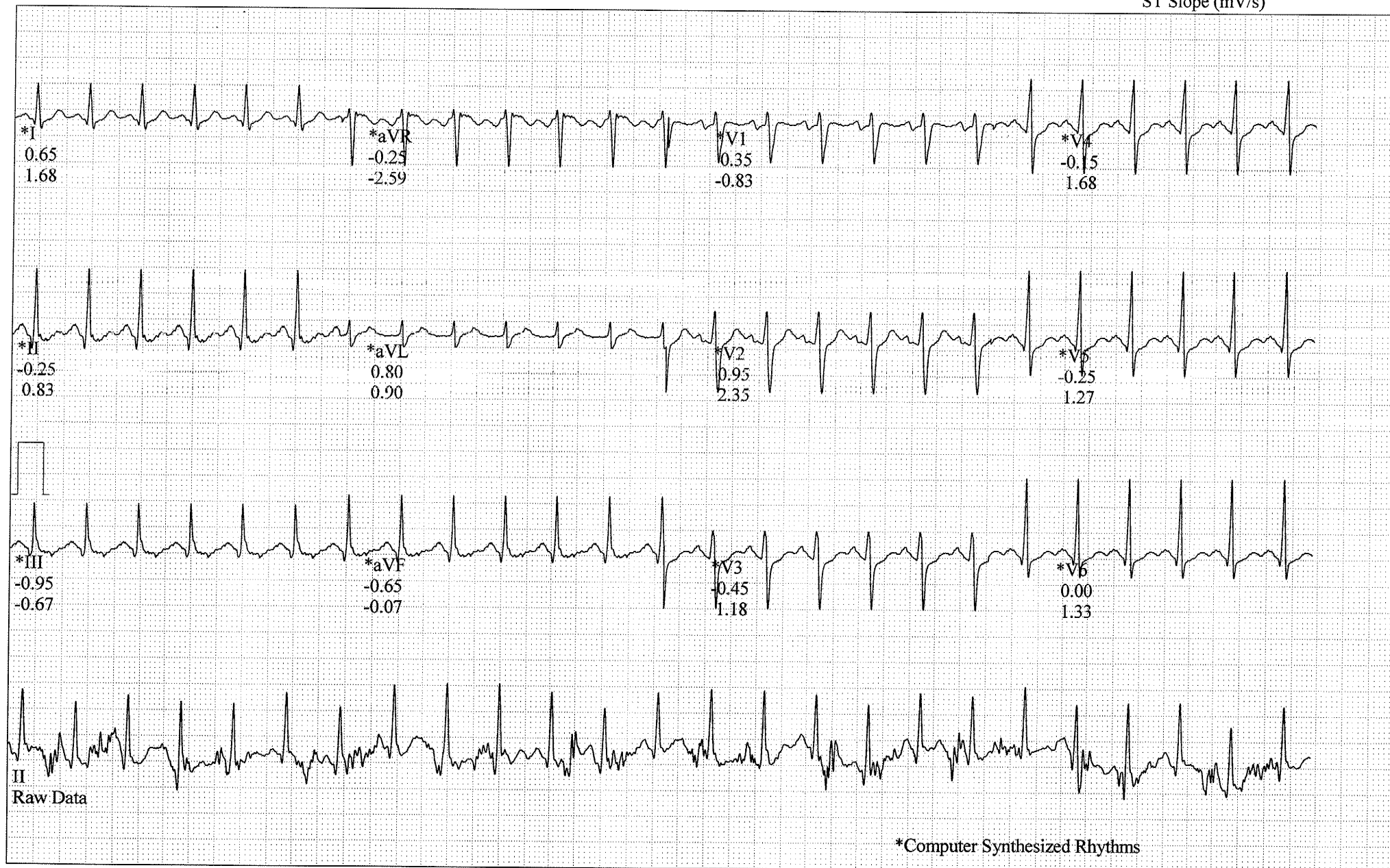
02:31 No symptoms

150 bpm  
150/80 mmHg

EXERCISE  
STAGE 3  
08:55

BRUCE  
0.0 mph  
14.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



**ROHAN KUMAR, SINGH**

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 141713

26.03.2024 Male 178 cm 78 kg

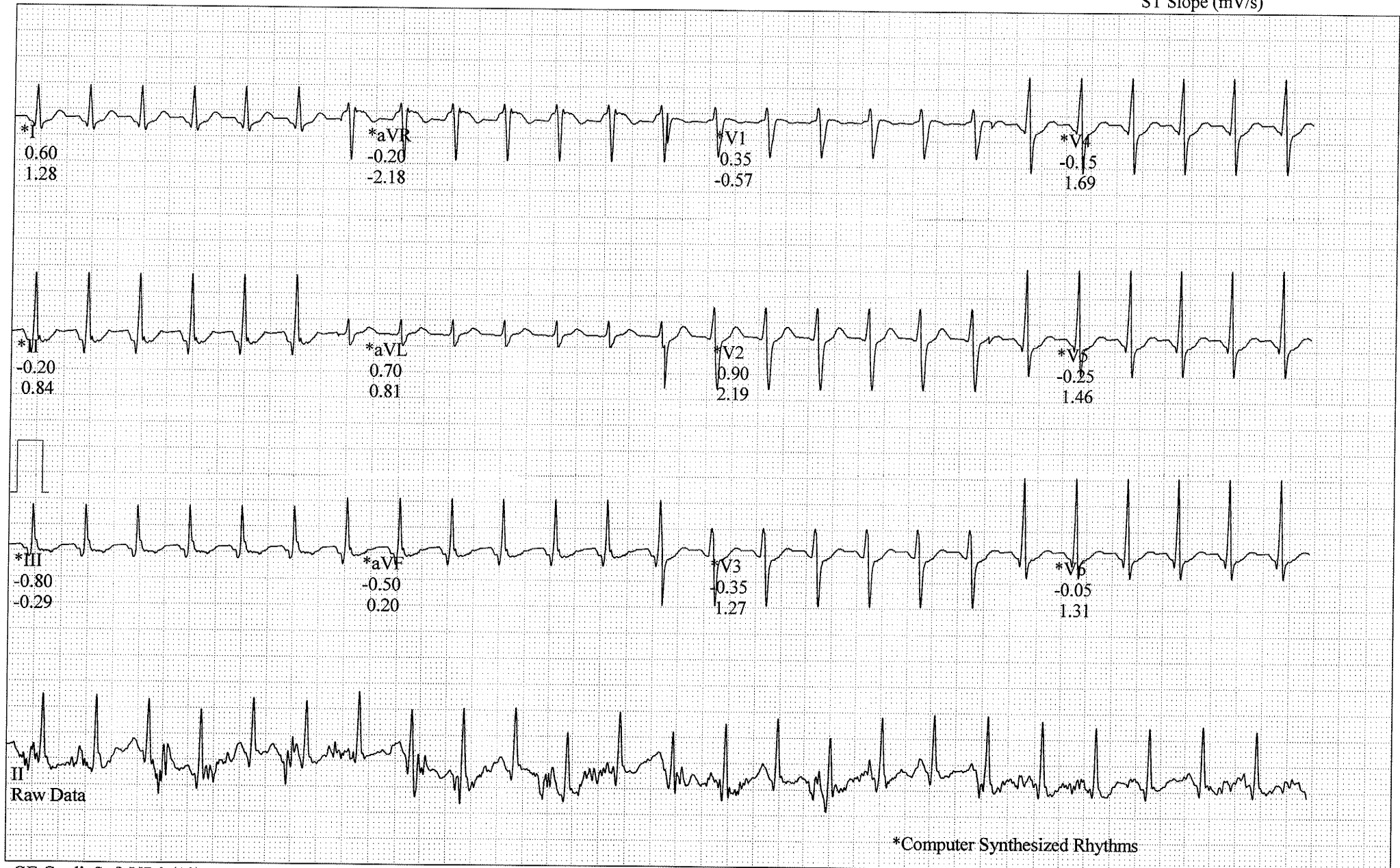
12:24:53pm 44 yrs Indian

150 bpm  
150/80 mmHg

EXERCISE  
STAGE 4  
09:00

BRUCE  
0.0 mph  
14.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)





ROHAN KUMAR, SINGH

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 141713

EXERCISE

BRUCE

26.03.2024 Male 178 cm 78 kg

92 bpm

STAGE 5

0.0 mph

12:25:47pm 44 yrs Indian

150/90 mmHg

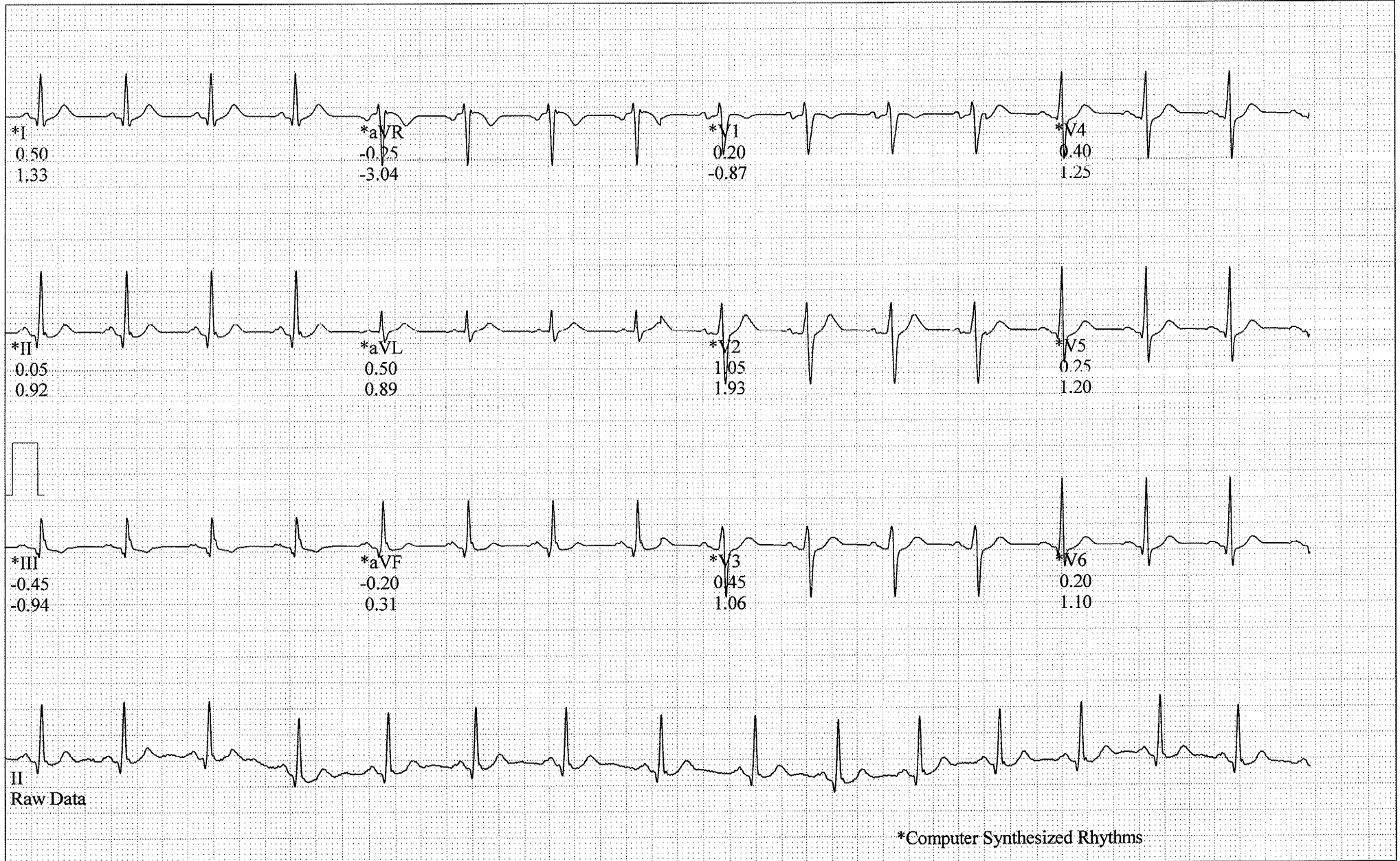
09:54

18.0 %

Lead

ST Level (mm)

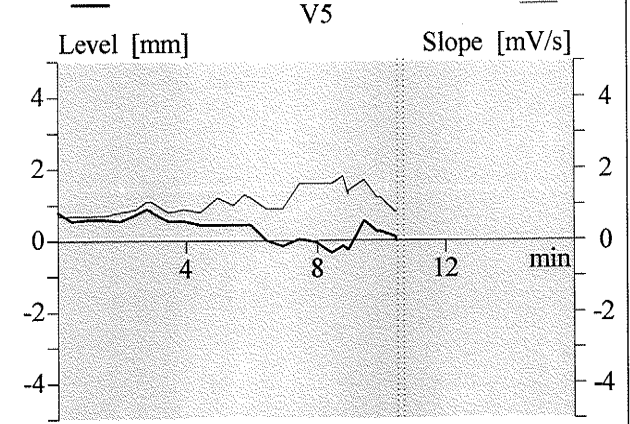
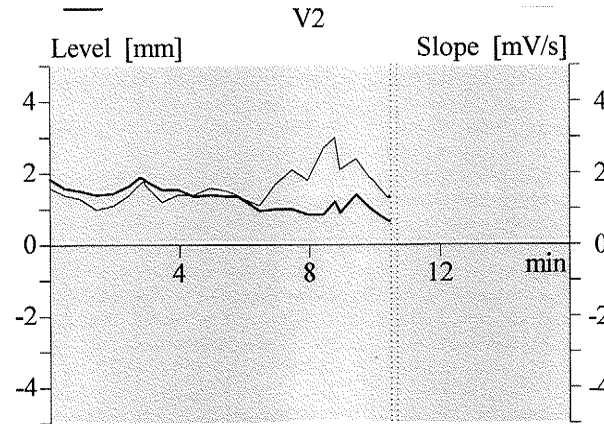
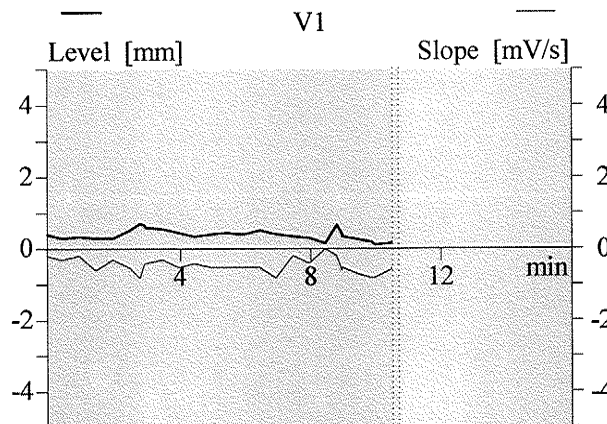
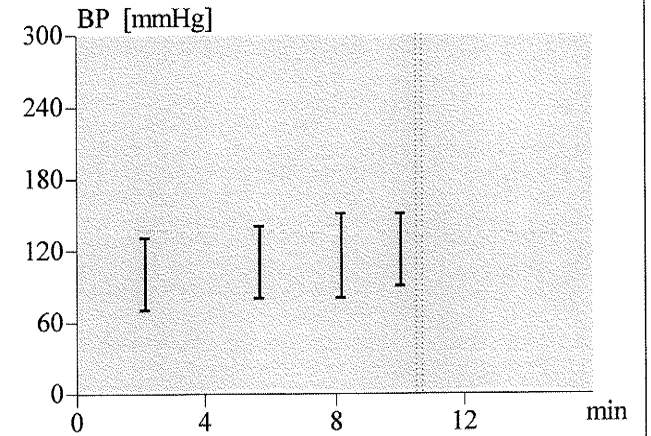
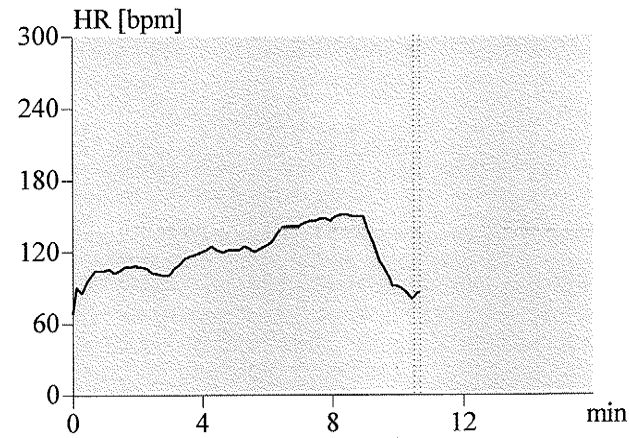
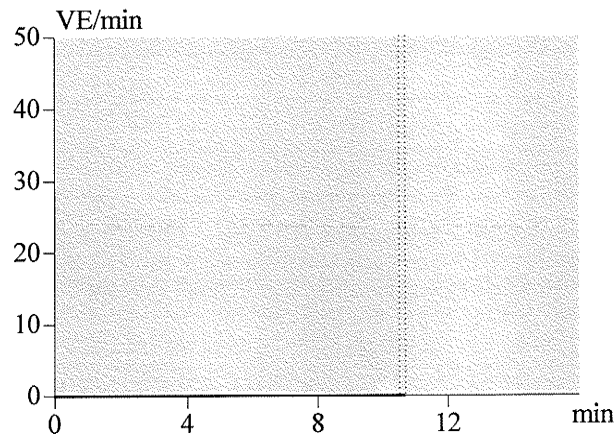
ST Slope (mV/s)



Patient ID: 141713

26.03.2024 Male 178 cm 78 kg

12:15:40pm 44 yrs Indian



Patient Name : Mr. Rohan Kumar Singh  
UHID : CAUN.0000141713  
Conducted By: :  
Referred By : SELF

Age : 44 Y/M  
OP Visit No : CAUNOPV168798  
Conducted Date :

Patient Name : Mr. Rohan Kumar Singh  
UHID : CAUN.0000141713  
Conducted By :  
Referred By : SELF

Age : 44 Y/M  
OP Visit No : CAUNOPV168798  
Conducted Date :

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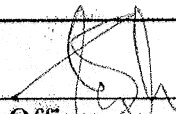
**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Roban Kumar Singh on 26/03/2024

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1..... <u>Vit D deficiency</u> .....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	✓
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr.   
 Medical Officer  
 APOLLO CLINIC-AUNDH  
 Apollo Clinic, (Aundh, Pune)  
 Dr. Akshay Shelar  
 M.B.B.S, M.D. (Medicine)

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



**Patient Name** : Mr. Rohan Kumar Singh

**Age/Gender** : 44 Y/M

**UHID/MR No.** : CAUN.0000141713

**OP Visit No** : CAUNOPV168798

**Sample Collected on** :

**Reported on** : 26-03-2024 16:19

**LRN#** : RAD2281876

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4326

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and echotexture. No focal lesion is seen.

PV and CBD are normal.

No dilatation of the intrahepatic biliary radicals.

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

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

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

**Right Kidney is - 12.2 x 5.2cm. Left Kidney is - 11.6 x 5.6 cm.**

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

No evidence of calculus / hydronephrosis seen on either side.

**Urinary bladder** is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

**Prostate** is normal in size and echotexture. No evidence of calcification seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

**IMPRESSION :**

**No significant abnormality seen.**

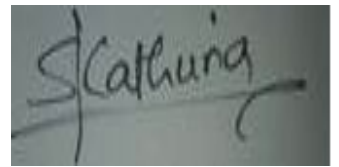
**Patient Name** : Mr. Rohan Kumar Singh

**Age/Gender** : 44 Y/M

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Suggest – clinical correlation.

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



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**  
Radiology

**Patient Name** : Mr. Rohan Kumar Singh

**Age/Gender** : 44 Y/M

**UHID/MR No.** : CAUN.0000141713

**OP Visit No** : CAUNOPV168798

**Sample Collected on** :

**Reported on** : 26-03-2024 15:28

**LRN#** : RAD2281876

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4326

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**DEPARTMENT OF RADIOLOGY**

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**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.

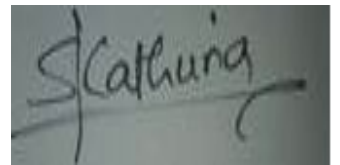
Mediastinal and hilar regions are normal.

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.



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**  
Radiology

Date : 26-03-2024  
MR NO : CAUN.0000141713

Department : GENERAL  
Doctor :

Name : Mr. Rohan Kumar Singh

Registration No :

Age/ Gender : 44 Y / Male

Qualification :

Consultation Timing: 09:55

Height	178
Weight	78
BP	130/70
Pulse	78
Waist	94
Hip	98
EMV	
Consultation with Report	



Patient Name : Rohan Kumar Singh.  
 AGE/Sex : 22/M.

Date : 26/03/24  
 UHID/ MR NO :

	RIGHT EYE	LEFT EYE
FAR VISION	-1.00 sph - 6/6.	-0.25 sph - 6/6.
NEAR VISION	NG.	NG.
ANTERIOR SEGMENT PUPIL	✓	✓
COLOUR VISION	✓	✓
FAMILY / MEDICAL HISTORY	Nil	Nil

Impression: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Optometrist:-  
 Mr. Ritesh Sutnase

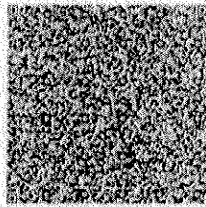


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 1067/02251/01055

To  
रोहन कुमार सिंह  
Rohan Kumar Singh  
S/O: Rama Raman Singh  
saraswati appartment flat no -301 rajendra  
road no 12  
near telephone exchange  
nagar  
Sampatchak  
Patna Bihar - 800016  
9955034818



आपका आधार क्रमांक / Your Aadhaar No. :

**7446 4379 9609**  
VID : 9183 0599 4500 5161

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



रोहन कुमार सिंह  
Rohan Kumar Singh  
जन्म तिथि/DOB: 15/11/1979  
पुरुष/ MALE

**7446 4379 9609**  
VID : 9183 0599 4500 5161

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एम-आधार समान रूप से मान्य हैं। १२ अंकों की आधार संख्या के स्थान पर आभासी (व्युअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- १० साल में कम से कम एक बार आधार अपडेट जरूर करें।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं/सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।
- आधार (पत्र/ नंबर) चाहने वाली संस्थायों को उचित सहमति लेने के लिए बाध्य किया गया है।
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

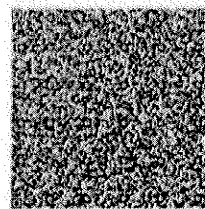


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O: रामा रमण सिंह, सरस्वती अपार्टमेंट फ्लैट न -301  
राजेंद्र, रोड न 12, टेलिफोन एक्सचेंज के पास, नगर,  
सम्पत्चक, पटना,  
बिहार - 800016

Address:  
S/O: Rama Raman Singh, saraswati  
apartment flat no -301 rajendra,  
road no 12,  
near telephone exchange, nagar,  
Sampatchak, Patna,  
Bihar - 800016



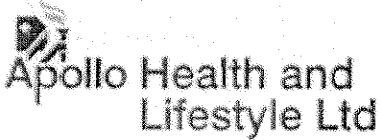
**7446 4379 9609**  
VID : 9183 0599 4500 5161

1947 | help@uidai.gov.in | www.uidai.gov.in

## Aundh Apolloclinic

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**From:** noreply@apolloclinics.info  
**Sent:** Saturday, March 23, 2024 1:31 PM  
**To:** rohansingh@unionbankofindia.bank  
**Cc:** Aundh Apolloclinic; Niraj B; Syamsunder M  
**Subject:** Your appointment is confirmed



**Dear Rohan Kumar Singh,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-03-26** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]</b>

"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:**