

Patient Name	: Mr.KOSAREKAR MUKESHKUMAR SITARA	Collected	: 29/Mar/2024 09:59AM
Age/Gender	: 35 Y 11 M 3 D/M	Received	: 29/Mar/2024 02:36PM
UHID/MR No	: CAUN.0000141895	Reported	: 29/Mar/2024 05:32PM
Visit ID	: CAUNOPV169049	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4367		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**

  
Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240087207

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



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.3	g/dL	13-17	Spectrophotometer
PCV	42.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.79</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>74</b>	fL	83-101	Calculated
MCH	<b>23</b>	pg	27-32	Calculated
MCHC	<b>31.1</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51.7	%	40-80	Electrical Impedance
LYMPHOCYTES	36.1	%	20-40	Electrical Impedance
EOSINOPHILS	5.2	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3205.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2238.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	322.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	434	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	271000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	8	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC** Predominantly Normocytic Normochromic with Microcytes+  
**WBC** are normal in number and morphology  
**Platelets** are Adequate



Dr Sheha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:BED240087207

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

**No hemoparasite seen.**

  
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SIN No:BED240087207

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Age/Gender	: 35 Y 11 M 3 D/M	Received	: 29/Mar/2024 02:36PM
UHID/MR No	: CAUN.0000141895	Reported	: 29/Mar/2024 05:41PM
Visit ID	: CAUNOPV169049	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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

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

SIN No:BED240087207

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Certificate No: MC-5697

Patient Name	: Mr.KOSAREKAR MUKESHKUMAR SITARA	Collected	: 29/Mar/2024 09:59AM
Age/Gender	: 35 Y 11 M 3 D/M	Received	: 29/Mar/2024 02:37PM
UHID/MR No	: CAUN.0000141895	Reported	: 29/Mar/2024 04:56PM
Visit ID	: CAUNOPV169049	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4367		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

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

SIN No:PLF02136891

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



Patient Name	: Mr.KOSAREKAR MUKESHKUMAR SITARA	Collected	: 29/Mar/2024 01:21PM
Age/Gender	: 35 Y 11 M 3 D/M	Received	: 29/Mar/2024 04:38PM
UHID/MR No	: CAUN.0000141895	Reported	: 29/Mar/2024 05:24PM
Visit ID	: CAUNOPV169049	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4367		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	128	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.



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

SIN No:PLP1440153

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



Patient Name	: Mr.KOSAREKAR MUKESHKUMAR SITARA	Collected	: 29/Mar/2024 09:59AM
Age/Gender	: 35 Y 11 M 3 D/M	Received	: 29/Mar/2024 02:34PM
UHID/MR No	: CAUN.0000141895	Reported	: 29/Mar/2024 04:57PM
Visit ID	: CAUNOPV169049	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4367		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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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SIN No:EDT240040462

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Patient Name	: Mr.KOSAREKAR MUKESHKUMAR SITARA	Collected	: 29/Mar/2024 09:59AM
Age/Gender	: 35 Y 11 M 3 D/M	Received	: 29/Mar/2024 03:56PM
UHID/MR No	: CAUN.0000141895	Reported	: 29/Mar/2024 06:53PM
Visit ID	: CAUNOPV169049	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4367		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>205</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>183</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>162</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>125.87</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>36.53</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.28</b>		<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.

  
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 Consultant Pathologist

SIN No:SE04680609

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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 STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.3	U/L	<50	IFCC
ALKALINE PHOSPHATASE	83.69	U/L	30-120	IFCC
PROTEIN, TOTAL	7.74	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.39	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.

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

SIN No:SE04680609

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Certificate No: MC-5697

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.01	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.97	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.82	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.14	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.99	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.96	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106.35	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.74	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.39	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated

*Sheha Shah*  
  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	20.57	U/L	<55	IFCC



*Sheha Shah*  
  
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Visit ID : CAUNOPV169049	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.35	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.909	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



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

SIN No: SPL24059070

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



DR.Sanjay Ingle  
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Consultant Pathologist

SIN No:SPL24059070

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Patient Name : Mr.KOSAREKAR MUKESHKUMAR SITARA	Collected : 29/Mar/2024 09:59AM
Age/Gender : 35 Y 11 M 3 D/M	Received : 29/Mar/2024 02:31PM
UHID/MR No : CAUN.0000141895	Reported : 29/Mar/2024 03:10PM
Visit ID : CAUNOPV169049	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4367	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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 - 3	/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

\*\*\* End Of Report \*\*\*

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 Dr Sheha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:UR2320056

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




**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Kosarekar Sitara on 29/03/2024

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.....</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, Pune)**

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK MAHARASHTRA**

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Date : 29-03-2024  
MR NO : CAUN 0000141895

Department : GENERAL  
Doctor :

Name : Mr. KOSAREKAR MUKESHKUMA

Registration No :

Age/ Gender : 35 Y / Male

Qualification :

Consultation Timing: 09:51

Height	166
Weight	79
BP	120/70
Pulse	80
Waist	96
Hip	100
BMI	
Consultation with Report	

Patient Name : Rosarekar Sitara  
 AGE/Sex : 35 / M

Date : 29.03.24  
 UHID/ MR NO : 141895

	RIGHT EYE	LEFT EYE
FAR VISION	<u>e</u> <u>Gross</u> 6/6	<u>e</u> <u>Gross</u> 6/6
NEAR VISION	N/6	N/6
ANTERIOR SEGMENT PUPIL	M D	M D
COLOUR VISION	(N)	(N)
FAMILY / MEDICAL HISTORY	H/O PPT	—

Impression: WNL

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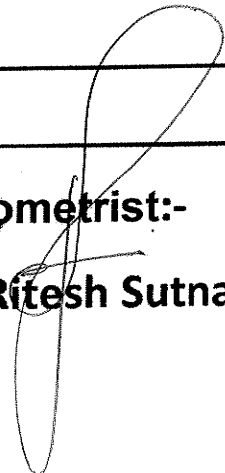


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Optometrist:-  
**Mr. Ritesh Sutnase**



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - PUNE METRO  
"JEEVAN PRAKASH", 6/7, L.I.C. BLDG.,  
University Rd,p.b.no.960, Shivaji Nagar,  
Pune,maharashtra, Pin

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 35-40 Male**

Shri/Smt./Kum. KOSAREKAR MUKESHKUMAR SITARAM,.

P.F. No. 696775 Designation : Senior Manager

Checkup for Financial Year 2023-2024 **Approved Charges Rs.** 2200.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH-MANAGER/SENIOR MANAGER



P.S. : Status of the application- Sanctioned

Office of the U.S. Marshal

U.S. Marshal



1. Name / Surname: [Redacted]  
 2. Title / Position: [Redacted]  
 3. Office / Department: [Redacted]  
 4. Date of Issue: 26.06.2020

5. Issued by / Issuing Authority: [Redacted]  
 6. Date of Issue: 26.06.2020



<b>Patient Name</b>	: Mr. KOSAREKAR MUKESHKUMAR SITARA	<b>Age/Gender</b>	: 35 Y/M
<b>UHID/MR No.</b>	: CAUN.0000141895	<b>OP Visit No</b>	: CAUNOPV169049
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-03-2024 16:39
<b>LRN#</b>	: RAD2286395	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIE4367		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

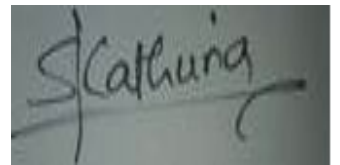
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

**COMMENT:** No significant abnormality seen.

Please correlate clinically.



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