

Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

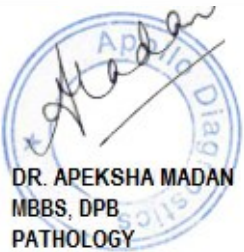
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

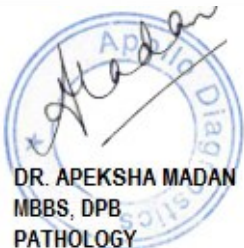
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.2	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	54.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	6.12	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.5	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	31.3	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,840	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	20	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6188	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1768	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	265.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	618.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.5		0.78- 3.53	Calculated
PLATELET COUNT	272000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 16

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079902

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

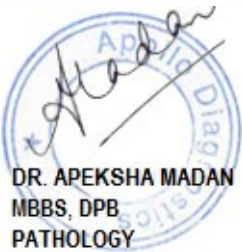
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

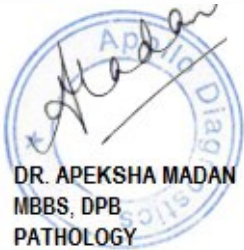


Patient Name : Mr.ANIL M PAWAR	Collected : 23/Mar/2024 10:03AM
Age/Gender : 57 Y 11 M 5 D/M	Received : 23/Mar/2024 12:05PM
UHID/MR No : STAR.0000062182	Reported : 23/Mar/2024 03:19PM
Visit ID : STAROPV68495	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9664446671	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079902

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 06:05PM
Received : 23/Mar/2024 06:38PM
Reported : 23/Mar/2024 07:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

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:

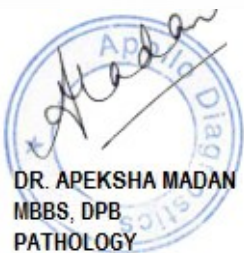
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	113	mg/dL	70-140	GOD - POD

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. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Patient Name : Mr.ANIL M PAWAR	Collected : 23/Mar/2024 10:03AM
Age/Gender : 57 Y 11 M 5 D/M	Received : 23/Mar/2024 03:52PM
UHID/MR No : STAR.000062182	Reported : 23/Mar/2024 09:32PM
Visit ID : STAROPV68495	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9664446671	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)



Dr. Pratibha Kadam
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: EDT240036681

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mr.ANIL M PAWAR	Collected : 23/Mar/2024 10:03AM
Age/Gender : 57 Y 11 M 5 D/M	Received : 23/Mar/2024 01:08PM
UHID/MR No : STAR.0000062182	Reported : 23/Mar/2024 06:28PM
Visit ID : STAROPV68495	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9664446671	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	44	mg/dL	<150	
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	124			
LDL CHOLESTEROL	115.2			
VLDL CHOLESTEROL	8.8			
CHOL / HDL RATIO	3.30			
ATHEROGENIC INDEX (AIP)	< 0.01			


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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04673031

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mr.ANIL M PAWAR
 Age/Gender : 57 Y 11 M 5 D/M
 UHID/MR No : STAR.000062182
 Visit ID : STAROPV68495
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9664446671

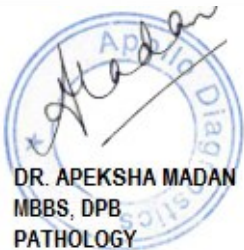
Collected : 23/Mar/2024 10:03AM
 Received : 23/Mar/2024 01:08PM
 Reported : 23/Mar/2024 06:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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).



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY



SIN No:SE04673031

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
 Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building,
 Tardeo (Mumbai Central), Mumbai, Maharashtra
 Ph: 022 4332 4500

Patient Name	: Mr.ANIL M PAWAR	Collected	: 23/Mar/2024 10:03AM
Age/Gender	: 57 Y 11 M 5 D/M	Received	: 23/Mar/2024 01:08PM
UHID/MR No	: STAR.000062182	Reported	: 23/Mar/2024 06:28PM
Visit ID	: STAROPV68495	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9664446671		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.70	mg/dL		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	75.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	2			Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:


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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04673031

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

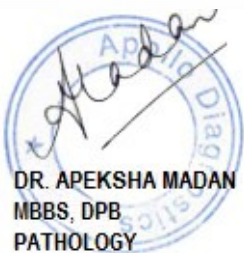
Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 01:08PM
Reported : 23/Mar/2024 06:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.02	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	24.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.6	mg/dL	9.0-20.0	Urease
URIC ACID	4.70	mg/dL	4.0-7.0	URICASE
CALCIUM	10.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	2			Calculated



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04673031

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mr.ANIL M PAWAR
 Age/Gender : 57 Y 11 M 5 D/M
 UHID/MR No : STAR.000062182
 Visit ID : STAROPV68495
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9664446671

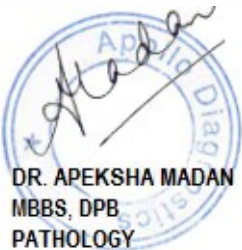
Collected : 23/Mar/2024 10:03AM
 Received : 23/Mar/2024 01:08PM
 Reported : 23/Mar/2024 06:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	75.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	26.00	U/L	16-73	Glycylglycine Kinetic method



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY



SIN No:SE04673031

Apollo Speciality Hospitals Private Limited
 (Formerly known as a Nova Speciality Hospitals Private Limited)
 CIN- U85100TG2009PTC099414
 Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
 Begumpet, Hyderabad, Telangana - 500016

Address:
 156, Famous Cine Labs, Behind Everest Building,
 Tardeo (Mumbai Central), Mumbai, Maharashtra
 Ph: 022 4332 4500

Patient Name	: Mr.ANIL M PAWAR	Collected	: 23/Mar/2024 10:03AM
Age/Gender	: 57 Y 11 M 5 D/M	Received	: 23/Mar/2024 11:41AM
UHID/MR No	: STAR.000062182	Reported	: 23/Mar/2024 05:54PM
Visit ID	: STAROPV68495	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9664446671		

DEPARTMENT OF IMMUNOLOGY

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

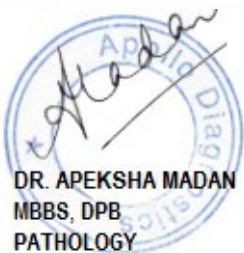
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.12	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.09	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.030	µIU/mL	0.25-5.0	ELFA

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

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

TSH	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



SIN No: SPL24053623

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mr.ANIL M PAWAR	Collected : 23/Mar/2024 10:03AM
Age/Gender : 57 Y 11 M 5 D/M	Received : 23/Mar/2024 11:41AM
UHID/MR No : STAR.000062182	Reported : 23/Mar/2024 03:46PM
Visit ID : STAROPV68495	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9664446671	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	23.7	ng/mL		ELFA

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.

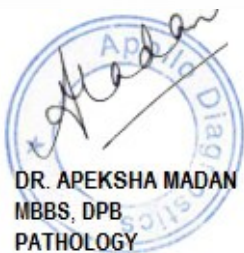
Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.



Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 03:52PM
Reported : 23/Mar/2024 05:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	314	pg/mL	120-914	CLIA

Comment:

- 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.



Dr. Pratibha Kadam
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: IM07211580

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

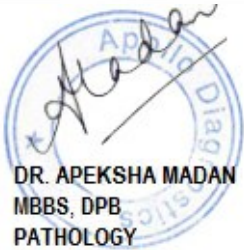
156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name	: Mr.ANIL M PAWAR	Collected	: 23/Mar/2024 10:03AM
Age/Gender	: 57 Y 11 M 5 D/M	Received	: 23/Mar/2024 11:41AM
UHID/MR No	: STAR.000062182	Reported	: 23/Mar/2024 04:26PM
Visit ID	: STAROPV68495	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9664446671		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.160	ng/mL	0-4	ELFA

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No: SPL24053623

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 03:30PM
Reported : 23/Mar/2024 05:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

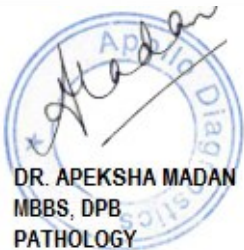
DEPARTMENT OF CLINICAL PATHOLOGY

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

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Page 16 of 16



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2314248

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Dear ANIL MAHADEO PAWAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-03-23** at **08:45-09:00**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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.

यूनियन बँक
of India Union Bank
of India



हस्ताक्षर - / Signature

Name: Anil Mahadeo Pawar
कर्मचारी क्र / Employee No: 621508
जन्मतिथि / Birth Date: 18/04/1966
रक्तग्रुप / Blood Group: B+

जारी करने का स्थान
Place of issue: MUMBAI
जारी करने का तारीख
Date of issue: 01.08.2020

जारीकर्ता अधिकारी - / Issuing Authority

OUT-PATIENT RECORD

Date : 23/3/24
 MRNO :
 Name : 062182
 Age/Gender :
 Mobile No : Mr Anil Pawar
 Passport No :
 Aadhar number : STMI male

Pulse : 70/min	B.P : 160/100	Resp : 24/min	Temp : (N)
Weight : 74.7	Height : 163cm	BMI : 28.1	Waist Circum : 37"

General Examination / Allergies History

Clinical Diagnosis & Management Plan

- ~~Atk~~ Acid Syens for next morning walk 45 min daily
- Repeat Syens after 2 months
- T. D. Rise 60x once a week 2 months
- Physically fit

Married / Diet - mixed.
 Bowel Habits - (N)
 Urination - (N)
 No known allergy.
 K1C10 - DM : 8-10 years. on Rx
 Tab. Glimisave mv 110.3 0-1-1 Before food.
 Tab. Istamet D XR 100/10/100 1-0-0 ABF.
 H10 - Drinking / smoking.
 Father - HTN.
 Brother / sister - DM / HTN.
 - mild breathlessness on exertion.
 - H10 - Neuralgia ; (L) hip pain (back Rx) (back Physiotherapy)
 - No any surgical History.
 - C10 - Throat pain (+)
 - Heartburn (+) on & off.
 HEPATE S.9 - vit D 23

Follow up date:

Doctor Signature

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
 Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
 (Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
 Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.0000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

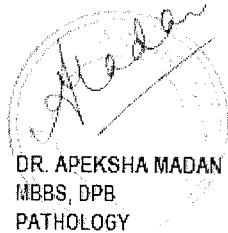
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079902

Page 1 of 16



Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.0000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

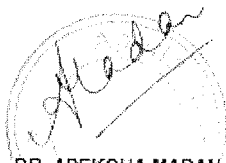
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.2	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	54.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	6.12	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89.5	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	31.3	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,840	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedence
LYMPHOCYTES	20	%	20-40	Electrical Impedence
EOSINOPHILS	03	%	1-6	Electrical Impedence
MONOCYTES	07	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6188	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1768	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	265.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	618.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.5		0.78- 3.53	Calculated
PLATELET COUNT	272000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 16



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079902



Patient Name	: Mr.ANIL M PAWAR	Collected	: 23/Mar/2024 10:03AM
Age/Gender	: 57 Y 11 M 5 D/M	Received	: 23/Mar/2024 12:05PM
UHID/MR No	: STAR.0000062182	Reported	: 23/Mar/2024 02:55PM
Visit ID	: STAROPV68495	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9664446671		

DEPARTMENT OF HAEMATOLOGY

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

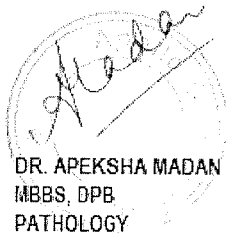
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079902

Page 3 of 16



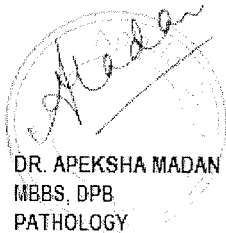
Patient Name : Mr.ANIL M PAWAR
 Age/Gender : 57 Y 11 M 5 D/M
 UHID/MR No : STAR.0000062182
 Visit ID : STAROPV68495
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
 Received : 23/Mar/2024 12:05PM
 Reported : 23/Mar/2024 03:19PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:BED240079902



Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.0000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 06:05PM
Received : 23/Mar/2024 06:38PM
Reported : 23/Mar/2024 07:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:


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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	113	mg/dL	70-140	GOD - POD

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. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:PLP1436803



Patient Name	: Mr.ANIL M PAWAR	Collected	: 23/Mar/2024 10:03AM
Age/Gender	: 57 Y 11 M 5 D/M	Received	: 23/Mar/2024 03:52PM
UHID/MR No	: STAR.0000062182	Reported	: 23/Mar/2024 09:32PM
Visit ID	: STAROPV68495	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9664446671		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)



Dr. Pratibha Kadam
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: EDT240036681



Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.0000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 01:08PM
Reported : 23/Mar/2024 06:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	44	mg/dL	<150	
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	124			
LDL CHOLESTEROL	115.2			
VLDL CHOLESTEROL	8.8			
CHOL / HDL RATIO	3.30			
ATHEROGENIC INDEX (AIP)	< 0.01			

Comment:

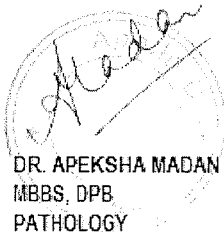
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

Page 7 of 16



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04673031



Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.0000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 01:08PM
Reported : 23/Mar/2024 06:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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.

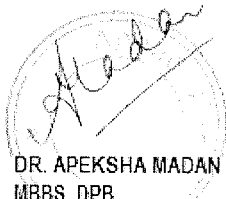
5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

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).

Page 8 of 16



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04673031



Patient Name : Mr. ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.0000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 01:08PM
Reported : 23/Mar/2024 06:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.70	mg/dL		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	75.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	2			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.




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04673031

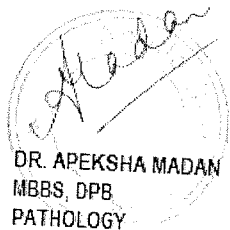
Patient Name : Mr. ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.0000062182
Visit ID : STAROPV68495
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 01:08PM
Reported : 23/Mar/2024 06:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.02	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	24.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.6	mg/dL	9.0-20.0	Urease
URIC ACID	4.70	mg/dL	4.0-7.0	URICASE
CALCIUM	10.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	2			Calculated



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No: SE04673031





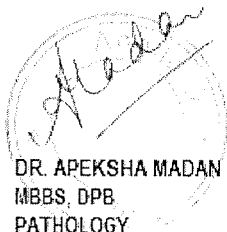
Patient Name : Mr.ANIL M PAWAR
 Age/Gender : 57 Y 11 M 5 D/M
 UHID/MR No : STAR.0000062182
 Visit ID : STAROPV68495
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
 Received : 23/Mar/2024 01:08PM
 Reported : 23/Mar/2024 06:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	75.00	U/L	32-111	IFCC
Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	26.00	U/L	16-73	Glycylglycine Kinetic method


 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04673031



Patient Name : Mr. ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.0000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 11:41AM
Reported : 23/Mar/2024 05:54PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.12	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.09	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.030	µIU/mL	0.25-5.0	ELFA


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. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No: SPL24053623

Patient Name : Mr. ANIL M PAWAR
 Age/Gender : 57 Y 11 M 5 D/M
 UHID/MR No : STAR.0000062182
 Visit ID : STAROPV68495
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
 Received : 23/Mar/2024 11:41AM
 Reported : 23/Mar/2024 03:46PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	23.7	ng/mL		ELFA

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.

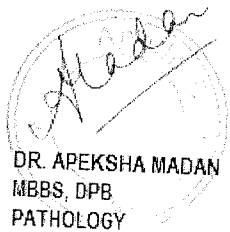
Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized 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.



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY



Patient Name : Mr. ANIL M PAWAR
 Age/Gender : 57 Y 11 M 5 D/M
 UHID/MR No : STAR.0000062182
 Visit ID : STAROPV68495
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
 Received : 23/Mar/2024 03:52PM
 Reported : 23/Mar/2024 05:19PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	314	pg/mL	120-914	CLIA

Comment:

- 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.



Dr. Pratibha Kadam
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

SIN No: IM07211580



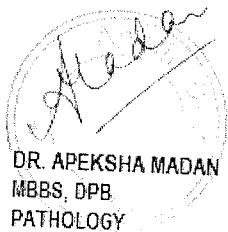
Patient Name : Mr.ANIL M PAWAR
 Age/Gender : 57 Y 11 M 5 D/M
 UHID/MR No : STAR.0000062182
 Visit ID : STAROPV68495
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
 Received : 23/Mar/2024 11:41AM
 Reported : 23/Mar/2024 04:26PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.160	ng/mL	0-4	ELFA



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SPL24053623



Patient Name : Mr.ANIL M PAWAR
Age/Gender : 57 Y 11 M 5 D/M
UHID/MR No : STAR.0000062182
Visit ID : STAROPV68495
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9664446671

Collected : 23/Mar/2024 10:03AM
Received : 23/Mar/2024 03:30PM
Reported : 23/Mar/2024 05:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

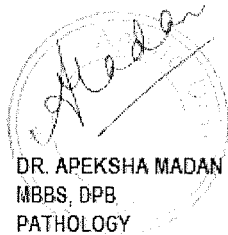
DEPARTMENT OF CLINICAL PATHOLOGY

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

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Page 16 of 16



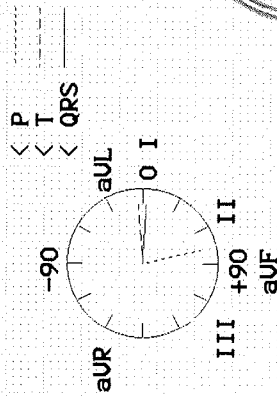
DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2314248



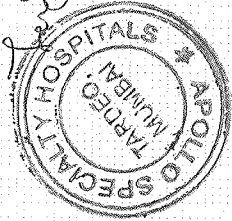
Measurement Results:

QRS : 86 ms
 QT/QTcB : 396 / 427 ms
 PR : 138 ms
 P : 110 ms
 RR/PP : 854 / 855 ms
 P/QRS/T : 76/ 4/ -6 degrees



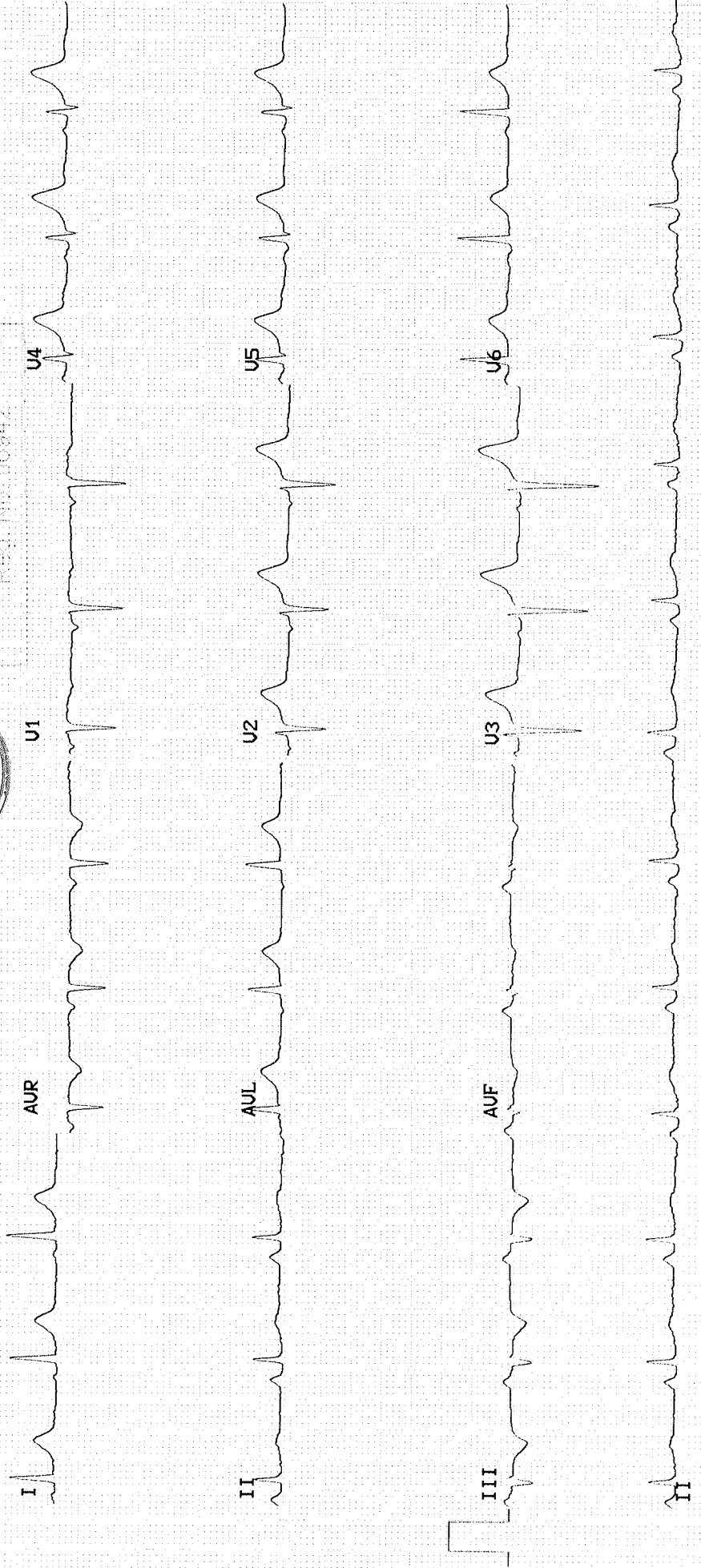
Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Possible Inferior infarct , age undetermined
 Abnormal ECG

fever well 800 change



DR. (MIS.) CHHAYA P. YAJAJA
 M.D. (MUM)
 Physician & Cardiologist
 Reg. No: 56942

Unconfirmed report.



Patient Name : Mr. ANIL M PAWAR
UHID : STAR.0000062182
Reported on : 25-03-2024 11:27
Adm/Consult Doctor :

Age : 57 Y M
OP Visit No : STAROPV68495
Printed on : 25-03-2024 11:28
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Mild Cardiomegaly.

Visualized lung fields are clear and translucent.

Bilateral hila are normal.

Bronchovascular markings are well appreciated and are normal.

Both the costo-phrenic angles appears normal.


Visualized bones and soft tissue appears normal.

Both the domes of diaphragm appears normal.

IMPRESSION: Mild Cardiomegaly.

Printed on:25-03-2024 11:27

---End of the Report---


Dr. VINOD SHETTY
Radiology

Name : Mr. Anil Pawar
Age : 57 Year(s)

Date : 23/03/2024
Sex : Male
Visit Type : OPD

ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
Grade I diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT WITH GRADE I DD.


DR. CHHAYA P. VAJA. M. D.(MUM)
NONINVASIVE CARDIOLOGIST

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr. Anil Pawar
Age : 57 Year(s)

Date : 23/03/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	80mm/sec
EPSS	04mm
LA	35mm
AO	28mm
LVID (d)	38mm
LVID(s)	24mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


DR. CHHAYA P. VAJA. M. D. (MUM)
NONINVASIVE CARDIOLOGIST

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : MR. ANIL PAWAR
Ref. By : HEALTH CHECK UP

Date : 23-03-2024
Age : 57 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 10.2 x 4.5 cms and the **LEFT KIDNEY** measures 10.1 x 4.3 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

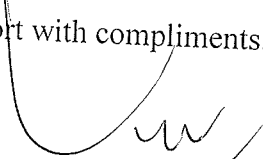
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 2.8 x 2.8 x 2.2 cms and weighs 9.3 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION : The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.

Report with compliments.


DR. VINOD V. SHETTY
MD, D.M.R.D.
CONSULTANT SONOLOGIST.

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

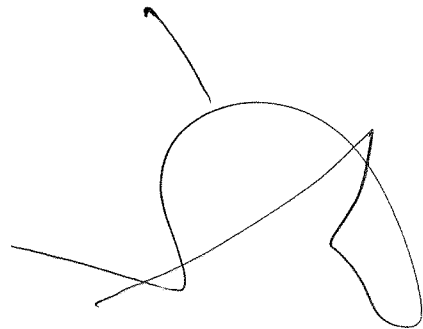
Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

23/3/24

S/B Dr. Mitul C. Bhatt (ENT)

Pt. for ENT Check up.

E	→	}	WNL	R	++
N	→				++
T	→				W →



EYE REPORT

Name: Anil Pawar

Date: 23/3/24

Age / Sex: 57 / M

Ref No.:

Complaint: BOV for near & present glasses.

Examination

— Int. Seg: WNL —
— 0.5:1 —
FR +

Spectacle Rx

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/9	—	Plano	—	6/9	—	Plano	—
Read	N6 add +2.50		—	—	+2.50			

Remarks:

Progressive Glasses

Medications:

Trade Name	Frequency	Duration

Follow up:



Consultant:

Apollo Spectra Hospitals
Famous Cine Labs, 156, Pt. M. M.
Malviya Road, Tardeo, Mumbai - 400 034.
Tel.: 022 4332 4500 www.apollospectra.com

Dr. Navrat J. Bakhari (Mistry)
M.D., D.O.M.S. (GOLD MEDALIST)
Reg. No. 2012/10/2914
Mob:- 8850 1858 73

DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable s`oups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
Cereals	Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.

Mr Anil Pawar
 ID 062182
 Age 57

Height 163cm
 Gender Male

Date 23. 3. 2024
 Time 10:03:43

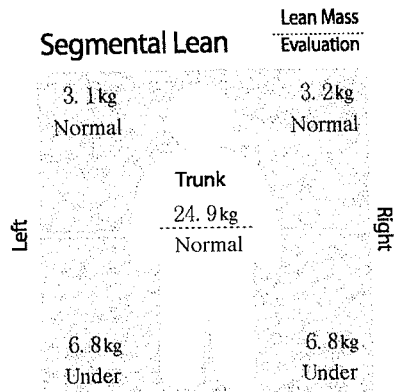
APOLLO SPECTRA HOSPITAL

Body Composition

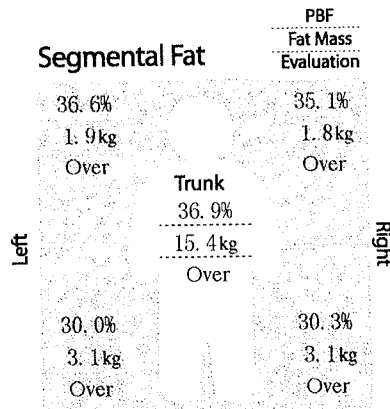
	Under	Normal	Over	UNIT:kg	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205				49.7 ~ 67.2
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				24.8 ~ 30.3
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520				7.0 ~ 14.0
TBW Total Body Water	35.4 kg (32.9 ~ 40.2)		FFM Fat Free Mass	48.1 kg (42.7 ~ 53.2)	
Protein	9.6 kg (8.8 ~ 10.8)		Mineral*	3.12 kg (3.04 ~ 3.72)	

* Mineral is estimated.

Segmental Lean



Segmental Fat



* Segmental Fat is estimated.

Obesity Diagnosis

	Under	Normal Range
BMI Body Mass Index (kg/m ²)	28.1	18.5 ~ 25.0
PBF Percent Body Fat (%)	35.6	10.0 ~ 20.0
WHR Waist-Hip Ratio	1.11	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1409	1604 ~ 1879

Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

Weight Management

Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

Obesity Diagnosis

BMI	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	<input type="checkbox"/> Extremely Over
PBF	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	
WHR	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	

Muscle-Fat Control

Muscle Control	+ 1.6 kg	Fat Control	- 17.8 kg	Fitness Score	61
----------------	----------	-------------	-----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	280.4	292.2	26.8	310.7	300.7
100kHz	248.6	260.6	22.9	277.7	269.4

* Use your results as reference when consulting with your physician or fitness trainer.

Exercise Planner Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 74.7 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
149	261	224	261	244	261		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
169	224	261	374	142	169		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
374	374	374	224	261	131		
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle		

• How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

• Recommended calorie intake per day

1500 kcal

* Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4weeks ÷ 7700**

Patient Name : Mr. ANIL M PAWAR

Age/Gender : 57 Y/M

UHID/MR No. : STAR.0000062182

OP Visit No : STAROPV68495

Sample Collected on :

Reported on : 25-03-2024 11:28

LRN# : RAD2278723

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9664446671

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Mild Cardiomegaly.

Visualized lung fields are clear and translucent.

Bilateral hila are normal.

Bronchovascular markings are well appreciated and are normal.

Both the costo-phrenic angles appears normal.

Visualized bones and soft tissue appears normal.

Both the domes of diaphragm appears normal.

IMPRESSION: Mild Cardiomegaly.



Dr. VINOD SHETTY
Radiology

Patient Name	: Mr. ANIL M PAWAR	Age/Gender	: 57 Y/M
UHID/MR No.	: STAR.0000062182	OP Visit No	: STAROPV68495
Sample Collected on	:	Reported on	: 23-03-2024 12:28
LRN#	: RAD2278723	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9664446671		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 10.2 x 4.5 cms and the **LEFT KIDNEY** measures 10.1 x 4.3 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 2.8 x 2.8 x 2.2 cms and weighs 9.3 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour.

No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.



Dr. VINOD SHETTY
Radiology