



Certificate No: MC-5697

Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 02:50PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.9	g/dL	13-17	Spectrophotometer
PCV	41.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.45</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.3	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	25.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3402	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1355.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	491.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.51		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	247000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	4	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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

Page 1 of 17

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240087186



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

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

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

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

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Visit ID : SPUNOPV62534	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

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Emp/Auth/TPA ID : 829539

Collected : 29/Mar/2024 12:07PM  
Received : 29/Mar/2024 01:07PM  
Reported : 29/Mar/2024 03:35PM  
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	93	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	77	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:PLPT1439865

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)

*Sneha Shah*  
Dr Sneha Shah  
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Consultant Pathologist

SIN No:EDT240040447



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Received : 29/Mar/2024 10:58AM  
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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>141</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>117.53</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.48	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.54		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04680587



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UHID/MR No	: SPUN.0000047074	Reported	: 29/Mar/2024 11:52AM
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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

- 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).

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	72.03	U/L	30-120	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.76	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	22.26	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.11	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.15	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.65	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.06	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	72.03	U/L	30-120	IFCC

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	35.33	U/L	<55	IFCC

*Sneha Shah*  
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Pune, Maharashtra

Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 12:54PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.77	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.225	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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



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



SIN No: SPL24059048

**Apollo Speciality Hospitals Private Limited**  
This test has been performed at Apollo Health and Lifestyle Rd- Sadashiv Peth Pune, Diagnostics Lab  
(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:  
P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,  
Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 12:58PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

**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	17.6	ng/mL		CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

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

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

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

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

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	98	pg/mL	120-914	CLIA

**Comment:**

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

Page 13 of 17

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

SIN No:SPL24059048



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

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mr.SHANKAR GUPTA  
Age/Gender : 39 Y 10 M 4 D/M  
UHID/MR No : SPUN.0000047074  
Visit ID : SPUNOPV62534  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 829539

Collected : 29/Mar/2024 09:55AM  
Received : 29/Mar/2024 10:58AM  
Reported : 29/Mar/2024 12:58PM  
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**

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.

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

SIN No:SPL24059048



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

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Certificate No: MC-5697

Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 12:44PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

**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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.510	ng/mL	0-4	CLIA

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



SIN No: SPL24059048

**Apollo Speciality Hospitals Private Limited**  
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Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 12:22PM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 12:44PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

**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
<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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 16 of 17

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

SIN No:UR2320036



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

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

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Certificate No: MC-5697

Patient Name : Mr.SHANKAR GUPTA  
Age/Gender : 39 Y 10 M 4 D/M  
UHID/MR No : SPUN.0000047074  
Visit ID : SPUNOPV62534  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 829539

Collected : 29/Mar/2024 09:55AM  
Received : 29/Mar/2024 12:22PM  
Reported : 29/Mar/2024 12:44PM  
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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

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

SIN No:UF011552



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

**Apollo Speciality Hospitals Private Limited**


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Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,  
Pune, Maharashtra

<b>Name</b> : Mr. Shankar Gupta	<b>Age</b> : 39 Y	<b>UHID</b> :SPUN.0000047074
<b>Address</b> : Flat No 803 A Wing Jasmin Siddheshwar GardansThane W 400607	<b>Sex</b> : M	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :SPUNOPV62534 <b>Bill No</b> :SPUN-OCR-10605 <b>Date</b> : 29.03.2024 09:11

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)</del>	
<input checked="" type="checkbox"/>	3 2 D ECHO	
<del>4</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<input checked="" type="checkbox"/>	5 GLUCOSE, FASTING	
<del>6</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE(POST PRANDIAL) 11:30am	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<del>12</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<input checked="" type="checkbox"/>	13 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	14 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:30am	
<del>15</del>	<del>VITAMIN D - 25 HYDROXY (D2+D3)</del>	
<del>16</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>17</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>18</del>	<del>ALKALINE PHOSPHATASE - SERUM/PLASMA</del>	
<input checked="" type="checkbox"/>	19 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	20 ENT CONSULTATION	
<input checked="" type="checkbox"/>	21 FITNESS BY GENERAL PHYSICIAN	
<del>22</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>23</del>	<del>VITAMIN B12</del>	
<del>24</del>	<del>LIPID PROFILE</del>	
<input checked="" type="checkbox"/>	25 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	26 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	27 ULTRASOUND - WHOLE ABDOMEN	
<del>28</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	


## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shankar Gupta on 29/09/24

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

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

Dr. Samrat Shah   
**General Physician**  
**Apollo Spectra Hospital Pune**

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

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

Date : 29/03/24  
MRNO :  
Name : Shankar Gupta  
Age/Gender :  
Mobile No : 391m

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

SpO2 - 98%

Pulse: 72/min	B.P: 118/72	Resp: 20/min	Temp: 98.6F.
Weight: 63.1kg	Height: 170cm	BMI: 22.5	Waist Circum:

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

chest pain int in nature (e)

Adv  
→ Eshine D3 605  
weekly - (12)  
B2a AA PAS  
weekly - (5)

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

follow up to join duty

Follow up date:

Doctor Signature  
*Shah*

Date : 29/03/24  
MRNO :  
Name : Shankar Gupta  
Age/Gender : 39 M  
Mobile No :

Department : ENT  
Consultant :  
Reg. No : Dr. Shivprakash  
Qualification :  
Consultation Timing : Mehta

Pulse:	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

ENT - NAD



Follow up date:

Doctor Signature

Date : 29/03/24  
MRNO :  
Name : Shankar Gupta  
Age/Gender :  
Mobile No : 391m

Department : Dental  
Consultant :  
Reg. No : Dr. Pournima  
Qualification :  
Consultation Timing :  
Gadre.

Pulse:	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

O/E :- Calculus & Stains +  
Adv Oral prophylaxis

Follow up date:



Doctor Signature

Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 02:50PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

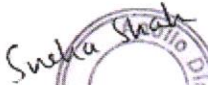
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	41.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.45</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.3	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	25.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3402	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1355.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	491.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.51		0.78- 3.53	Calculated
PLATELET COUNT	247000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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



  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240087186


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

Patient Name : Mr.SHANKAR GUPTA  
Age/Gender : 39 Y 10 M 4 D/M  
UHID/MR No : SPUN.0000047074  
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Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 829539

Collected : 29/Mar/2024 09:55AM  
Received : 29/Mar/2024 12:11PM  
Reported : 29/Mar/2024 02:50PM  
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



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240087186

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






Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 03:02PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:BED240087186

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



Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 12:07PM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 01:07PM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 03:35PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

**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	93	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	77	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:PLP1439865

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



Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 02:01PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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:EDT240040447

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



Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 11:52AM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>141</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>117.53</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.48	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.54		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

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 Dr Sneha Shah  
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 Consultant Pathologist

SIN No:SE04680587

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




Patient Name : Mr.SHANKAR GUPTA  
Age/Gender : 39 Y 10 M 4 D/M  
UHID/MR No : SPUN.0000047074  
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DEPARTMENT OF BIOCHEMISTRY

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

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	72.03	U/L	30-120	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

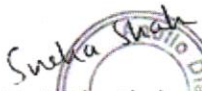
**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

  
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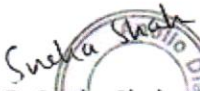
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.76	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	22.26	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.11	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.15	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.65	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.06	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated



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SIN No:SE04680587

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Collected : 29/Mar/2024 09:55AM  
Received : 29/Mar/2024 10:58AM  
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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 , SERUM	72.03	U/L	30-120	IFCC




DR.Sanjay Ingle  
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Consultant Pathologist

SIN No:SE04680587

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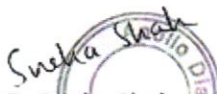


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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.33	U/L	<55	IFCC

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 Consultant Pathologist

SIN No:SE04680587

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Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 12:54PM
Visit ID : SPUNOPV62534	Status : Final Report
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Emp/Auth/TPA ID : 829539	

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.14	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.77	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.225	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  
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SIN No: SPL24059048

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 12:58PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	17.6	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

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

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

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

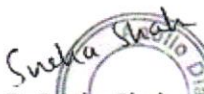
- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	98	pg/mL	120-914	CLIA

Comment:

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

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 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SPL24059048

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DEPARTMENT OF IMMUNOLOGY

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

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.



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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	0.510	ng/mL	0-4	CLIA



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Consultant Pathologist

SIN No:SPL24059048



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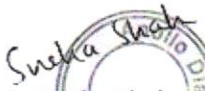
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 16 of 17



  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UR2320036

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

Patient Name : Mr.SHANKAR GUPTA	Collected : 29/Mar/2024 09:55AM
Age/Gender : 39 Y 10 M 4 D/M	Received : 29/Mar/2024 12:22PM
UHID/MR No : SPUN.0000047074	Reported : 29/Mar/2024 12:44PM
Visit ID : SPUNOPV62534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 829539	

**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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



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

SIN No:UF011552

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

# EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mr. Shankar Gupta

Date: 29/03/24

Age / Sex: 39 Y / M

Ref No.:

Complaint: No complaints

Examination

No DM

No HTN

Spectacle Rx

aided Vision   
 R 6/6' N8   
 L 6/6 N8

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	+3.25	—	—	6/6	+3.25	—	—
Add (Near)	+1.00	—	—	—	+1.00	—	—	—
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP   
 R +3.00   
 L +3.00

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 Yrs

Consultant: *[Signature]*

**Apollo Spectra Hospitals**

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



**2D ECHO / COLOUR DOPPLER**

**Name : Mr. Shankar Gupta**  
**Ref by : HEALTH CHECKUP**

**Age : 39YRS / M**  
**Date : 29/03/2024**

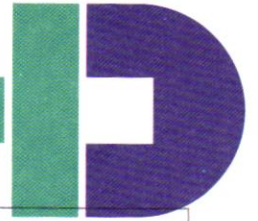
LA – 32      AO – 26      IVS – 10      PW – 10  
LVIDD – 37      LVIDS - 25  
EF 60 %

Normal LV size and systolic function.  
No diastolic dysfunction  
Normal LV systolic function, LVEF 60 %  
No regional wall motion abnormality  
Normal sized other cardiac chambers.  
Mitral valve has thin leaflets with normal flow.  
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient  
Normal Tricuspid & pulmonary valves.  
No tricuspid regurgitation.  
PA pressures Normal  
Intact IAS and IVS.  
No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**  
**NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.**  
**NO RWMA. NO PULMONARY HTN**  
**NO CLOTS/VEGETATIONS**



**DR.SAMRAT SHAH**  
**MD, CONSULTANT PHYSICIAN**



Name	Mr Shankar . Gupta	Age	39 Years
Patient ID	DD/293/2023-2024/1649	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	29/03/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**The liver** appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

**The gall bladder** is normal in size with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen. A 5 mm polyp is noted within it.

**The pancreas** appear normal in size and echotexture.

**The spleen** appears normal in size and echotexture.

**The right kidney** measures 9.6x4.6cms and **the left kidney** measures 10x5.0 cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

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


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

There is no free fluid or paraaortic lymphadenopathy seen.

### IMPRESSION:

**A 5 mm gall bladder polyp.**

**No other significant abnormality is seen.**

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

Gupta, Shankar  
ID: 47074

29.03.2024 9:36:34 AM  
Apollo Specra Hospital  
SWARGATE  
PUNE-4110

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

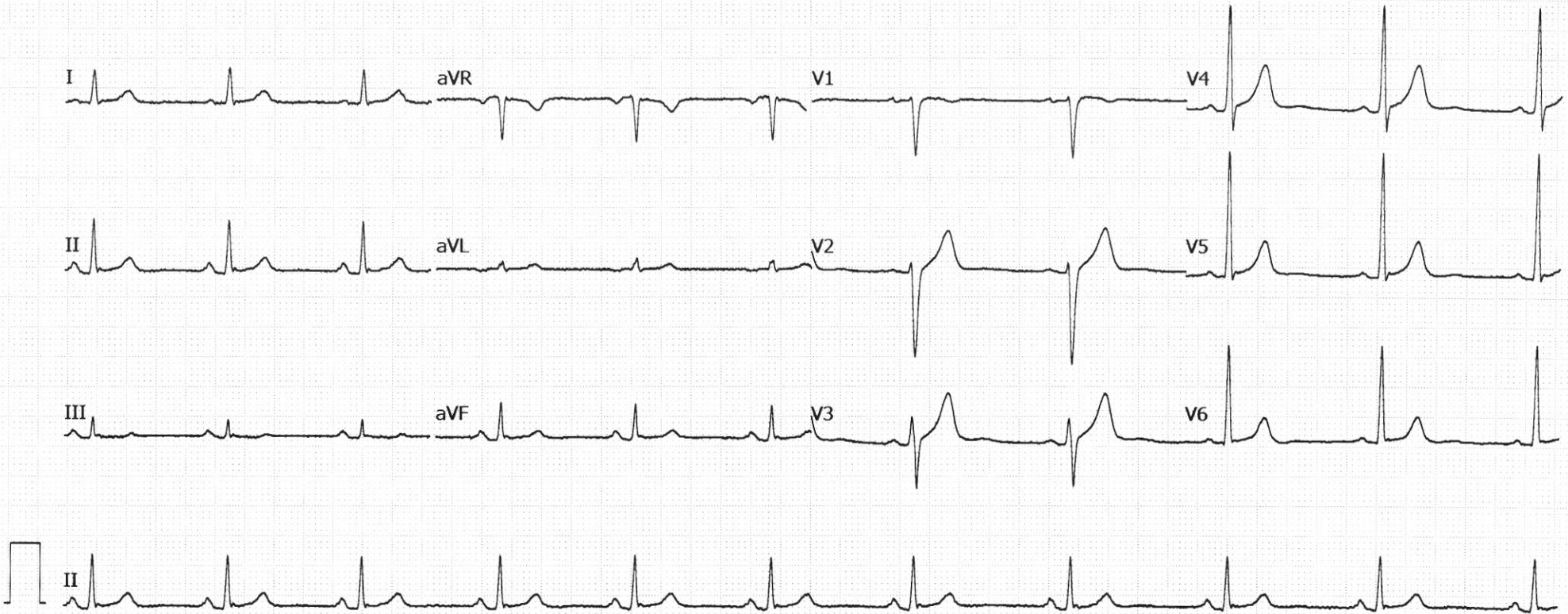
Room:

62 bpm  
-- / -- mmHg

Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS :	84 ms	Normal sinus rhythm
QT / QTcBaz :	368 / 373 ms	Normal ECG
PR :	146 ms	
P :	102 ms	
RR / PP :	964 / 967 ms	
P / QRS / T :	76 / 54 / 43 degrees	



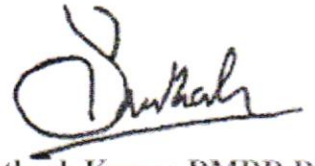
**Patient Name:** MR.SHANKAR GUPTA 39Y  
**Age:** 39 Years  
**Gender:** M  
**Image Count:** 1  
**Arrival Time:** 29-Mar-2024 09:49

**MR No:** SPUN.00047074  
**Location:** Apollo Spectra Hospital Pune (Swargate)  
**Physician:** SELF  
**Date of Exam:** 29-Mar-2024  
**Date of Report:** 29-Mar-2024 10:06

### X-RAY CHEST PA VIEW

#### FINDINGS

Normal heart and mediastinum.  
There is no focal pulmonary mass lesion is seen.  
No collapse or consolidation is evident.  
The apices, costo and cardiophrenic angles are free.  
No hilar or mediastinal lymphadenopathy is demonstrated.  
There is no pleural or pericardial effusion.  
No destructive osseous pathology is evident.  
**IMPRESSION:** No significant abnormality is seen.



**Dr.Santhosh Kumar DMRD,DNB**  
Consultant Radiologist  
Reg.No: 59248

#### CONFIDENTIALITY:

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#### PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.

Company Name	PACKAGE NAME	Booking ID	EMP-NAME
Arcofemi/Mediwheel/MALE/ :EMALE	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	UBOIE46 73	ASHOK SHANTARAM UMAPE
Arcofemi/Mediwheel/MALE/ :EMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOIE46 31	ISHWAR KAILAS MASKE
Arcofemi/Mediwheel/MALE/ :EMALE	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	UBOIE46 14	SHANKAR GUPTA
Arcofemi/Mediwheel/MALE/ :EMALE	Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D ECHO	bobE159 97	MR. SINGH PANKAJ KUMAR
Arcofemi/Mediwheel/MALE/ :EMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOIE43 31	SHITOLE VINOD VASANTRAO



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Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

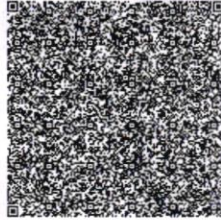
नामांकन क्रम/ Enrolment No.: 0662/30002/34771

Download Date: 06/02/2021

To  
शंकर गुप्ता  
SHANKAR GUPTA  
Flat No. 803A Wing Jasmin  
Siddheshwar Gardans  
Thn (W)  
Thane  
Sandozbaugh  
Thane Maharashtra - 400607  
9022305509

Issue Date: 20/01/2021

Signature Not Verified  
Digitally signed by SHANKAR GUPTA  
Unique Identification Authority of India SA  
Date: 2021.02.06 18:47:19  
IST



आपका आधार क्रमांक / Your Aadhaar No. :

**4231 7605 4785**

VID : 9111 8239 0044 0276

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Download Date: 06/02/2021



शंकर गुप्ता  
SHANKAR GUPTA  
जन्म तिथि/DOB: 25/05/1984  
पुरुष/ MALE

Issue Date: 20/01/2021

**4231 7605 4785**

VID : 9111 8239 0044 0276

मेरा आधार, मेरी पहचान



Government of India



### सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
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- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

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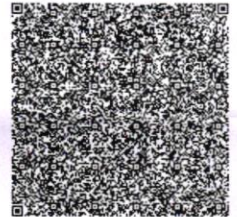


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Unique Identification Authority of India



पता:  
फ्लैट नं. 803ए विंग जसमीन, सिद्धेश्वर गर्दास, ठन  
(डब्ल्यू), ठाणे, ठाणे,  
महाराष्ट्र - 400607

Address:  
Flat No. 803A Wing Jasmin, Siddheshwar  
Gardans, Thn (W), Thane, Thane,  
Maharashtra - 400607



**4231 7605 4785**

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