



Certificate No: MC- 5697

Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 12:10PM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 02:49PM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	45.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.26	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.9	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	<b>34.7</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66.3	%	40-80	Electrical Impedance
LYMPHOCYTES	21.2	%	20-40	Electrical Impedance
EOSINOPHILS	<b>6.9</b>	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5834.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1865.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>607.2</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	492.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.13		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	230000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	5	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
<b>RBC's are Normocytic Normochromic</b>				
<b>WBC's Mild Eosinophilia</b>				
<b>Platelets are Adequate</b>				
<b>No hemoparasite seen.</b>				

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240087195



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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Emp/Auth/TPA ID : 670816	

**DEPARTMENT OF HAEMATOLOGY**

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

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

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

SIN No:BED240087195



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Visit ID : SPUNOPV62536	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	94	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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



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



SIN No:PLF02136881

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	98	mg/dL	70-140	HEXOKINASE

**Comment:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	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.

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:EDT240040453



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**DEPARTMENT OF BIOCHEMISTRY**

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

4. 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.
5. 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  
MBBS, MD (Pathology)  
Consultant Pathologist

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>202</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>245</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>38</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>164</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>115.37</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>48.92</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.35</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.45</b>		<0.11	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 12

  
Dr Sneha Shah  
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Consultant Pathologist

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Visit ID	: SPUNOPV62536	Status	: Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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

SIN No:SE04680596



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.84	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35.83	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>68.3</b>	U/L	<50	IFCC
ALKALINE PHOSPHATASE	54.02	U/L	30-120	IFCC
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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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Consultant Pathologist

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.94	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>13.91</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.5	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.67	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	21.69	U/L	<55	IFCC

*Sneha Shah*  
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.57	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.938	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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No: SPL24059057

**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.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 12:22PM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 12:43PM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Page 12 of 12

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

SIN No:UR2320045



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

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



<b>Name</b> : Mr. Ishwar Kailas Mhaske  <b>Address</b> : 175 Yashwant Nagar HAdgaon Nanded  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age:</b> 35 Y  <b>Sex:</b> M	<b>UHID:</b> SPUN.0000047076  <b>OP Number:</b> SPUNOPV62536 <b>Bill No</b> :SPUN-OCR-10607 <b>Date</b> : 29.03.2024 09:36
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>3</del>	<del>GLUCOSE, FASTING</del>	
<del>4</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>5</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>6</del>	<del>PERIPHERAL SMEAR</del>	
<del>7</del>	<del>ECG</del>	
<del>8</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>9</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>10</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>11</del>	<del>X-RAY CHEST PA</del>	
<del>12</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>13</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>14</del>	<del>LIPID PROFILE</del>	
<del>15</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>16</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
<del>17</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 Ishwar Maske on 29/03/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. 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 : Ishwar Mhaske  
Age/Gender :  
Mobile No : 351111

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

SPO2 - 99%

Pulse: 82	B.P: 141/72	Resp: 20/min	Temp: 98.6f
Weight: 76kg	Height: 167cm	BMI:	Waist Circum:

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

No complaints  
found fit to join duty

Me  
Dyslipidemia:  
Avoid oily food / fatty food

T. Rosuvastatin 10  
0 - 1 x 90

Follow up date: 3 months

**Dr. Samrat Shah**  
MBBS MD  
Reg No. 2027097302  
Consultant Internal Medicine  
Apollo Spectra Hospital  
Doctor Signature  
*Dr. Shah*



Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 12:10PM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 02:49PM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	45.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.26	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.9	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66.3	%	40-80	Electrical Impedance
LYMPHOCYTES	21.2	%	20-40	Electrical Impedance
EOSINOPHILS	6.9	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5834.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1865.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	607.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	492.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.13		0.78- 3.53	Calculated
PLATELET COUNT	230000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC's are Normocytic Normochromic				
WBC's Mild Eosinophilia				
Platelets are Adequate				
No hemoparasite seen.				



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

SIN No:BED240087195

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



Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 10:47AM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 11:24AM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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



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

SIN No:PLF02136881



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

Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 12:10PM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 02:01PM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	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

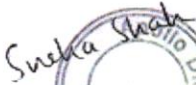
**Note:** Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

Page 3 of 11

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:EDT240040453

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



Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 12:10PM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 02:01PM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

DEPARTMENT OF BIOCHEMISTRY

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

4. 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.
5. 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 Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:EDT240040453

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





Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 11:51AM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	202	mg/dL	<200	CHO-POD
TRIGLYCERIDES	245	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	164	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.37	mg/dL	<100	Calculated
VLDL CHOLESTEROL	48.92	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.35		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.45		<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:SE04680596

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





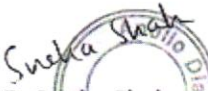
Patient Name : Mr.ISHWAR KAILAS MHASKE  
Age/Gender : 35 Y 9 M 15 D/M  
UHID/MR No : SPUN.0000047076  
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Collected : 29/Mar/2024 09:56AM  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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).



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04680596

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



Patient Name	: Mr.ISHWAR KAILAS MHASKE	Collected	: 29/Mar/2024 09:56AM
Age/Gender	: 35 Y 9 M 15 D/M	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN.0000047076	Reported	: 29/Mar/2024 01:35PM
Visit ID	: SPUNOPV62536	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 670816		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.84	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35.83	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>68.3</b>	U/L	<50	IFCC
ALKALINE PHOSPHATASE	54.02	U/L	30-120	IFCC
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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:**

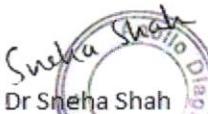
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In 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.

Page 7 of 11

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04680596

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





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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.94	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>13.91</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.5	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.67	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04680596

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

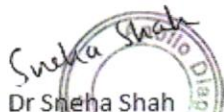


Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 11:51AM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.69	U/L	<55	IFCC

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

SIN No:SE04680596

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





Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 12:24PM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.57	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.938	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No:SPL24059057



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

Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 12:22PM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 12:43PM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Result/s to Follow:  
BLOOD GROUP ABO AND RH FACTOR

Page 11 of 11



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UR2320045

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






Patient Name : Mr.ISHWAR KAILAS MHASKE	Collected : 29/Mar/2024 09:56AM
Age/Gender : 35 Y 9 M 15 D/M	Received : 29/Mar/2024 12:10PM
UHID/MR No : SPUN.0000047076	Reported : 29/Mar/2024 04:31PM
Visit ID : SPUNOPV62536	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 670816	

**DEPARTMENT OF HAEMATOLOGY**

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

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



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

SIN No:BED240087195

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



**Patient Name:**

MR.ISHWAR MASKE 35Y

**Age:**

35 Years

**Gender:**

M

**Image Count:**

1

**Arrival Time:**

29-Mar-2024 10:03

**MR No:**

SPUN.00047076

**Location:**

Apollo Spectra Hospital Pune  
(Swargate)

**Physician:**

SELF

**Date of Exam:**

29-Mar-2024

**Date of Report:**

29-Mar-2024 10:17

### X-RAY CHEST P.A VIEW

**HISTORY:** Health check up

#### FINDINGS

Normal mediastinum.

No hilar or mediastinal lymphadenopathy.

No pericardial effusion.

Cardia is normal in size.

Right Lung field : No focal lesion. No collapse. No consolidation.


Left Lung field : No focal lesion . No collapse. No consolidation .

The apices, costo and cardiophrenic angles are free. No pleural effusion

No destructive osseous pathology is evident.

#### IMPRESSION:

No significant abnormality is seen.



**Dr.V.Pavan Kumar.MBBS,DMRD.**  
**Consultant Radiologist**  
**Reg.No : 57017**

**EYE REPORT**

Name: Mr. Ishwar Maske

Date: 29/03/24

Age / Sex: 35 Y / M

Ref No.:

Complaint: No complaints

**Examination**

No DM

No HTN

aided Vision   
 R 6/6 N6   
 L 6/6 N6

**Spectacle Rx**

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-0.75	—	—	6/6	-0.75	—	—
Read	—	—	—	N6	—	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

**Remarks:**


WNL

PGP   
 R -0.75   
 L -0.75

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant: 

**Apollo Spectra Hospitals**



Maske, Ishwar  
ID: 47076

167 cm Male  
76.0 kg

29.03.2024 10:06:39 AM  
Apollo Specra Hospital  
SWARGATE  
PUNE-4110

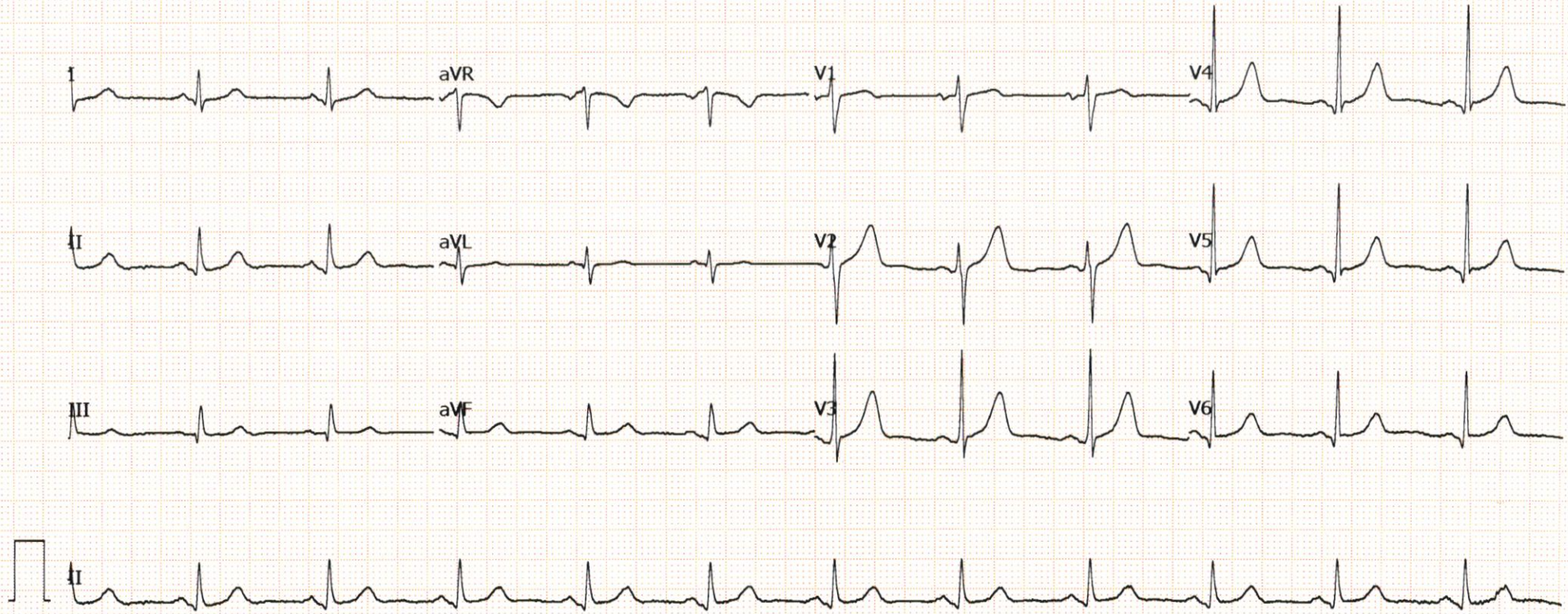
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

71 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms Normal sinus rhythm  
QT / QTcBaz : 396 / 430 ms Normal ECG  
PR : 128 ms  
P : 104 ms  
RR / PP : 846 / 845 ms  
P / QRS / T : 46 / 61 / 51 degrees





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



भारत सरकार  
Government of India



ईश्वर कैलास मस्के  
Ishwar Kailas Maske  
जन्म तारीख/DOB: 14/06/1988  
पुरुष/ MALE  
Mobile No: 7498474301

5348 2700 6566

मेरा आधार, मेरी पहचान

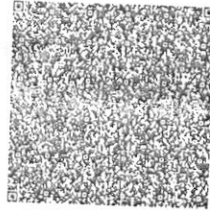


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O कैलास मस्के, घर नं १७५, यशवंत नगर हदगाव,  
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