

DATE- 27/3/2024

NAME - ASHUTOSA PAR

AGE/GENDER - 38, M

PAMOF

EMAIL - pande asher tosher Qquai'l. om

PHONE - 99534652-31

ADDRESS - 806, GF, SEC 9 GGM.

CORPORATE NAME - UNION BANK OF

INDIA

1. Past medical history & medications:-

Bjabeties Mellitus

Tab Glimepericle (GP-1), Gliptagreat M 1000

2. Any existing disease: -

Biabeties

3. Current medications :-

Tab. glimperide (GP-1), gliptagreat M/000

- 4. VITALS (To be filled by medical personnel)
 - · BLOOD PRESSURE 150/90 my
 - PULSE RATE 103 hut
 - TEMPERATURE 7 2
 - SPO2 991,
 - BLOOD SUGAR (RANDOM)
 - · HEIGHT LSS CM
 - · WEIGHT . 2241 4.9.
 - BMI

12 - 6/12

RE -6/12

in Vision: - Normal

TO BOOK AN APPOINTMENT

(08079 838383



Patient's Name:-

MR. ASUTOSH

PANDEY

Referred By :- HEALTH CHEAKUP

Date :- 27/03/2024

Age/Sex :- 38Y/M

Radiograph of Chest (PA View)

Visualized lungs fields appear normal.

Both hila appear normal

Both CP Angle are clear.

Domes are normally placed.

Cardiac shadow appears normal.

Trachea and mediastinum are normal.

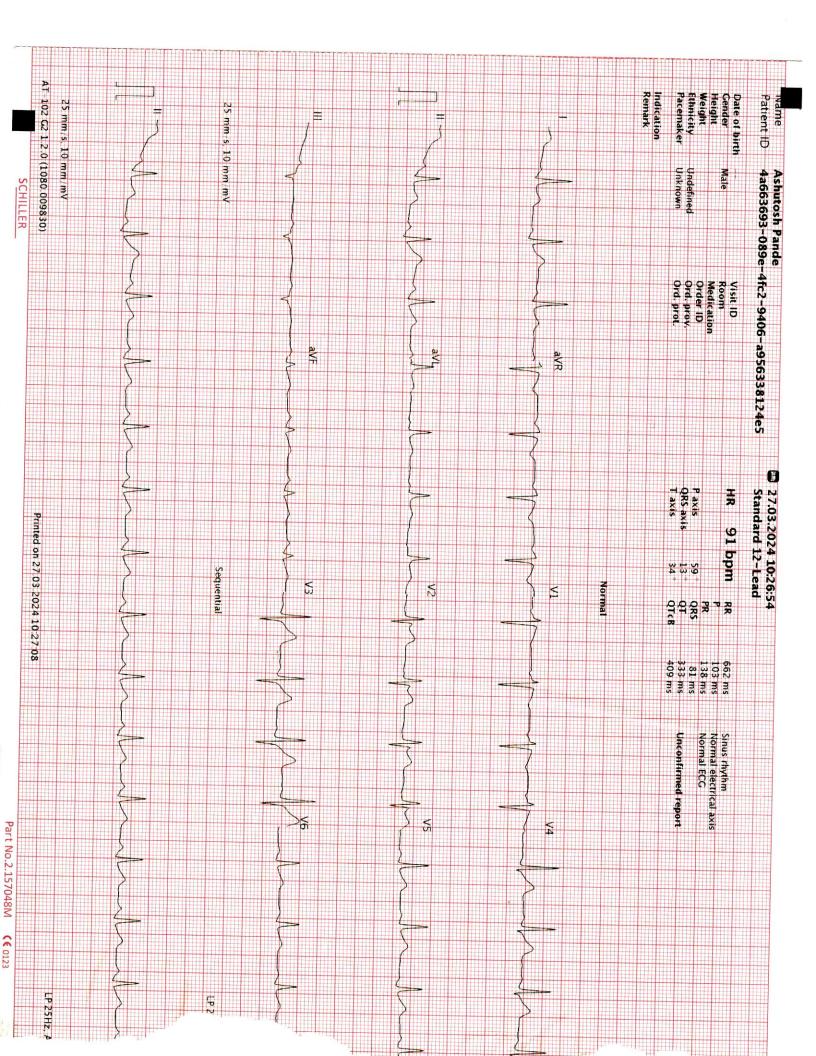
Thoracic bony cage is normal.

Please correlate clinically

Dr Arushi Gupta

MBBS, DNB (Radio - Diagnosis)

Radiologist





Age/Gender : 38 Y O M O D /M

LabNo : ITS3011
Ref Doctor : SELF

Barcode NO : 10062006

Registration Date : 27/Mar/2024 11:18AM
Sample Collected Date : 27/Mar/2024 11:18AM
Report Generated Date : 27/Mar/2024 05:49PM

DEPARTMENT OF HAEMATOLOGY					
Test Name	Result	Unit	Bio. Ref. Range	Method	
COMPLETE BLOOD COUNT					
Sample Type : WHOLE BLOOD EDTA					
HAEMOGLOBIN (HB)	14.1	gm/dl	13.00-17.00	spectrophotometer	
RBC COUNT(RED BLOOD CELL COUNT)	5.0	million/cmm	4.50 - 5.50	Electrical impedence	
PCV/HAEMATOCRIT	42.1	%	40-50	Electronic Pulse & calculation	
MCV	83.3	fL	81 - 101	Calculated	
MCH	27.9	pg	27-32	Calculated	
MCHC	33.5	g/dl	31.5 - 34.5	Calculated	
RDW-CV	13.2	%	11.5-14.5	Calculated	
RDW-SD	45	fL	39-46	Calculated	
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cell/cmm	4000 - 10000	Electrical impedence	
PLATELET COUNT	1.9	lac/mm3	1.50 - 4.50	Optical Flowcytometry	
MPV	11.2	fL	8.60-15.50	Calculated	
PCT	0.2	%	0.15-0.62	Calculated	
PDW-CV	18.20	%	10.0 - 17.9	Calculated	
PDW-SD	19	fL	9.0 - 17.0	Calculated	
DLC (by Flow cytometry/Microscopy)		<u> </u>		<u>.</u>	
NEUTROPHIL	56.3	%	40 - 80	Electrical impedence	
LYMPHOCYTE	36.5	%	20 - 40	Electrical impedence	
MONOCYTE	5.3	%	2 - 10	Electrical impedence	
EOSINOPHIL	1.5	%	01 - 06	Electrical impedence	
BASOPHIL	0.4	%	00 - 02	Electrical impedence	
ABSOLUTE NEUTROPHIL COUNT	3.5	x10^3 Cells/uL	1.5-7.8	Electrical impedence	
ABSOLUTE LYMPHOCYTE COUNT	2.3	x10^3 Cells/uL	2.0-3.9	Electrical impedence	
ABSOLUTE MONOCYTE COUNT	0.3	x10^3 Cells/uL	0.2-0.95	Electrical impedence	
ABSOLUTE EOSINOPHIL COUNT	0.1	x10^3 Cells/uL	0.2-0.5	Electrical impedence	
ABSOLUTE BASOPHIL COUNT	0	x10^3 Cells/uL	0.02-0.2	Electrical impedence	



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9A-11A, Ground Floor, Vipul Trade Centre, Sector-48, Sohna Road, Gurgaon-122018 (Haryana)



Age/Gender : 38 Y O M O D /M

Test Name

LabNo : ITS3011
Ref Doctor : SELF

Barcode NO : 10062006

Registration Date : 27/Mar/2024 11:18AM
Sample Collected Date : 27/Mar/2024 11:18AM
Report Generated Date : 27/Mar/2024 05:48PM

DEPARTMEN	T OF HAEMATO	LOGY	
Result	Unit	Bio. Ref. Range	Method

ERYTHROCYTE SEDIMENTATION RATE

Sample Type: WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE 20 mm/1st hr 1-12 Westergren

COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. • Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g., temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



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Barcode NO : 10062006

Registration Date : 27/Mar/2024 11:18AM
Sample Collected Date : 27/Mar/2024 11:18AM
Report Generated Date : 27/Mar/2024 04:50PM

DEPARTMENT OF HAEMATOLOGY				
Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP ABO & RH			
Sample Type : WHOLE BLOOD EDTA			
ABO	А		Gel Columns agglutination
Rh Typing	POSITIVE		Gel agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.



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DEPARTMENT OF HAEMATOLOGY				
Test Name Result Unit Bio. Ref. Range Method				

HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c	10.9	%	Normal Glucose tolerance (non-diabetic): <5.6%~Pre- diabetic: 5.7-6.4%~Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	266.13	mg/dl		

INCREASED IN

- 1. Chronic renal failure with or without hemodialysis.
- Iron deficiency anemia. Increased serum triglycerides.
 Alcohol.
 Salicylate treatment.

DECREASED IN

- Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
 Ingestion of large amounts (>1g/day) of vitamin C or E.
 Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
 Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.



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Registration Date : 27/Mar/2024 11:18AM
Sample Collected Date : 27/Mar/2024 11:18AM
Report Generated Date : 27/Mar/2024 05:02PM

DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.50	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dl	0.1-1.0	Calculated
S.G.P.T	33.20	U/L	10.00-35.00	Enzymatic,IFFC
SGOT	16.90	U/L	8.00-35.00	Enzymatic,IFFC
GGT	62.70	U/L	8.00-55.00	Colorimetric Method
ALKALINE PHOSPHATASE	71.00	U/I	30.00-120.00	P-Nitrophenyl phosphate
TOTAL PROTEINS	7.40	gm/dl	6.40-8.30	Biuret
ALBUMIN	4.30	gm/dl	3.50-5.00	BCG
GLOBULIN	3.10	gm/dl	2.00-4.10	Calculated
A/G RATIO	1.39		1.00-2.00	Calculated



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DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	205	mg/dl	<200~Borderline: 200 – 239~High: >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	352	mg/dl	<150~BorderLine : 150- 199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	45.9	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg- Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	88.7	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160- 189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	159.1	mg/dl	Desirable: <130~BorderLine: 150-199~High: 200- 499~Very High: >=500	Calculated
VLDL	70.4	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.47			Calculated
LDL / HDL RATIO	1.93			Calculated



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Sample Collected Date : 27/Mar/2024 11:18AM
Report Generated Date : 27/Mar/2024 05:02PM

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
Plasma Glucose Fasting	183.2	mg/dl	70 - 100	Glucose Oxidase/Peroxidase

DEPARTMENT OF BIOCHEMISTRY

PLASMA GLUCOSE - PP				
Sample Type : FLOURIDE PLASMA (PP)				
Plasma Glucose PP	344.4	mg/dl	80-140	Glucose Oxidase/Peroxidase

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Report Generated Date : 27/Mar/2024 05:02PM

itel Doctor : SEEI		Report Gen	ioratea Bate : 27	71VIGI 7202+ 05:021 W
	DEPARTM	ENT OF BIOCHEMIS	TRY	
Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST				
Sample Type : SERUM				
SERUM UREA	35.1	mg/dL	15-39	Urease GLDH
SERUM URIC ACID	6.4	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	0.87	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate	104.38	mL/min/1.73m2	REFER INTERPRETAION	
(eGFR)				
SERUM TOTAL CALCIUM	9.20	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	143.6	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	4.57	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	105.3	mmol/L	98.0-109.0	ISE



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Age/Gender : 38 Y O M O D /M

LabNo : ITS3011 Ref Doctor : SELF

: 10062006 Barcode NO

Registration Date : 27/Mar/2024 11:18AM Sample Collected Date : 27/Mar/2024 11:18AM Report Generated Date : 28/Mar/2024 02:03PM

DEPARTMENT OF HORMONE ASSAYS				
Test Name Result Unit Bio. Ref. Range Metho				

THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.31	ng/ml	0.61-1.81	ELISA
T4	9.45	ug/dl	4.80-11.60	ELISA
TSH	2.30	uIU/mL	0.40-4.20	ELISA

INTERPRETATION:

- 1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.

- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.

 3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.

 4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and
- propylthiouracil.

 5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary
- hyperthyroidism).

 6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal
- 7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism
- 9 REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL	
1st Trimester	0.60 - 3.40	
2nd Trimester	0.37 - 3.60	
3rd Trimester	0.38 - 4.04	

Age	TSH in uI U/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

⁽ References range recommended by the American Thyroid Association)

Comments:

- 1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended
- 2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



MBBS, DNB Pathology Sr. Consultant (HMC.9669)

TO BOOK AN APPOINTMENT

08079 838383 08079 848484



Age/Gender : 38 Y 0 M 0 D /M

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DEPARTMENT OF CLINICAL PATHOLOGY					
Test Name	Result	Unit	Bio. Ref. Range	Method	
URINE ROUTINE EXAMINATION					
Sample Type : URINE					
Complete Urine Analysis (CUE)					
COLOUR	PALE YELLOW		PALE YELLOW	VISUAL	
TRANSPARENCY	CLEAR		Clear	VISUAL	
Reaction (pH)	6.00		5 - 7.5	Bromothymol Blue	
SPECIFIC GRAVITY	1.020		1.002 - 1.030	Dipstick	
Chemical Examination (Automated I	Dipstick Method) Urine			•	
Urine Glucose (sugar)*	Negative		NEGATIVE	GOD-POD	
Urine Protein	Negative		NEGATIVE	PROTEIN ERROR OF INDICATOR	
Urine Ketones	Negative		NEGATIVE	NITROPRUSSIDE	
Blood*	Negative		NEGATIVE	Dipstick	
Leukocyte esterase*	Negative		Negative	PYRROLE HYDROLYSIS	
Nitrite*	Negative		NEGATIVE	Dipstick	
Urobilinogen*	NORMAL		Normal	EHRLICH	
Microscopic Examination Urine	<u> </u>	<u>.</u>		<u>.</u>	
PUS CELLS	0-1	/hpf	0 - 5	Microscopy	
Epithelial Cells*	0-1		<10	Microscopy	
Red blood Cells*	NIL	/hpf	0 - 2	Microscopy	
Cast*	NIL		Absent	Microscopy	
Crystals*	NIL		Absent	Microscopy	

*** End Of Report ***



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9A-11A, Ground Floor, Vipul Trade Centre, Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Final Bill

Name: Mr. Ashutosh Pande
Age/Gender: 38 Years / Male
MR No: FSOH.0000003718
Department: General

Address: Sec-9

Corporate Name: ARCOFEMI HEALTHCARE LIMITED
:ARCOFEMI MEDIWHEEL MALE AHC
CREDIT PAN INDIA OP AGREEMENT

 Bill No:
 FSOH-OCR-1109

 Bill Date:
 27-03-2024 12:48

 Visit ID:
 FSOHOPV5663

 Referred By:
 SELF

Doctor Name:

Sn	o Date	Charge Head	Description	Rate	Qty	Disc	Amount
			ARCOFEMI - MEDIWHEEL - FULL BODY				
1	27-03-2024	Package Charges	STANDARD PLUS MALE - PAN INDIA -	1,000.00	1.00	0.00	1,000.00

FY2324
Net Amount: 1,000.00

Bill Summary

Total Bill Amount	1,000.00
Less Discount	0.00
Net Amt.	1,000.00
Deductions (Patient Amount)	0.00
Less Patient Payments	0.00
Patient Due	0.00
Pri. Sponsor Amount	1,000.00
Pri. Sponsor Pay	0.00
Pri. Sponsor Due	1,000.00

Signature

-->

(Pankaj Kushwaha)

Zimbra

Your appointment is confirmed

From: noreply@apolloclinics.info

Tue, Mar 26, 2024 01:15 PM

Subject : Your appointment is confirmed **To :** pandeashutosha@gmail.com

Cc: sohna road <sohna.road@apolloclinic.com>



Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SOHNA ROAD** clinic on **2024-03-27** at **08:45-09:00**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

1 of 2 28-03-2024, 19:36

Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: Apollo Clinic, 9A,9B,10A,10B &11, Ground Floor, Vipul Trade Center, Badshahpur Sohna Rd Hwy, Sector 48, Gurugram, Haryana 122048.

Contact No: 080798 38383, 8079848484.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Clinic

2 of 2 28-03-2024, 19:36



