

|                 |                      |              |                               |
|-----------------|----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.INDIS RUSHIKESH | Collected    | : 29/Mar/2024 10:05AM         |
| Age/Gender      | : 39 Y 0 M 4 D/M     | Received     | : 29/Mar/2024 02:36PM         |
| UHID/MR No      | : CAUN.0000141896    | Reported     | : 29/Mar/2024 05:29PM         |
| Visit ID        | : CAUNOPV169050      | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF            | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : UBOIE4677          |              |                               |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

  
Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240087240

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



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**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name                                   | Result | Unit                    | Bio. Ref. Range | Method                         |
|---|--------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |        |                         |                 |                                |
| <b>HAEMOGLOBIN</b>                          | 15.9   | g/dL                    | 13-17           | Spectrophotometer              |
| PCV   | 47.70  | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                   | 5.12   | Million/cu.mm           | 4.5-5.5         | Electrical Impedance           |
| MCV   | 93     | fL                      | 83-101          | Calculated                     |
| MCH   | 31     | pg                      | 27-32           | Calculated                     |
| MCHC  | 33.2   | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                       | 12.7   | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 8,100  | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>  |        |                         |                 |                                |
| NEUTROPHILS                                 | 60.1   | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                 | 29.8   | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                 | 2      | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                   | 8.1    | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                   | 0      | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |        |                         |                 |                                |
| NEUTROPHILS                                 | 4868.1 | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                 | 2413.8 | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                 | 162    | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                   | 656.1  | Cells/cu.mm             | 200-1000        | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)           | 2.02   |                         | 0.78- 3.53      | Calculated                     |
| <b>PLATELET COUNT</b>                       | 287000 | 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**



Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

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**DEPARTMENT OF HAEMATOLOGY**

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

**No hemoparasite seen.**

  
Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

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**DEPARTMENT OF HAEMATOLOGY**

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

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

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

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|                                   |  |
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| Age/Gender : 39 Y 0 M 4 D/M       | Received : 29/Mar/2024 02:35PM             |
| UHID/MR No : CAUN.0000141896      | Reported : 29/Mar/2024 04:57PM             |
| Visit ID : CAUNOPV169050          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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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     |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 112    | 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) | 171    | 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     |
|--|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                     | 6      | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                | 126    | mg/dL |                 | Calculated |

  
 Dr Sheha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:EDT240040482

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DEPARTMENT OF BIOCHEMISTRY

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

**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
  - HbF >25%
  - Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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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>272</b>   | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | <b>197</b>   | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | <b>66</b>    | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | <b>206</b>   | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | <b>166.8</b> | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | <b>39.44</b> | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | <b>4.15</b>  |       | 0-4.97          | Calculated                 |
| ATHEROGENIC INDEX (AIP)      | <b>0.12</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.



**DR. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist



SIN No:SE04680648

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**DEPARTMENT OF BIOCHEMISTRY**

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

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



**DR. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
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Certificate No: MC-5697

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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method             |
|--|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 1.36   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.22   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 1.14   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 69.33  | U/L   | <50             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 26.1   | U/L   | <50             | IFCC               |
| ALKALINE PHOSPHATASE                     | 108.75 | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 7.78   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.95   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.83   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.75   |       | 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.



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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  | 0.98         | mg/dL  | 0.72 – 1.18     | Modified Jaffe, Kinetic  |
| UREA  | 23.06        | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 10.8         | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 5.09         | mg/dL  | 3.5–7.2         | Uricase PAP              |
| CALCIUM   | 9.94         | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 2.80         | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 136.6        | mmol/L | 136–146         | ISE (Indirect)           |
| POTASSIUM   | 4.9          | mmol/L | 3.5–5.1         | ISE (Indirect)           |
| CHLORIDE  | <b>99.55</b> | mmol/L | 101–109         | ISE (Indirect)           |
| PROTEIN, TOTAL  | 7.78         | g/dL   | 6.6-8.3         | Biuret                   |
| ALBUMIN   | 4.95         | g/dL   | 3.5-5.2         | BROMO CRESOL GREEN       |
| GLOBULIN  | 2.83         | g/dL   | 2.0-3.5         | Calculated               |
| A/G RATIO   | 1.75         |        | 0.9-2.0         | Calculated               |



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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name  | Result        | Unit | Bio. Ref. Range | Method |
|--|---------------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | <b>166.39</b> | U/L  | <55             | IFCC   |



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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)                      | 1.28   | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 12.12  | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 2.328  | 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 Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SPL24059101

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





|                 |                      |              |                               |
|-----------------|----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.INDIS RUSHIKESH | Collected    | : 29/Mar/2024 10:05AM         |
| Age/Gender      | : 39 Y 0 M 4 D/M     | Received     | : 29/Mar/2024 02:55PM         |
| UHID/MR No      | : CAUN.0000141896    | Reported     | : 29/Mar/2024 05:06PM         |
| Visit ID        | : CAUNOPV169050      | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF            | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : UBOIE4677          |              |                               |

DEPARTMENT OF IMMUNOLOGY

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SPL24059101

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



|                                   |  |
|-----------------------------------|--|
| Patient Name : Mr.INDIS RUSHIKESH | Collected : 29/Mar/2024 10:05AM            |
| Age/Gender : 39 Y 0 M 4 D/M       | Received : 29/Mar/2024 03:18PM             |
| UHID/MR No : CAUN.0000141896      | Reported : 29/Mar/2024 04:06PM             |
| Visit ID : CAUNOPV169050          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIE4677       |  |

**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 14 of 14



Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UR2320083

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




## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rushikesh Jodis on 29/03/2024

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

|  | Tick |
|--|------|
| <ul style="list-style-type: none"> <li>Medically Fit</li> </ul>  |      |
| <ul style="list-style-type: none"> <li>Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. Elevated BSL F/PP &amp; HbA1c levels</p> <p>2. Hyperlipidemia</p> <p>3. ↑sed GTT levels</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> | ✓    |
| <ul style="list-style-type: none"> <li>Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>   |      |
| <ul style="list-style-type: none"> <li>Unfit</li> </ul>  |      |

Dr.   
**Medical Officer**  
**Apollo Clinic, (Aundh, Pune)**

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

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

**APOLLO CLINICS NETWORK MAHARASHTRA**

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

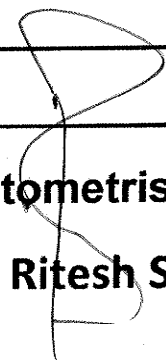
 **1860 500 7788**

Patient Name : Indis Rushikesh  
 AGE/Sex : 39/M

Date 29/03/20  
 UHID/ MR NO :  
 141896

|                          | RIGHT EYE | LEFT EYE  |
|--------------------------|-----------|-----------|
| FAR VISION               | 2 glasses | 2 glasses |
| NEAR VISION              | NLB       | NLB       |
| ANTERIOR SEGMENT PUPIL   | MD        | MD        |
| COLOUR VISION            | (N)       | (N)       |
| FAMILY / MEDICAL HISTORY | H10 P-OP  | —         |

Impression: WNL

  
 Optometrist:-  
 Mr. Ritesh Sutnase




Date : 29-03-2024  
MR NO : CAUN.0000141896  
Name : Mr. Indis Rushikesh  
Age/ Gender : 39 Y / Male

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Consultation Timing: 09:54


|                          |        |
|--------------------------|--------|
| Height                   | 172    |
| Weight                   | 103    |
| BP                       | 120/70 |
| Pulse                    | 78     |
| Waist                    | 107    |
| Hip                      | 111    |
| BMI                      |        |
| Consultation with Report |        |

भारत सरकार  
GOVERNMENT OF INDIA



रुशिकेश हिरामण इंदिस  
Rushikesh Hiramann Indis  
जन्म तारीख/DOB: 25/03/1985  
पुरुष/ MALE

9233 7745 0575  
VID: 91501502 0208 6931



भाई आचार, भाई ओळख

## Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Wed 27-03-2024 13:38

To:ubin0578789@unionbankofindia.bank <ubin0578789@unionbankofindia.bank>

Cc:Aundh Apolloclinic <aundh@apolloclinic.com>;Niraj B <niraj.b@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

**Dear Indis Rushikesh Hiranman,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-03-29** at **08:15-08:30**.

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

**"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.**

**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:**

Health checkup at tie-up Ctr

HealthCheckup Authorisation letter



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

To,

The Chief Medical Officer

M/S Mediwheel  
https://mediwheel.in/signup011-  
41195959(A brand name of  
Aroformi Healthcare Ltd),  
Mumbai400021  
Dear Sir,

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

Shri/Smt./Kum. INDIS,RUSHIKESH HIRAMAN

P.F. No. 827261 Designation : Asst Manager (Law)

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

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

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

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

PS : Status of the application - Sanctioned

Health checkup at tie-up Ctr | HealthCheckup Authorisation letter





**Patient Name** : Mr. Indis Rushikesh

**Age/Gender** : 39 Y/M

**UHID/MR No.** : CAUN.0000141896

**OP Visit No** : CAUNOPV169050

**Sample Collected on** :

**Reported on** : 29-03-2024 16:40

**LRN#** : RAD2286408

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4677

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

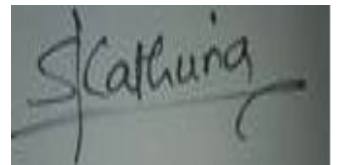
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

**COMMENT:** No significant abnormality seen.

Please correlate clinically.



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