


Patient Name	: Mr.MAYANK BHARDVAJ	Collected	: 29/Mar/2024 10:44AM
Age/Gender	: 41 Y 1 M 16 D/M	Received	: 29/Mar/2024 02:23PM
UHID/MR No	: CAUN.0000141908	Reported	: 29/Mar/2024 04:44PM
Visit ID	: CAUNOPV169066	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 448580		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240087399

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 PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	44.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.87	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92.1	fL	83-101	Calculated
MCH	31.6	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,880	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.1	%	40-80	Electrical Impedence
LYMPHOCYTES	25.8	%	20-40	Electrical Impedence
EOSINOPHILS	5.3	%	1-6	Electrical Impedence
MONOCYTES	7.8	%	2-10	Electrical Impedence
BASOPHILS	1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4134.88	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1775.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	364.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	536.64	Cells/cu.mm	200-1000	Calculated
BASOPHILS	68.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.33		0.78- 3.53	Calculated
PLATELET COUNT	304000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology



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DEPARTMENT OF HAEMATOLOGY

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No hemoparasite seen.


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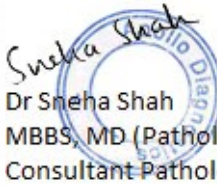


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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

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

Sheha Shah

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Patient Name : Mr.MAYANK BHARDVAJ	Collected : 29/Mar/2024 10:44AM
Age/Gender : 41 Y 1 M 16 DM	Received : 29/Mar/2024 02:37PM
UHID/MR No : CAUN.0000141908	Reported : 29/Mar/2024 04:51PM
Visit ID : CAUNOPV169066	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	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.

Sheha Shah

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 MBBS, MD (Pathology)
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SIN No:PLF02137053

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



Patient Name : Mr.MAYANK BHARDVAJ	Collected : 29/Mar/2024 01:21PM
Age/Gender : 41 Y 1 M 16 DM	Received : 29/Mar/2024 03:59PM
UHID/MR No : CAUN.0000141908	Reported : 29/Mar/2024 05:38PM
Visit ID : CAUNOPV169066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 448580	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	mg/dL	70-140	HEXOKINASE

Comment:

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

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



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

SIN No: PLP1440152

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



Patient Name	: Mr.MAYANK BHARDVAJ	Collected	: 29/Mar/2024 10:44AM
Age/Gender	: 41 Y 1 M 16 DM	Received	: 29/Mar/2024 02:31PM
UHID/MR No	: CAUN.0000141908	Reported	: 29/Mar/2024 04:57PM
Visit ID	: CAUNOPV169066	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 448580		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240040567

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UHID/MR No : CAUN.0000141908	Reported : 29/Mar/2024 06:22PM
Visit ID : CAUNOPV169066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 448580	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	70	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.11	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.98	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.61		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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.

Sheha Shah

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 Consultant Pathologist

SIN No:SE04680804

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - 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).

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44.31	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	83.46	U/L	30-120	IFCC
PROTEIN, TOTAL	8.04	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	30.01	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.53	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.23	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.99	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.62	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107.07	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.04	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

Sheha Shah

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	83.46	U/L	30-120	IFCC



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	41.14	U/L	<55	IFCC

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Patient Name : Mr.MAYANK BHARDVAJ	Collected : 29/Mar/2024 10:44AM
Age/Gender : 41 Y 1 M 16 D/M	Received : 29/Mar/2024 02:36PM
UHID/MR No : CAUN.0000141908	Reported : 29/Mar/2024 03:49PM
Visit ID : CAUNOPV169066	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.819	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

Sheha Shah

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SIN No: SPL24059228


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DEPARTMENT OF IMMUNOLOGY

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Visit ID : CAUNOPV169066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 448580	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	6.72	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

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

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

Decreased Levels:

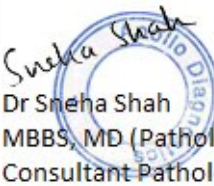
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	96	pg/mL	120-914	CLIA

Comment:


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24059228

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




Patient Name	: Mr.MAYANK BHARDVAJ	Collected	: 29/Mar/2024 10:44AM
Age/Gender	: 41 Y 1 M 16 DM	Received	: 29/Mar/2024 02:36PM
UHID/MR No	: CAUN.0000141908	Reported	: 29/Mar/2024 05:05PM
Visit ID	: CAUNOPV169066	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 448580		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: SPL24059228

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



Patient Name : Mr.MAYANK BHARDVAJ	Collected : 29/Mar/2024 10:44AM
Age/Gender : 41 Y 1 M 16 D/M	Received : 29/Mar/2024 02:36PM
UHID/MR No : CAUN.0000141908	Reported : 29/Mar/2024 03:40PM
Visit ID : CAUNOPV169066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 448580	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.340	ng/mL	0-4	CLIA



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

SIN No:SPL24059228

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




Patient Name : Mr.MAYANK BHARDVAJ	Collected : 29/Mar/2024 10:44AM
Age/Gender : 41 Y 1 M 16 D/M	Received : 29/Mar/2024 08:48PM
UHID/MR No : CAUN.0000141908	Reported : 29/Mar/2024 08:56PM
Visit ID : CAUNOPV169066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 448580	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	TURBID		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
AMORPHOUS DEPOSITS.				



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



SIN No:UR2320214

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

Patient Name : Mr.MAYANK BHARDVAJ	Collected : 29/Mar/2024 10:44AM
Age/Gender : 41 Y 1 M 16 D/M	Received : 29/Mar/2024 08:48PM
UHID/MR No : CAUN.0000141908	Reported : 29/Mar/2024 08:56PM
Visit ID : CAUNOPV169066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 448580	


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

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

*** End Of Report ***

Result/s to Follow:
GLUCOSE (FASTING) - URINE



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

SIN No:UPP017435

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 Mayank Bhardwaj on 29/08/2024

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. TSH- 5.819 ^{↑ red} s/o Hypothyroidism</p> <p>2. Vit B12 - 96 s/o Deficiency</p> <p>3. Vit D3 - 6.72 s/o Deficiency</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"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

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

This certificate is not meant for medico-legal purposes

MAYANK, BHARDVAJ

Exercise Test / Tabular Summary

APOLLO CLINIC AUNDH

Patient ID: 141908

29.03.2024 Male 169 cm 78 kg

3:30:48pm 41 yrs Indian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 09:16

Max HR: 151 bpm 84 % of max predicted 179 bpm HR at rest: 75

Max BP: 160/80 mmHg BP at rest: 110/70 Max RPP: 21140 mmHg*bpm

Maximum Workload: 10.10 METS

Max. ST: -1.20 mm, -0.94 mV/s in III; EXERCISE STAGE 2 4:00

HR reserve used: 68 %

HR recovery: 32 bpm

VE recovery: 0 V/min

ST/HR hysteresis: -0.004 mV (III)

QRS duration: BASELINE: 82 ms, PEAK EX: 80 ms, REC: 82 ms

Summary:**HR Response to Exercise: THR ACHIVED.**

Room:

Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [/min]	STLevel III [mm]	Comment
PRETEST	SUPINE	00:05	0.00	0.00	1.0	72			0	-0.10	
	STANDING	00:02	0.00	0.00	1.0	72			0	-0.10	
	HYPERV.	00:57	0.00	0.00	1.0	81	110/70	8910	0	-0.10	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	108	120/70	12960	0	-0.20	
	STAGE 2	03:00	2.50	12.00	7.0	122	130/70	15860	0	0.25	
	STAGE 3	03:00	3.40	14.00	10.1	151	140/80	21140	0	-0.25	
	STAGE 4	00:17	0.00	16.00	7.7	146		20440	0	-0.10	
RECOVERY		01:03	0.00	0.00	1.0	113	160/80	18080	0	-0.10	

Tm7 → Negative

APOLLO CLINIC AUNDH
 Dr. Akshay Shelar
 M.B.B.S, M.D. (Medicine)
 Reg No. 2019/05/4045

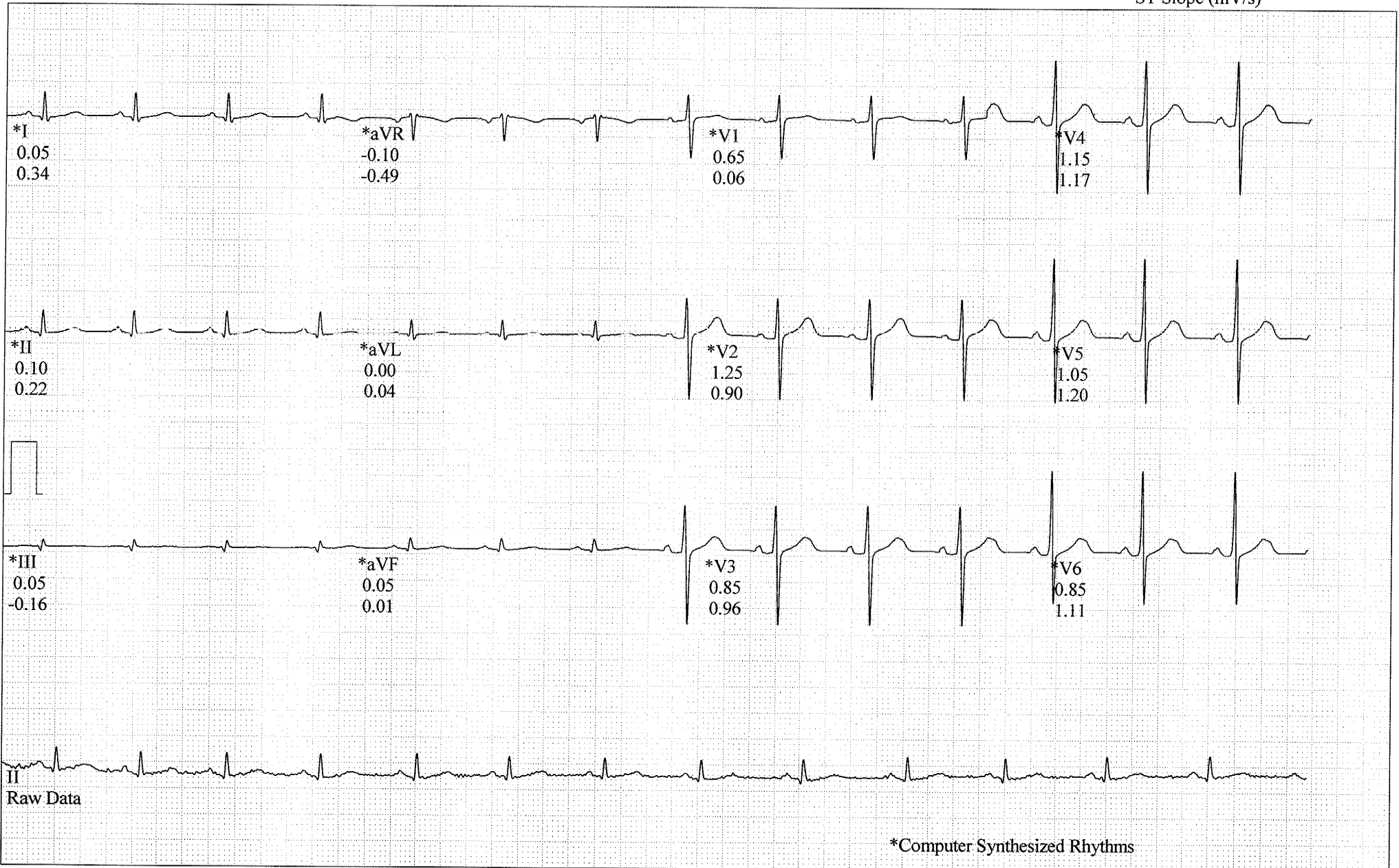
Patient ID: 141908

29.03.2024 Male 169 cm 78 kg

85 bpm

3:29:55pm 41 yrs Indian

Lead
ST Level (mm)
ST Slope (mV/s)



Patient ID: 141908

PRETEST

BRUCE

29.03.2024 Male 169 cm 78 kg

75 bpm

SUPINE

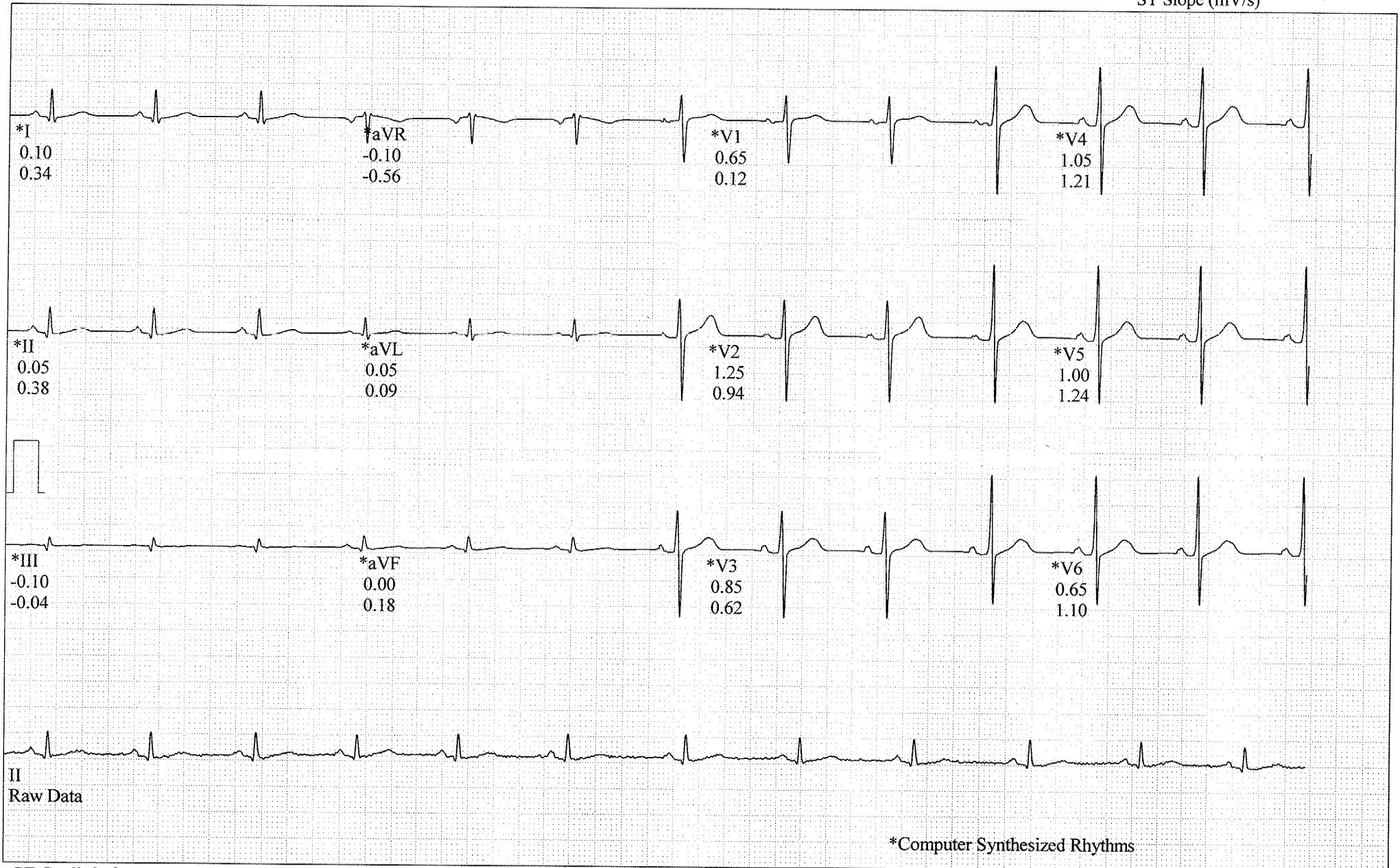
0.0 mph

3:30:51pm 41 yrs Indian

00:03

0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



Patient ID: 141908

PRETEST

BRUCE

29.03.2024 Male 169 cm 78 kg

74 bpm

SUPINE

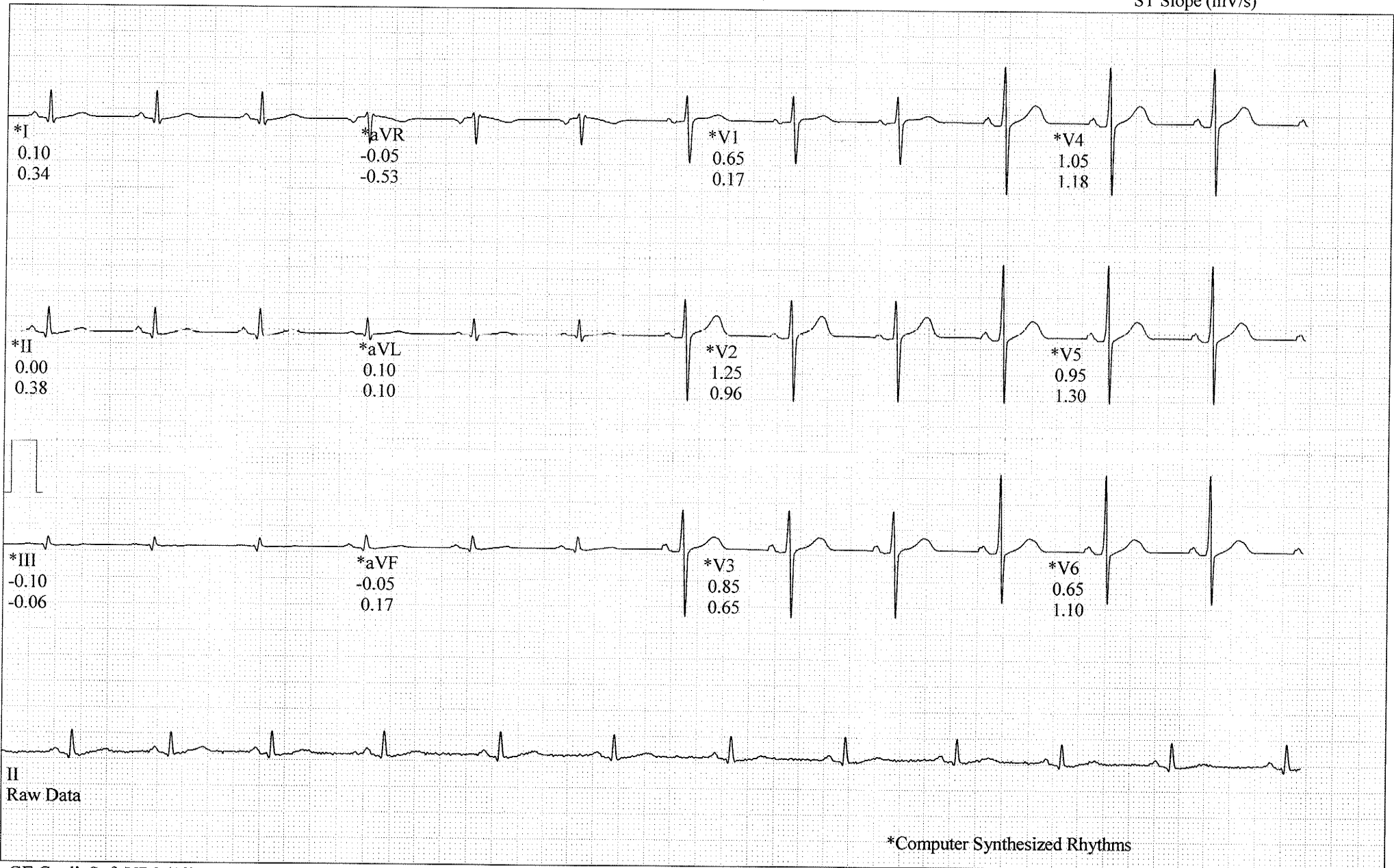
0.0 mph

3:30:52pm 41 yrs Indian

00:04

0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



Patient ID: 141908

PRETEST

BRUCE

29.03.2024 Male 169 cm 78 kg

72 bpm

STANDING

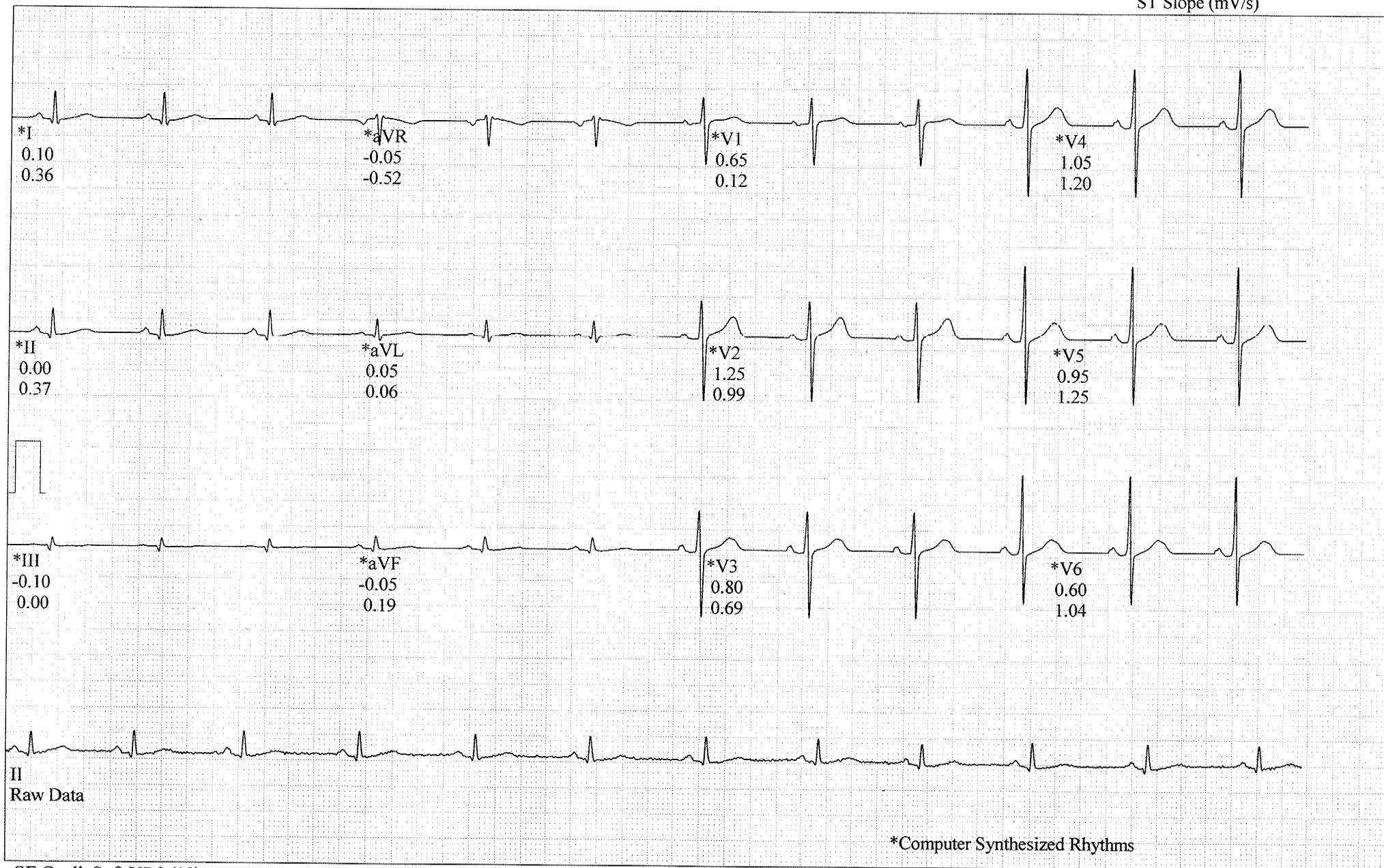
0.0 mph

3:30:54pm 41 yrs Indian

00:05

0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



Patient ID: 141908

EXERCISE

BRUCE

29.03.2024 Male 169 cm 78 kg

108 bpm
120/70 mmHg

STAGE 1

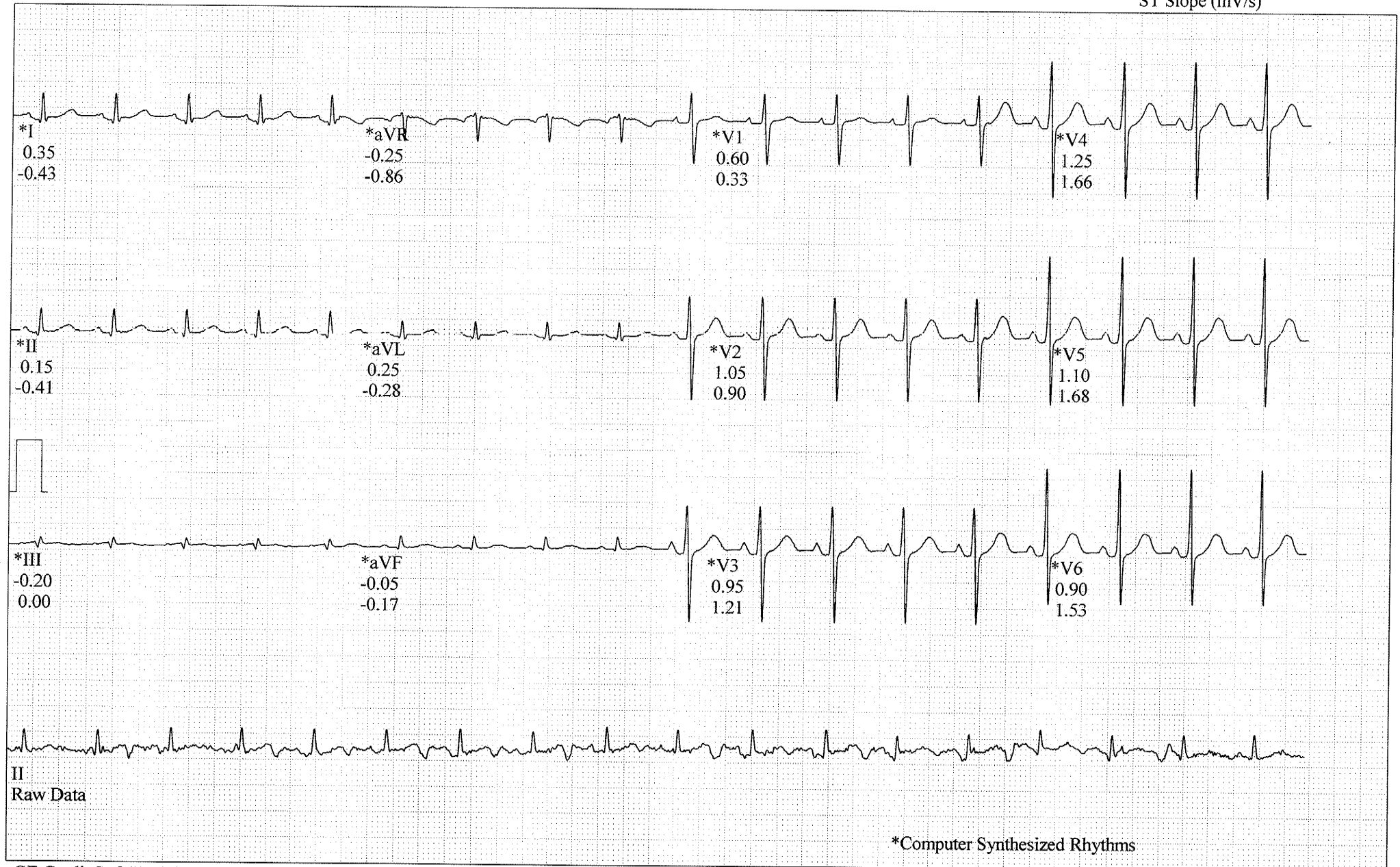
1.7 mph

3:34:19pm 41 yrs Indian

02:30

10.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



Patient ID: 141908

29.03.2024 Male 169 cm 78 kg

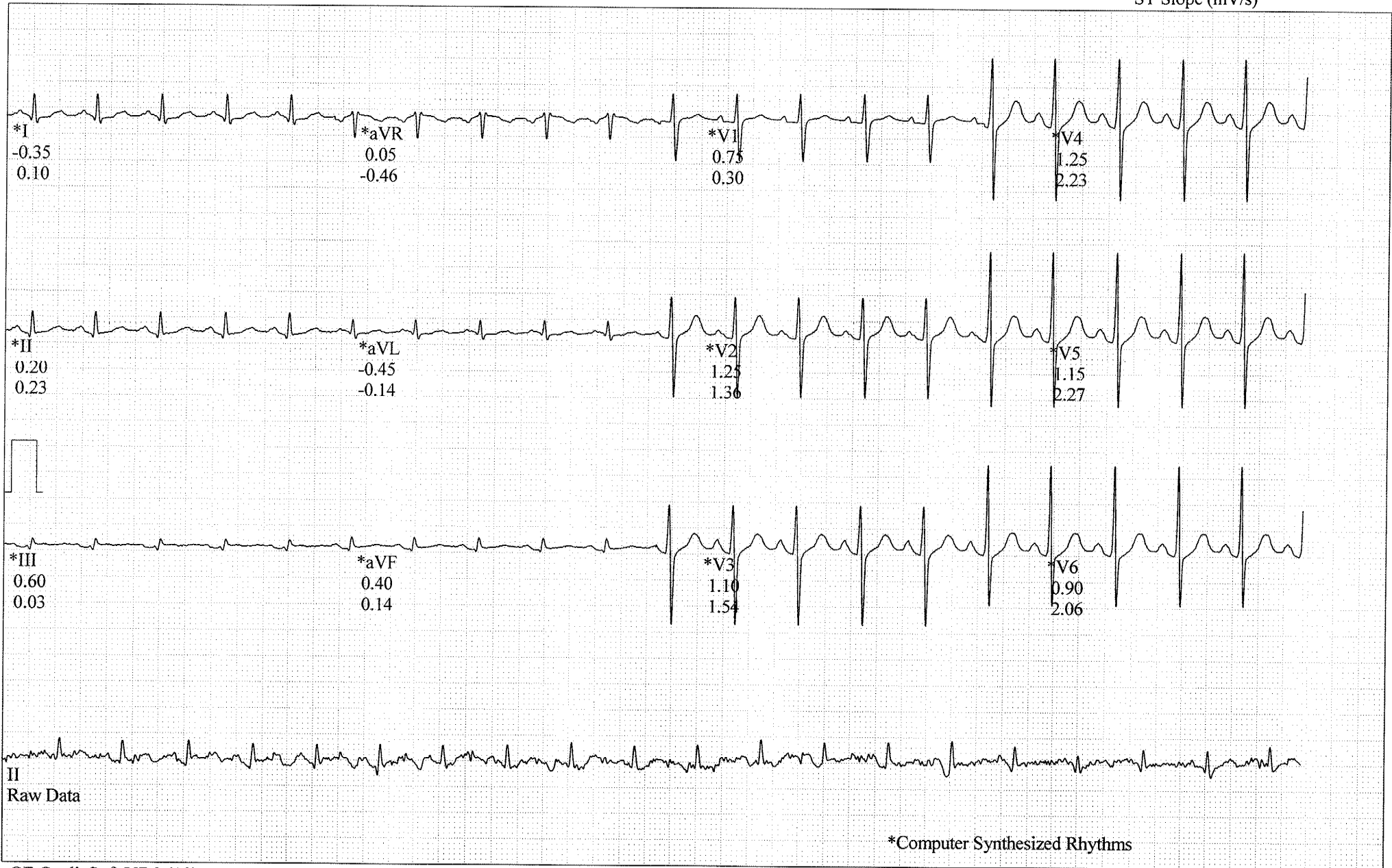
3:37:37pm 41 yrs Indian

123 bpm
130/70 mmHg

EXERCISE
STAGE 2
05:47

BRUCE
2.5 mph
12.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



Patient ID: 141908

29.03.2024 Male 169 cm 78 kg

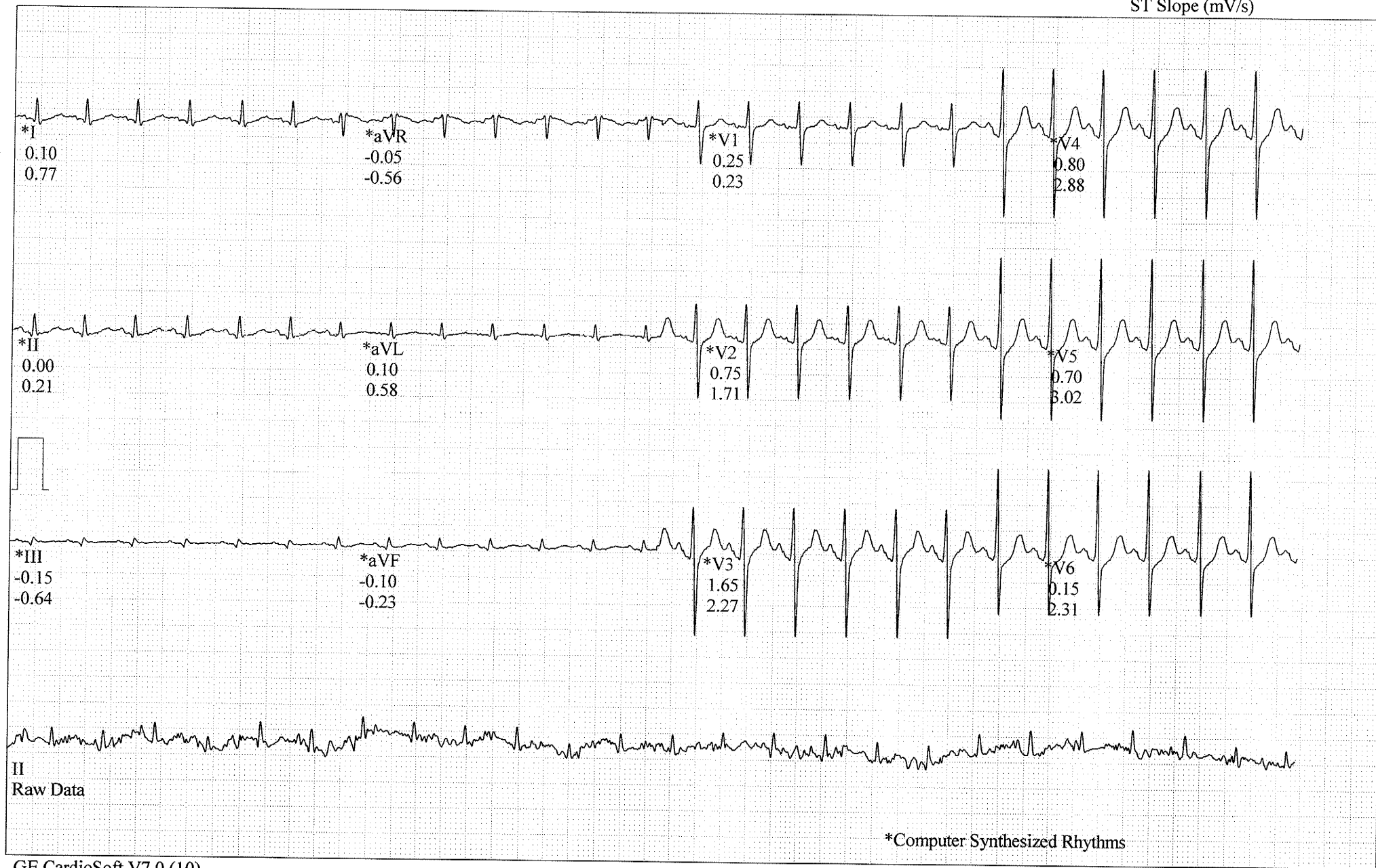
3:40:44pm 41 yrs Indian

150 bpm
140/80 mmHg

EXERCISE
STAGE 3
08:55

BRUCE
3.4 mph
14.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



Patient ID: 141908

29.03.2024 Male 169 cm 78 kg

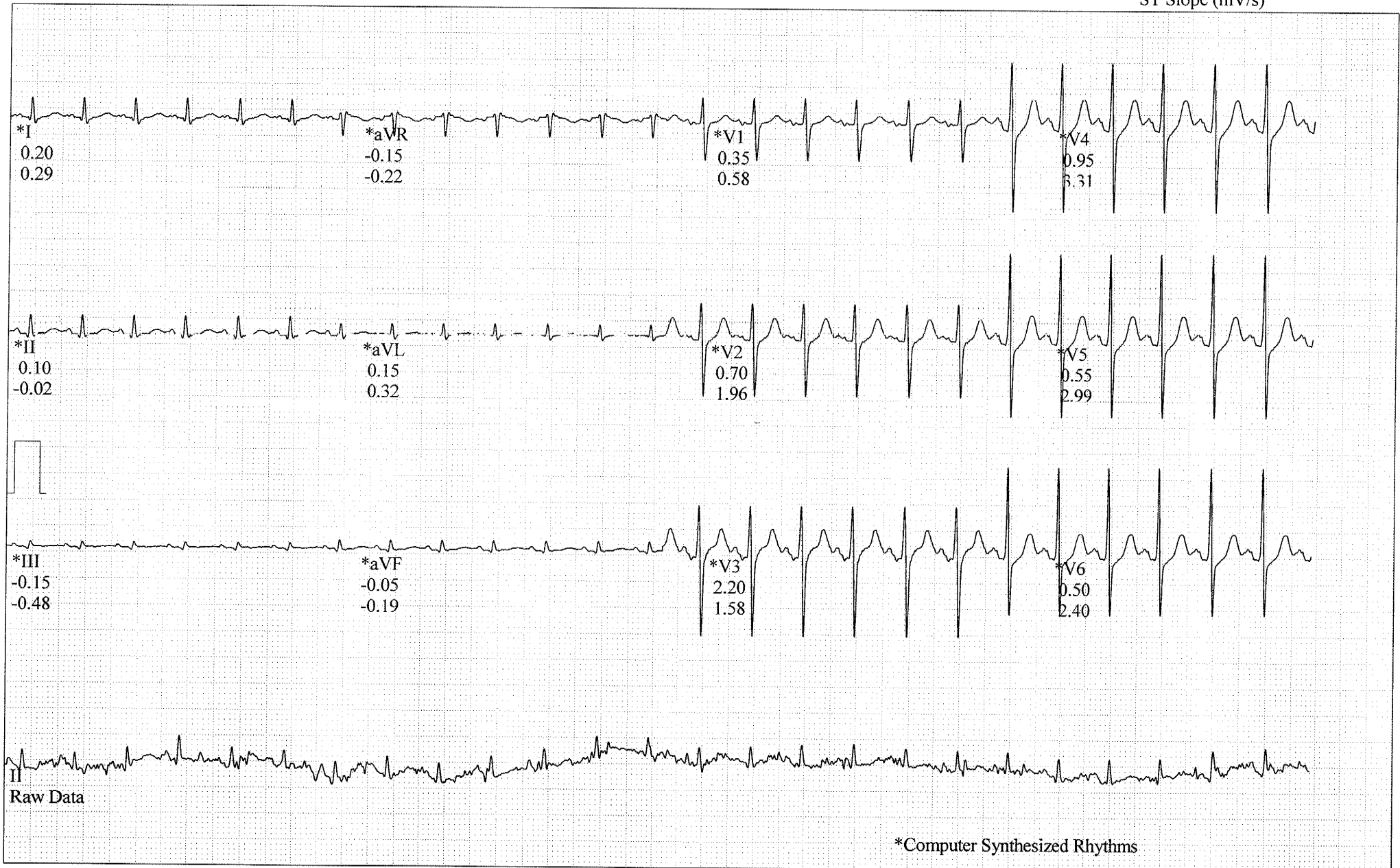
3:40:55pm 41 yrs Indian

151 bpm
140/80 mmHg

EXERCISE
STAGE 4
09:06

BRUCE
0.0 mph
15.9 %

Lead
ST Level (mm)
ST Slope (mV/s)



Patient ID: 141908

RECOVERY

BRUCE

29.03.2024 Male 169 cm 78 kg

120 bpm

#1

0.0 mph

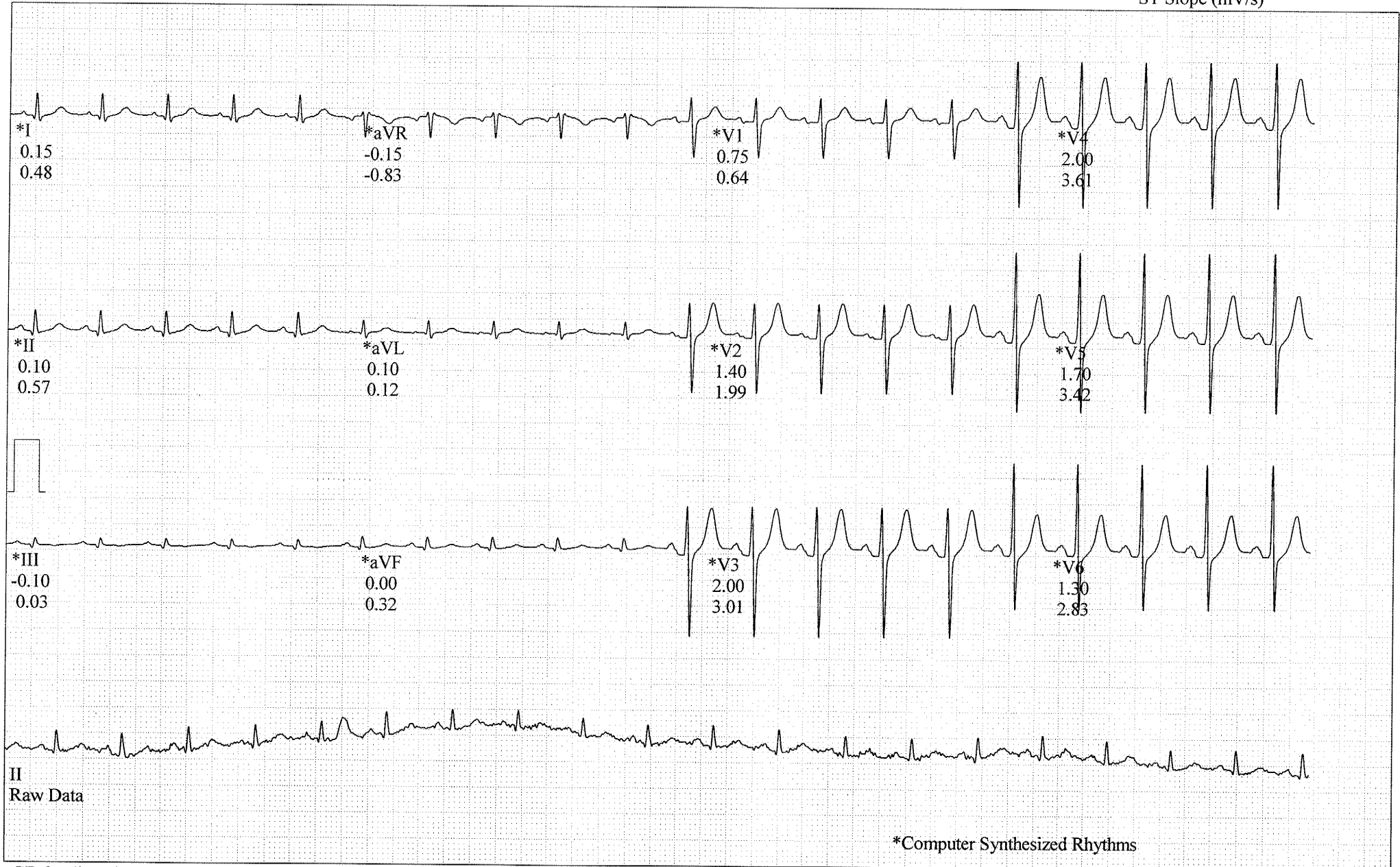
3:41:46pm 41 yrs Indian

160/80 mmHg

00:40

0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



Patient ID: 141908

RECOVERY

BRUCE

29.03.2024 Male 169 cm 78 kg

116 bpm

#1

0.0 mph

3:42:00pm 41 yrs Indian

160/80 mmHg

00:50

0.0 % Measured at 60 ms Post J (10mm/mV)

Auto Points

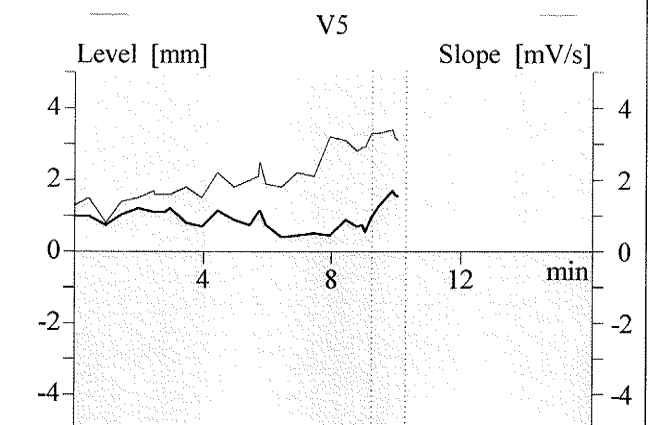
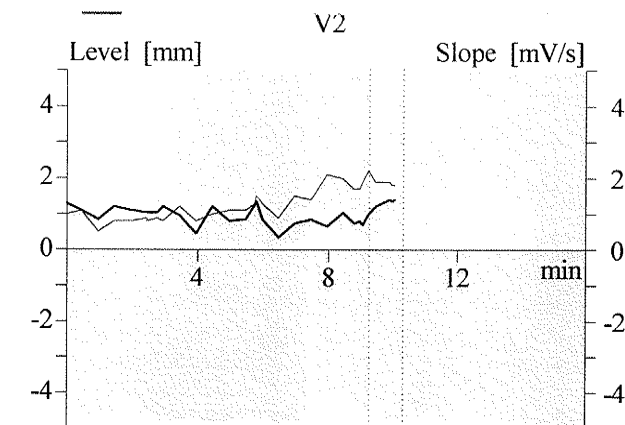
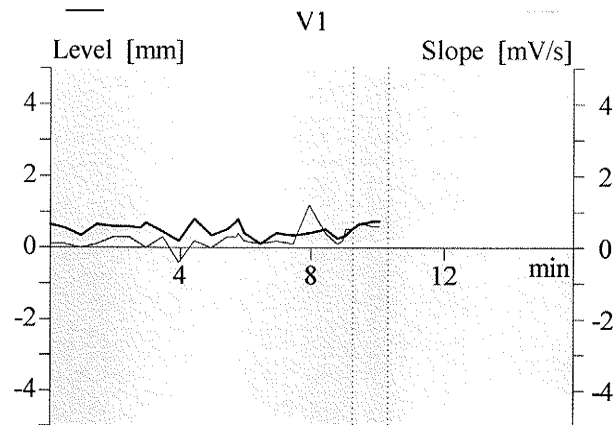
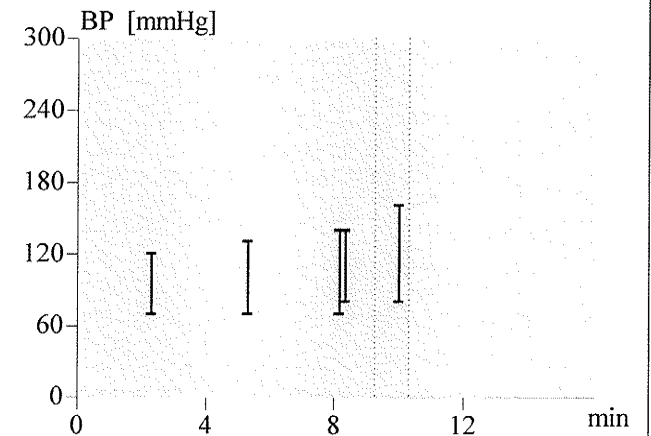
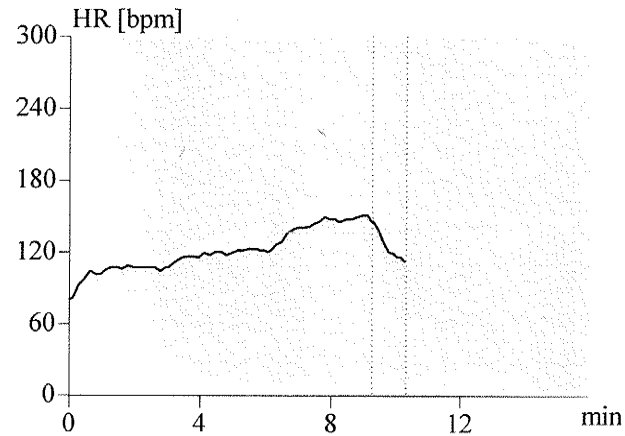
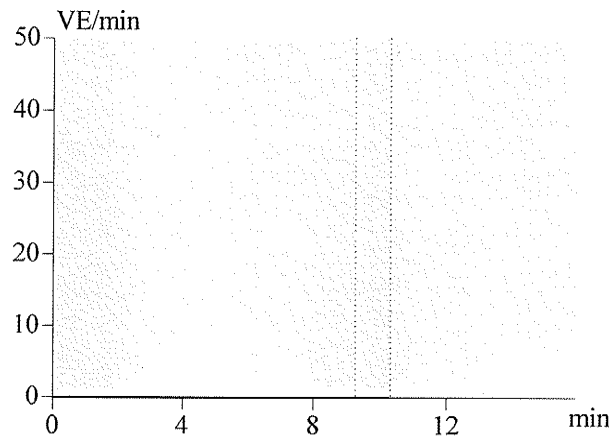
Lead	ST(mm)	Lead	ST(mm)
I	-0.10	V1	-0.80
II	0.00	V2	1.35
III	-0.10	V3	1.80
aVR	-0.10	V4	1.75
aVL	0.10	V5	1.45
aVF	-0.05	V6	1.15



Patient ID: 141908

29.03.2024 Male 169 cm 78 kg

3:30:48pm 41 yrs Indian



Patient Name : Mr. MAYANK BHARDVAJ
UHID : CAUN.0000141908
Conducted By: :
Referred By : SELF

Age : 41 Y/M
OP Visit No : CAUNOPV169066
Conducted Date :

Patient Name : Mr. MAYANK BHARDVAJ
UHID : CAUN.0000141908
Conducted By :
Referred By : SELF

Age : 41 Y/M
OP Visit No : CAUNOPV169066
Conducted Date :

Patient Name	: Mr. MAYANK BHARDVAJ	Age/Gender	: 41 Y/M
UHID/MR No.	: CAUN.0000141908	OP Visit No	: CAUNOPV169066
Sample Collected on	:	Reported on	: 01-04-2024 14:58
LRN#	: RAD2286560	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 448580		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and **shows enhanced in echotexture.**

No focal lesion is seen.

PV and CBD are normal.

No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri-GB collection. No evidence of focal lesion is seen.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Spleen appears normal. No focal lesion seen. Spleenic vein appears normal.

Right Kidney is - 10.0 x 5.4cm. Left Kidney is - 10.5 x 5.2 cm.

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

No evidence of calculus / hydronephrosis seen on either side.

Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

Prostate is normal in size and echotexture. No evidence of calcification seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

IMPRESSION :

- **Grade I fatty liver..**

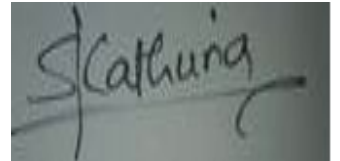
Patient Name : Mr. MAYANK BHARDVAJ

Age/Gender : 41 Y/M

- **No other significant abnormality seen.**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, not valid for medico legal purpose.



Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY

Radiology

Date : 29-03-2024
MR NO : CAUN.0000141908

Department : GENERAL
Doctor :

Name : Mr. MAYANK BHARDVAJ

Registration No :

Age/ Gender : 41 Y / Male

Qualification :

Consultation Timing: 10:40

Height	169
Weight	78
BP	110/70
Temp	80
Wrist	97
HIP	98
Co.	

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

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Aroofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup Executive Male 35+

Shri/Smt./Kum. BHARDVAJ, MAYANK

P.F. No. 448580

Designation : DGM - REGIONAL HEAD

Checkup for Financial Year 2023-2024

Approved Charges Rs.

4000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup (for Executives) 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

P.S. : Status of the application- Sanctioned

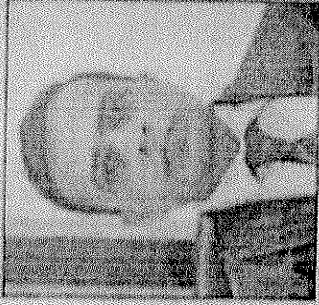
View Worklist



यूनियन बँक
of India
Union Bank
of India

सुरक्षा
Authority

सुरक्षा
Authority



नाम / मयंक भारद्वाज

Name: MAYANK BHARDVAJ

कर्मचारी क्र / Employee No.: 448580

जन्म तिथि / Birth Date : 13.02.1983

रक्त ग्रुप / Blood Group : B+


Mayank Bhardvaj
हस्ताक्षर
Signature

जारी करने का स्थान
Place of Issue :

F.G.M.O. PUNE

जारी करने की तारीख
Date of Issue :

11.11.2022


जारीकर्ता प्राधिकारी
Issuing Authority

Patient Name : Mr. MAYANK BHARDVAJ

Age/Gender : 41 Y/M

UHID/MR No. : CAUN.0000141908

OP Visit No : CAUNOPV169066

Sample Collected on :

Reported on : 29-03-2024 16:49

LRN# : RAD2286560

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 448580

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.

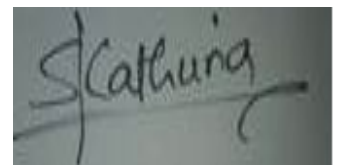
Mediastinal and hilar regions are normal.

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