



Patient Name : Mr.SUBHASH NAIDU	Collected : 29/Mar/2024 09:32AM
Age/Gender : 35 Y 7 M 15 D/M	Received : 29/Mar/2024 12:09PM
UHID/MR No : CWAN.0000135359	Reported : 29/Mar/2024 02:46PM
Visit ID : CWANOPV229306	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 711015	

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.



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

SIN No:BED240087006

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	44.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,310	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.7	%	40-80	Electrical Impedence
LYMPHOCYTES	31.3	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	7.6	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4877.97	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2601.03	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	149.58	Cells/cu.mm	20-500	Calculated
MONOCYTES	631.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.86	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
PLATELET COUNT	329000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate



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DEPARTMENT OF HAEMATOLOGY

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

No hemoparasite seen.


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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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Age/Gender : 35 Y 7 M 15 D/M	Received : 29/Mar/2024 12:10PM
UHID/MR No : CWAN.0000135359	Reported : 29/Mar/2024 01:06PM
Visit ID : CWANOPV229306	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
GLUCOSE, FASTING , NAF PLASMA	103	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)	91	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	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated


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SIN No:EDT240040334

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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
 - A: HbF >25%
 - B: 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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	200	mg/dL	<200	CHO-POD
TRIGLYCERIDES	94	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.23	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.85	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.76		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

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DEPARTMENT OF BIOCHEMISTRY

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

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 STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.87	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33.2	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	49.57	U/L	30-120	IFCC
PROTEIN, TOTAL	7.52	g/dL	6.6-8.3	Biuret
ALBUMIN	4.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.91	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	17.88	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.59	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.52	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.23	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.46	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.02	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.52	g/dL	6.6-8.3	Biuret
ALBUMIN	4.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.11	U/L	<55	IFCC

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UHID/MR No	: CWAN.0000135359	Reported	: 29/Mar/2024 04:10PM
Visit ID	: CWANOPV229306	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 711015		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	CLEAR		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	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Page 13 of 13

Sheha Shah


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SIN No:UR2319870

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Email: SUBHASH2087@GMAIL.COM

Name : Mr. Subhash Naidu	Age : 35 Y	UHID :CWAN.0000135359
	Sex : M	
Address : Pune		OP Number :CWANOPV229306
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		Bill No :CWAN-OCR-50635
		Date : 29.03.2024 09:25

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	3 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	4 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	5 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	6 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 ECG 2x1 10:41 ✓ 05 10:46	
<input checked="" type="checkbox"/>	8 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	9 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:00 PM	
<input checked="" type="checkbox"/>	10 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	11 X-RAY CHEST PA ✓	
<input checked="" type="checkbox"/>	12 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	13 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	14 LIPID PROFILE	
<input checked="" type="checkbox"/>	15 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	16 OPHTHAL BY GENERAL PHYSICIAN ✓	
<input checked="" type="checkbox"/>	17 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

✓ Physio
wt - 85.0 kg
Ht - 170 cm
B.P - 110/70 mm/Hg.



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Subhash Naide on 30/3/2024

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 	<input checked="" type="checkbox"/>
<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.....</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>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Mushfiya Bahrainwala
 Medical Officer
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
 Reg. No.: 47527
 Apollo Clinic Wanowarie
 NIBM Road, Kondhwa.

Date : 29-03-2024 Department : GENERAL
 MR NO : CWAN.0000135359 Doctor :
 Name : Mr. Subhash Naidu Registration No :
 Age/ Gender : 35 Y / Male Qualification :

Consultation Timing: 09:24

Height : 170cm	Weight : 65kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/70/70

General Examination / Allergies History

F.H.S.-D.M.
 2 Covid Vaccines taken

Clinical Diagnosis & Management Plan

For AHC
 No Gas at the moment
 O/E: CVS
 Resp. WAS
 Abd.
 Sleep & Reports

DR. MUSHFIYA BAHRAINWALA
 M.B.B.S
 Reg. No.: 47527
 Apollo Clinic Wanowarie
 NIBM Road, Kondhwa.

SAMPLE COLLECTION
 9763461253
 Clinic
 9121226368
PATHOLOGY

Follow up date:

Doctor Signature

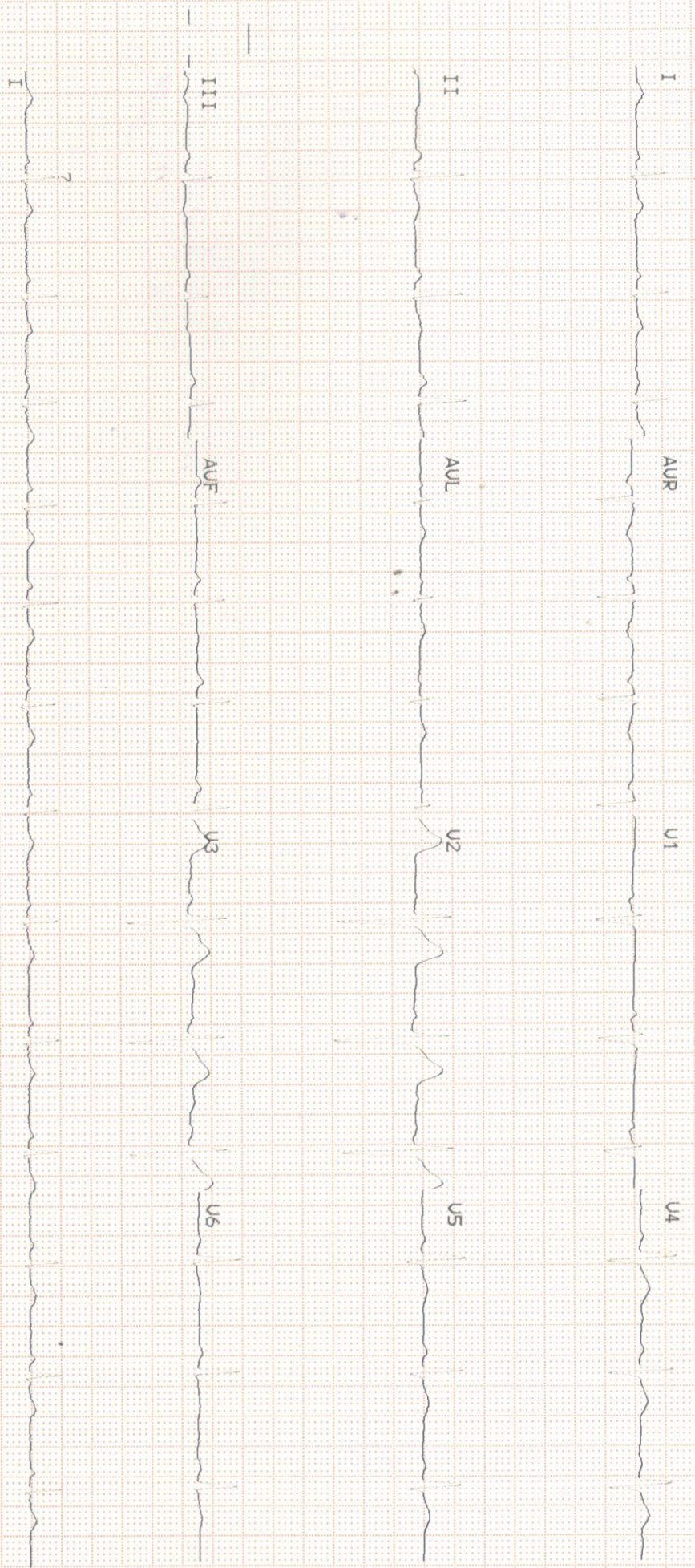
Measurement Results:

QRS	98 ms
QT/QTcB	374 / 440 ms
PR	144 ms
P	112 ms
RR/PP	724 / 740 ms
P/QRS/T	60 / 55 / 15 degrees
QTd/QTcBD	108 / 127 ms
Sokolow	1.2 mV
NK	11

Interpretation:
 < P
 < T
 < QRS
 normal ECG

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 M.B.B.S
 Reg. No.: 47527
 Apollo Clinic Wanowarie
 NIBM Road, Kondhwa.

Unconfirmed report.



The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Subhash Naidu

DATE :- 29/3/2014

AGE/SEX :- 35/ M

UHID :

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6	6/6
Near Vision	N/6	N/6
Anterior Segment Pupil	NORMAL ✓	NORMAL ✓
Fundus	NORMAL ✓	NORMAL ✓
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL ✓	NORMAL ✓
Family History/Medical History	NO	NO

IMPRESSION:-

Ⓟ -1.25 DSDH

Ⓛ -1.25 DSDH

Advice :-

PGP Continuous Use



Patient Name	: Mr. Subhash Naidu	Age	: 35 Y M
UHID	: CWAN.0000135359	OP Visit No	: CWANOPV229306
Reported on	: 29-03-2024 11:04	Printed on	: 29-03-2024 11:04
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA


Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:29-03-2024 11:04

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology