



Certificate No: MC- 5697

Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR
Age/Gender : 38 Y 10 M 4 D/M
UHID/MR No : SPUN.0000046722
Visit ID : SPUNOPV61939
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 708567

Collected : 09/Mar/2024 11:35AM
Received : 09/Mar/2024 12:24PM
Reported : 09/Mar/2024 12:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	14.4	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.82	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.2	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.2	%	40-80	Electrical Impedance
LYMPHOCYTES	34.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5170.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3192.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	156.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	671.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.62		0.78- 3.53	Calculated
PLATELET COUNT	321000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	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
No hemoparasite seen.



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



SIN No:BED240063673

Apollo Speciality Hospitals Private Limited
This test has been performed at Apollo Health and Lifestyle Rd- Sadashiv Peth Pune, Diagnostics Lab
(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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DEPARTMENT OF HAEMATOLOGY

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

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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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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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	75	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

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



SIN No:PLF02121712

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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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240029052



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

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
- A: HbF >25%
B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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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	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	107	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.68	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.05		0-4.97	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

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



DR.Sanjay Ingle
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Consultant Pathologist



SIN No:SE04656278

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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	0.56	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.64	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	47.31	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	3.94	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.36	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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Consultant Pathologist



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.58	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.24	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.38	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.17	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.71	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.3	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	3.94	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.36	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.52	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.852	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

1. 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.
2. 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.
3. 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.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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



DR. Sanjay Ingle
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SIN No: SPL24042360

Apollo Speciality Hospitals Private Limited
This test has been performed at Apollo Health and Lifestyle Rd- Sadashiv Peth Pune, Diagnostics Lab
(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

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



Certificate No: MC-5697

Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR	Collected : 09/Mar/2024 11:35AM
Age/Gender : 38 Y 10 M 4 D/M	Received : 09/Mar/2024 12:08PM
UHID/MR No : SPUN.0000046722	Reported : 09/Mar/2024 12:42PM
Visit ID : SPUNOPV61939	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 708567	

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	1.015		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Page 12 of 12

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

SIN No:UR2301847



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

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Address:

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

Name : Mr. Kshitij Narendra Balapurkar

Age: 38 Y

UHID:SPUN.0000046722

Sex: M



Address : Dhule

OP Number:SPUNOPV61939

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10442

Date : 09.03.2024 10:21

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	
<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) 1.30	
<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)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Kshiti Balapurkar on 09/03/24

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

	Tick
<ul style="list-style-type: none"> • 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. _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Samrat Shah
 General Physician
 Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
 MBBS MD
 Reg No. 2021097302
 Consultant Internal Medicine
 Apollo Speciality Hospital

Date : 09/03/24
 MRNO :
 Name : Kshiti Balapurkar
 Age/Gender :
 Mobile No : 381m
 Department : Gen Physician
 Consultant :
 Reg. No :
 Qualification : Dr. Samrat Shah
 Consultation Timing : Shah

SPO2

Pulse: 94	B.P: 132/70	Resp: 20	Temp: 98°L
Weight: 66.5kg	Height: 162cm	BMI: 25.3	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

SPO2 - 96

found fit to join duty

Follow up date:

Dr. Samrat Shah
 MBBS MD
 Reg No. 2021097302
 Consultant Internal Medicine
 Apollo Spectra Hospital
 Doctor Signature

Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR
 Age/Gender : 38 Y 10 M 4 D/M
 UHID/MR No : SPUN.0000046722
 Visit ID : SPUNOPV61939
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 708567

Collected : 09/Mar/2024 11:35AM
 Received : 09/Mar/2024 12:24PM
 Reported : 09/Mar/2024 12:55PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	14.4	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.82	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.2	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.2	%	40-80	Electrical Impedance
LYMPHOCYTES	34.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5170.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3192.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	156.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	671.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.62		0.78- 3.53	Calculated
PLATELET COUNT	321000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	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
 No hemoparasite seen.



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



SIN No:BED240063673

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

Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR
Age/Gender : 38 Y 10 M 4 D/M
UHID/MR No : SPUN.0000046722
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Emp/Auth/TPA ID : 708567

Collected : 09/Mar/2024 11:35AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



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

SIN No:BED240063673

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Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR	Collected : 09/Mar/2024 11:35AM
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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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240063673

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Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR
 Age/Gender : 38 Y 10 M 4 D/M
 UHID/MR No : SPUN.0000046722
 Visit ID : SPUNOPV61939
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 708567

Collected : 09/Mar/2024 11:35AM
 Received : 09/Mar/2024 12:36PM
 Reported : 09/Mar/2024 12:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	75	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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




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

SIN No:PLF02121712

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

Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR	Collected : 09/Mar/2024 11:35AM
Age/Gender : 38 Y 10 M 4 D/M	Received : 09/Mar/2024 12:24PM
UHID/MR No : SPUN.0000046722	Reported : 09/Mar/2024 12:58PM
Visit ID : SPUNOPV61939	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 708567	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	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

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.

Page 5 of 12


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240029052

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




Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR
Age/Gender : 38 Y 10 M 4 D/M
UHID/MR No : SPUN.0000046722
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Collected : 09/Mar/2024 11:35AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
- A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
- (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240029052

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	107	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.68	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.05		0-4.97	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

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



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

SIN No:SE04656278



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

Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR
 Age/Gender : 38 Y 10 M 4 D/M
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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	0.56	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.64	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	47.31	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	3.94	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.36	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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.



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

SIN No:SE04656278

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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	0.58	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.24	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.38	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.17	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.71	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.3	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	3.94	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.36	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated



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

SIN No:SE04656278

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.52	U/L	<55	IFCC



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

SIN No:SE04656278

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



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Visit ID : SPUNOPV61939	Status : Final Report
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Emp/Auth/TPA ID : 708567	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.852	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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




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

SIN No: SPL24042360

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

Patient Name : Mr.KSHITIJ NARENDRA BALAPURKAR	Collected : 09/Mar/2024 11:35AM
Age/Gender : 38 Y 10 M 4 D/M	Received : 09/Mar/2024 12:08PM
UHID/MR No : SPUN.0000046722	Reported : 09/Mar/2024 12:42PM
Visit ID : SPUNOPV61939	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 708567	

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	1.015		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Page 12 of 12



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

SIN No:UR2301847

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

EYE REPORT

ASH/PUN/OPHTH/06/02-0216

Name: Mr. Kshitij Balapurkar

Date: 09/03/24

Age / Sex: 38 y / M

Ref No.:

Complaint: NO complaints

Examination

No DM

No HTN

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

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-1.25	-0.50	70°	6/6	-1.25	-0.50	110°
Read				N6				N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R -1.25 / -0.50 x 70°
 L -1.25 / -0.50 x 110°

Medications:

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant: 

Apollo Spectra Hospitals

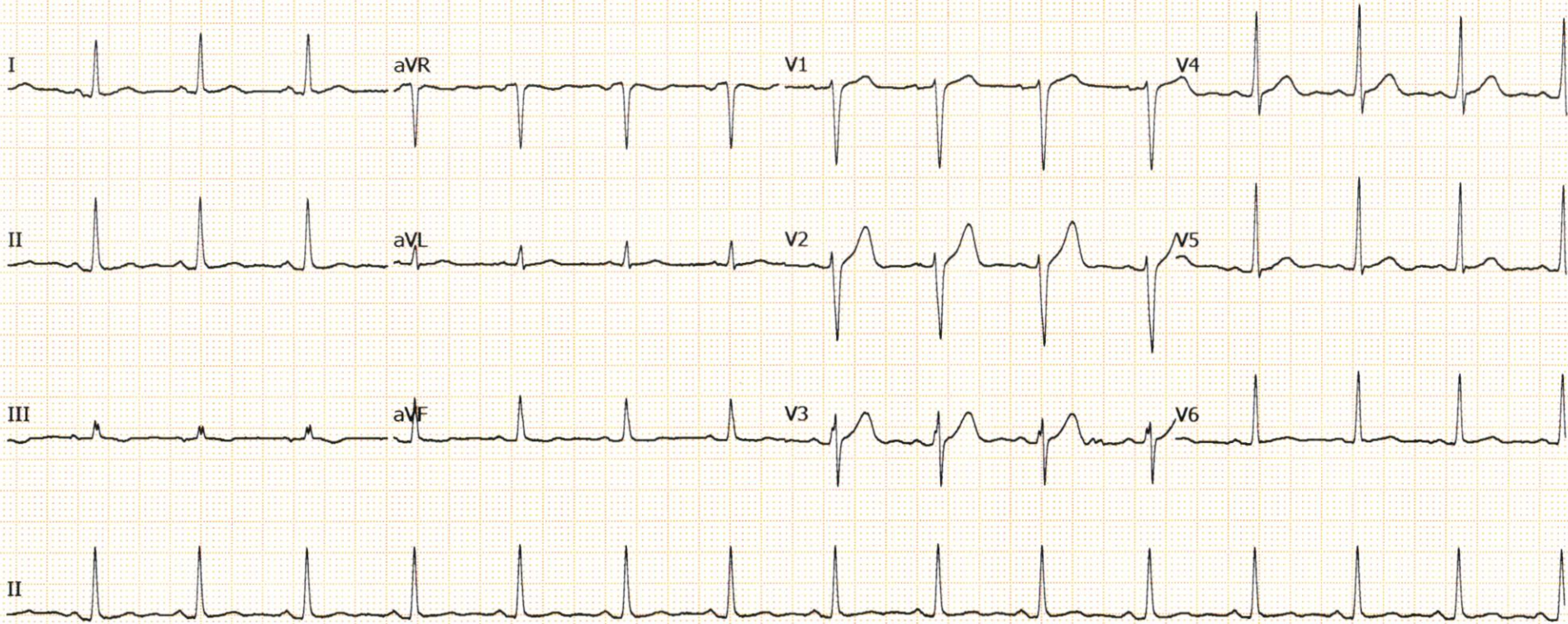
Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

162 cm Male
66.0 kg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 330 / 401 ms
PR : 132 ms
P : 90 ms
RR / PP : 672 / 674 ms
P / QRS / T : 26 / 43 / 13 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG



Patient Name:
Age:

MR.KSHITIJ N BALAPURKAR 38Y
38 Years

MR No:
Location:

SPUN.00046722
Apollo Spectra Hospital, Pune
(Swargate)

Gender:
Image Count:
Arrival Time:

M
1
09-Mar-2024 12:06

Physician:
Date of Exam:
Date of Report:

SELF
09-Mar-2024
09-Mar-2024 12:19

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.
There is no focal pulmonary mass lesion is seen.
No collapse or consolidation is evident.
The apices, costo and cardiophrenic angles are free.
No hilar or mediastinal lymphadenopathy is demonstrated.
There is no pleural or pericardial effusion.
No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.























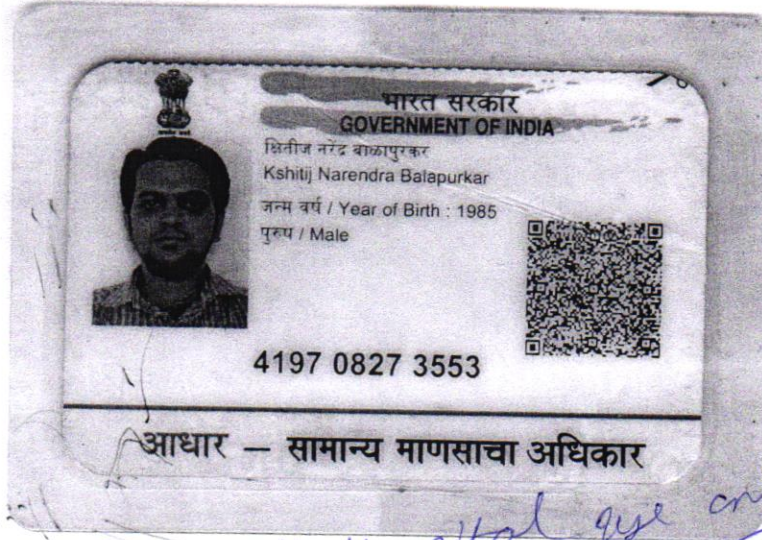
Dr.Santhosh Kumar DMRD,DNB
Consultant Radiologist
Reg.No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

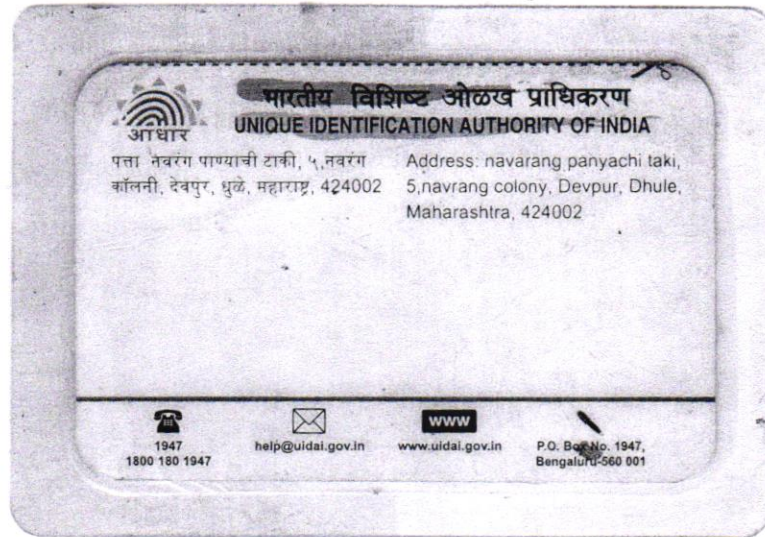
PLEASE NOTE:

Appointment id	Corporate name	Name	Email id	Mobile	Action
103537	CONNECT AND HEAL PRIMARY CARE ...	MOUSHUMI MARATHE	reports@connectandheal.com	9881148643	 
103536	CONNECT AND HEAL PRIMARY CARE ...	Ganesh Marathe	reports@connectandheal.com	9881148643	 
103290	ADIENIT INDIA PRIVATE LIMITED...	Deepak Dhawale	sayali.dhende-ext@adient.com	9112246154	 
102329	VISIT HEALTH PRIVATE LIMITED...	Amol Pathare Amol Pathare	labbookings@getvisitapp.com	7620431312	 
102324	VISIT HEALTH PRIVATE LIMITED...	Aniket Abhale Aniket Abhale	aniket.abhale@oracle.com	9511911291	 
100830	GLOBALHEALTH CONNECT PRIVATE L...	Vighnesh Pawar	VIGHNESH.PAWAR@SUPERGAMING.COM, info@sugamah.com	7020920547	 
100689	NOVOCURA TECH HEALTH SERVICES ...	Vikash Kumar Jha	atcenter.cc@mfine.co	9975605466	 
99892	CONNECT AND HEAL PRIMARY CARE ...	Pawan Kumar Singh	reports@connectandheal.com	8910117061	 
98703	ARCOFEMI HEALTHCARE LIMITED...	Shilpa K Balapurkar	kshiti@unionbankofindia.bank	9595029825	 
98642	ARCOFEMI HEALTHCARE LIMITED...	BALAPURKAR KSHITIJ NARENDRA	kshiti@unionbankofindia.bank	9595029825	 



For Appollo Hospital use only

09/03/2024



Name : Mrs. Shilpa Kshitij Balapurkar

Age: 38 Y

Address : Dhule

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sex: F

UHID:SPUN.0000046723



OP Number:SPUNOPV61940

Bill No :SPUN-OCR-10443

Date : 09.03.2024 10:28

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
✓1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	LIVER FUNCTION TEST (LFT)	
✓3	GLUCOSE, FASTING	
✓4	HEMOGRAM + PERIPHERAL SMEAR	
✓5	GYNAECOLOGY CONSULTATION	
✓6	DIET CONSULTATION	
✓7	COMPLETE URINE EXAMINATION	
✓8	PERIPHERAL SMEAR	
✓9	ECG	
✓10	LBC PAP TEST- PAPSURE	
✓11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
X12	DENTAL CONSULTATION	
✓13	HbA1c, GLYCATED HEMOGLOBIN	
X14	ENT CONSULTATION	
✓15	FITNESS BY GENERAL PHYSICIAN	
✓16	BLOOD GROUP ABO AND RH FACTOR	
✓17	LIPID PROFILE	
✓18	BODY MASS INDEX (BMI)	
✓19	OPHTHAL BY GENERAL PHYSICIAN	
✓20	ULTRASOUND - WHOLE ABDOMEN	
✓21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shirpa Balapurkar on 09/03/24

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

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

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
 MBBS MC
 Reg No. 2021097302
 Consultant Internal Medicine
 Apollo Speciality Hospital

Date : 09/03/24
 MRNO :
 Name : Shiya Balapurkar
 Age/Gender : 38 / F
 Mobile No :
 Department : Gen Physician
 Consultant :
 Reg. No :
 Qualification : Dr Samrat Shah
 Consultation Timing :
 Spectra

Pulse: 66/min	B.P: 120/70	Resp: 18/min	Temp: 98.7
Weight: 49.9kg	Height: 148 cm	BMI: 22.7	Waist Circum: -

General Examination / Allergies History

Clinical Diagnosis & Management Plan

→ found fit to join duty

Follow up date:

Dr. Samrat Shah
 MBBS MD
 Reg No. 2021097302
 Consultant Internal Medicine
 Apollo Specialty Hospital
 Doctor Signature
 [Signature]

Date : 09/03/24
MRNO :
Name : Shiipa Balapunkar
Age/Gender :
Mobile No : 38/F

Department : Gynec
Consultant :
Reg. No : Dr. Sayali
Qualification :
Consultation Timing : Kari
Boqum

Pulse:	B.P:	Resp:	Temp:
Weight:	Height:	BMI:	Waist Circum:

General Examination / Allergies
History

9/3/24

Clinical Diagnosis & Management Plan

38 yr / F.
M/H - Regular
LMP - 13/2/24.
MS: 10 yrs.
P₂L₂ - Both FTND -
TL not done
c/o leucorrhoea ∴ 1 yr.
& UTI frequently,
P/A - NAD
Breasts - soft
p/s - erosion ++
P/V - NAD.

Follow up date:


Doctor Signature

Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR
 Age/Gender : 38 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046723
 Visit ID : SPUNOPV61940
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 66574

Collected : 09/Mar/2024 11:31AM
 Received : 09/Mar/2024 12:25PM
 Reported : 09/Mar/2024 12:58PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	35.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.55	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78.1	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,390	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.5	%	40-80	Electrical Impedance
LYMPHOCYTES	31.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3610.35	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2038.41	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	134.19	Cells/cu.mm	20-500	Calculated
MONOCYTES	568.71	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.34	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.77		0.78- 3.53	Calculated
PLATELET COUNT	339000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren

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



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

SIN No:BED240063662

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



Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR
Age/Gender : 38 Y 4 M 12 D/F
UHID/MR No : SPUN.0000046723
Visit ID : SPUNOPV61940
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 66574

Collected : 09/Mar/2024 11:31AM
Received : 09/Mar/2024 12:25PM
Reported : 09/Mar/2024 12:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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

SIN No:BED240063662

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



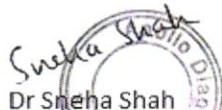
Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR
 Age/Gender : 38 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046723
 Visit ID : SPUNOPV61940
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 66574

Collected : 09/Mar/2024 11:31AM
 Received : 09/Mar/2024 12:25PM
 Reported : 09/Mar/2024 02:05PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240063662

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



Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR
 Age/Gender : 38 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046723
 Visit ID : SPUNOPV61940
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 66574

Collected : 09/Mar/2024 11:31AM
 Received : 09/Mar/2024 12:36PM
 Reported : 09/Mar/2024 12:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	74	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



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

SIN No:PLF02121707

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



Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR	Collected : 09/Mar/2024 11:31AM
Age/Gender : 38 Y 4 M 12 D/F	Received : 09/Mar/2024 12:25PM
UHID/MR No : SPUN.0000046723	Reported : 09/Mar/2024 01:04PM
Visit ID : SPUNOPV61940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66574	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

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)



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

SIN No:EDT240029047

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

Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR
 Age/Gender : 38 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046723
 Visit ID : SPUNOPV61940
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 66574

Collected : 09/Mar/2024 11:31AM
 Received : 09/Mar/2024 12:36PM
 Reported : 09/Mar/2024 02:34PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	138	mg/dL	<200	CHO-POD
TRIGLYCERIDES	76	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	81.01	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.22	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.29		0-4.97	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

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



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

SIN No:SE04656267

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



Patient Name : Mrs. SHILPA KSHITIJ BALAPURKAR
 Age/Gender : 38 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046723
 Visit ID : SPUNOPV61940
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 66574

Collected : 09/Mar/2024 11:31AM
 Received : 09/Mar/2024 12:36PM
 Reported : 09/Mar/2024 02:34PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.93	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.9	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.46	U/L	30-120	IFCC
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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.



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

SIN No: SE04656267

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



Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR	Collected : 09/Mar/2024 11:31AM
Age/Gender : 38 Y 4 M 12 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046723	Reported : 09/Mar/2024 02:34PM
Visit ID : SPUNOPV61940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66574	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.49	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.68	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.57	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.74	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



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

SIN No:SE04656267

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



Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR
 Age/Gender : 38 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046723
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 Ref Doctor : Dr.SELF
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Collected : 09/Mar/2024 11:31AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , <i>SERUM</i>	19.71	U/L	<38	IFCC



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

SIN No:SE04656267

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



Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR
 Age/Gender : 38 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046723
 Visit ID : SPUNOPV61940
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 66574

Collected : 09/Mar/2024 11:31AM
 Received : 09/Mar/2024 12:36PM
 Reported : 09/Mar/2024 01:26PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

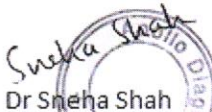
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.09	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.82	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.432	µIU/mL	0.34-5.60	CLIA

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:SPL24042350

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



Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR	Collected : 09/Mar/2024 11:31AM
Age/Gender : 38 Y 4 M 12 D/F	Received : 09/Mar/2024 12:08PM
UHID/MR No : SPUN.0000046723	Reported : 09/Mar/2024 12:42PM
Visit ID : SPUNOPV61940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66574	

DEPARTMENT OF CLINICAL PATHOLOGY

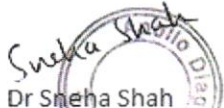
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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	1.015		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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 *****

Result/s to Follow:
LBC PAP TEST (PAPSURE)

Page 11 of 11


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2301837

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



Patient Name : Mrs.SHILPA KSHITIJ BALAPURKAR
Age/Gender : 38 Y 4 M 12 D/F
UHID/MR No : SPUN.0000046723
Visit ID : SPUNOPV61944
Ref Doctor : Dr.SELF

Collected : 09/Mar/2024 02:08PM
Received : 09/Mar/2024 02:36PM
Reported : 09/Mar/2024 03:38PM
Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

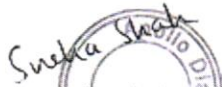
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	mg/dL	70-140	HEXOKINASE

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.

*** End Of Report ***



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLP1429488

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



Name	Mrs Shilpa Kshitij Balapurkar	Age	38 Years
Patient ID	DD/93/2023-2024/1519	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 8.2x4.8cms and **the left kidney** measures 9.6x4.3cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

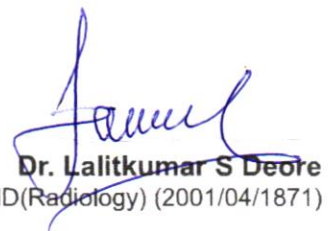
The uterus measures 7.3x4.3x3.5 cms in size. The myometrium appears uniform in echotexture. The endometrium measures 5 mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

No significant abnormality is seen.



Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)

Apollo Clinic

CONSENT FORM

Patient Name: Shilpa Kshiti; Balapurkar Age: 38/F

UHID Number: Company Name: Arcohem

I Mr/Mrs/Ms Shilpa Balapurkar Employee of Arcohem

(Company) Want to inform you that I am not interested in getting
.....

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Doctor not available for Dental

Patient Signature:  Date: 09/03/24

EYE REPORT



ASH/PUN/OPHT/06/02-0216

Name: Mrs. Shilpa Balapurkar

Date: 09/03/24

Age / Sex: 38 y / F

Ref No.:

Complaint: NO complaints

Examination

NO DM
NO HTN

aided Vision
 R 6/6 Ng
 L 6/6 Ng

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-2.75	—	—	6/6	-2.75	—	—
Read	—	—	—	Ng	—	—	—	Ng
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R -2.75
 L -2.75

Medications:

∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant: *[Signature]*

Apollo Spectra Hospitals

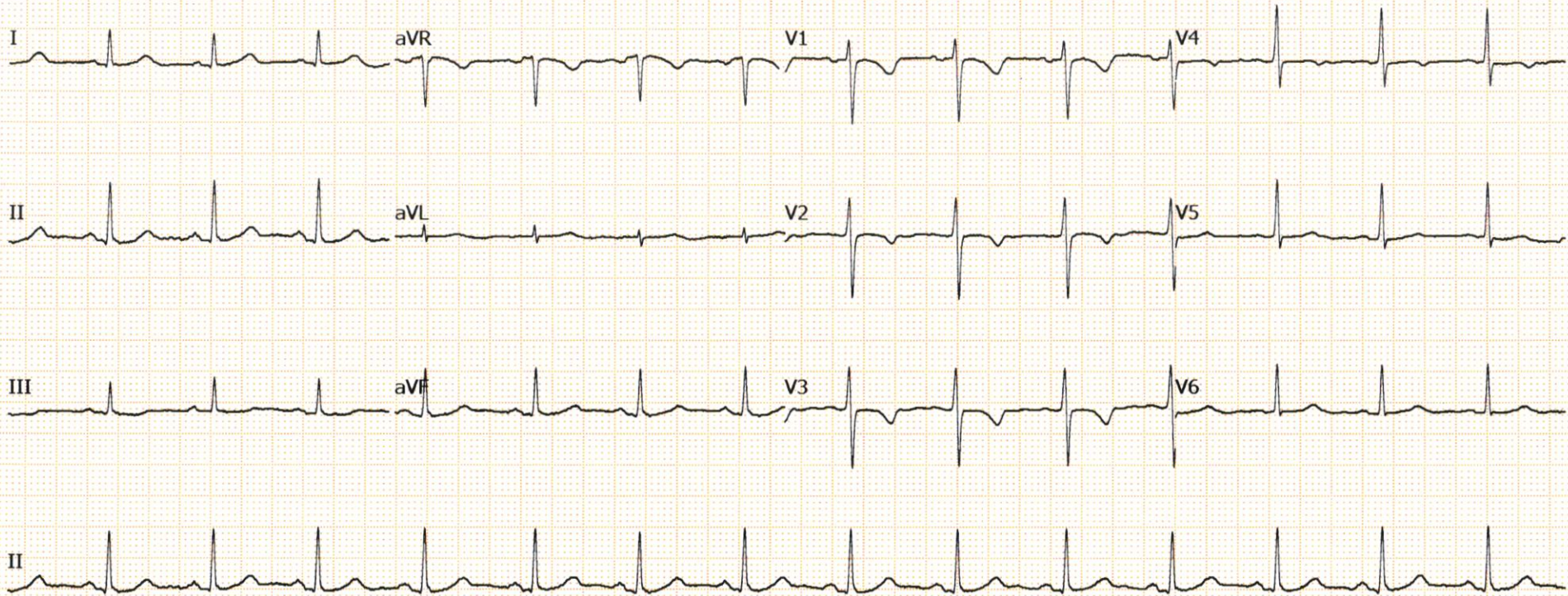
Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

148 cm Female
49.0 kg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 364 / 440 ms
PR : 134 ms
P : 92 ms
RR / PP : 680 / 681 ms
P / QRS / T : 59 / 59 / 44 degrees

Normal sinus rhythm
ST & T wave abnormality, consider anterior ischemia
Abnormal ECG



Appointment Id	Corporate Name	Name	Email id	Mobile	Action
103537	CONNECT AND HEAL PRIMARY CARE ...	MOUSHUMI MARATHE	reports@connectandheal.com	9881148643	  
103536	CONNECT AND HEAL PRIMARY CARE ...	Ganesh Marathe	reports@connectandheal.com	9881148643	  
103290	ADIENT INDIA PRIVATE LIMITED...	Deepak Dhawale	sayali.dhende-ext@adient.com	9112246154	  
102329	VISIT HEALTH PRIVATE LIMITED...	Amol Pathare Amol Pathare	labbookings@getvisitapp.com	7620431312	  
102324	VISIT HEALTH PRIVATE LIMITED...	Aniket Abhale Aniket Abhale	aniket.abhale@oracle.com	9511911291	  
100830	GLOBALHEALTH CONNECT PRIVATE L...	Vighnesh Pawar	VIGHNESH.PAWAR@SUPERGAMING.COM, info@sugamah.com	7020920547	  
100689	NOVOCURA TECH HEALTH SERVICES ...	Vikash Kumar Jha	atcenter.cc@mfine.co	9975605466	  
99892	CONNECT AND HEAL PRIMARY CARE ...	Pawan Kumar Singh	reports@connectandheal.com	8910117061	  
98703	ARCOFEMI HEALTHCARE LIMITED...	Shilpa K Balapurkar	kshitij@unionbankofindia.bank	9595029825	  
98642	ARCOFEMI HEALTHCARE LIMITED...	BALAPURKAR KSHITIJ NARENDRA	kshitij@unionbankofindia.bank	9595029825	  



सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

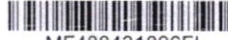
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक / Enrollment No.: 2006/27071/93622

To

शिल्पा क्षितिज बाळापूरकर
Shilpa Kshitij Balapurkar
C/O Kshitij Balapurkar,
5 navrang colony, devpur dhule,
navrang panyachi taki,
VTC: Dhule,
PO: Dhule Jaihind Colony,
Sub District: Dhule, District: Dhule,
State: Maharashtra,
PIN Code: 424002,
Mobile: 9011730127

48843189



MF488431896FI



आपला आधार क्रमांक / Your Aadhaar No. :

7980 4576 2657

माझे आधार, माझी ओळख



भारत सरकार
Government of India



आधार

Issue Date : 22/04/2013



शिल्पा क्षितिज बाळापूरकर
Shilpa Kshitij Balapurkar
जन्म तारीख / DOB : 28/10/1985
स्त्री / Female

7980 4576 2657

माझे आधार, माझी ओळख

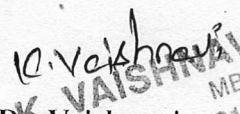
For Apollo Hospital use only
09/03/2024

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Pradhakar Reddy on 11/03/24

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

<ul style="list-style-type: none"> • Medically Fit 	<p align="center"><u>Tick</u></p> <p align="center">✓</p>
<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 candidate 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. VAISHNAVI
 MBBS
 Reg No.: 12106
 Consultant physician
 Apollo Clinic
 A S Rao Nagar

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT


1860 500 7788