

PATIENT NAME :-MR. AMOL GAIKWAD
REFERRED BY :- ARCOFEMI

AGE :-34YRS/M
DATE :- 24.02.2024

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

- Mitral Valve : Normal.
- Aortic Valve : Normal.
- Tricuspid Valve : rivial TR. (RVSP-24mmHg)
- Pulmonary Valve : Normal.

RWMA: Absent.

RA : Normal
RV : Normal
IVS : Intact
IAS : Intact
Pericardial effusion : No
IVC : Normal.

AO – 24 mm, LA – 30 mm, LVIDd – 44 mm, LVISd – 32 mm, IVS –11 mm, PW – 10 mm.

CONCLUSION:

- Normal size cardiac chambers.
- No RWMA.
- Good LV function LVEF-60%.
- No AR/MRNo PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

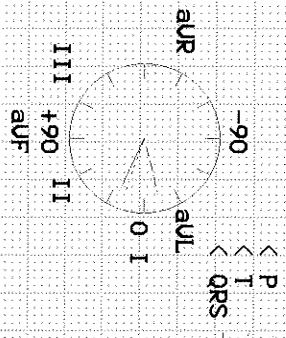
Apollo Clinic - Aundh
Dr. Satyajeet Suryawanshi
DNB (Cardiology)
MR (Cardiology)
10.02.2024 7798

DR.SATYAJEET SURYAWANSHI
(CONSULTANT CARDIOLOGIST)

P/S : Normal echo does not rule out coronary artery disease.

Measurement Results:

| | |
|-----------|-----------------------|
| QRS | 86 ms |
| QT/QTcB | 346 / 394 ms |
| PR | 114 ms |
| P | 88 ms |
| RR/PP | 772 / 785 ms |
| P/QRS/T | 20 / 25 / -15 degrees |
| QTd/QTcBd | 90 / 102 ms |
| Sokolow | 1.5 mV |
| NK | 11 |

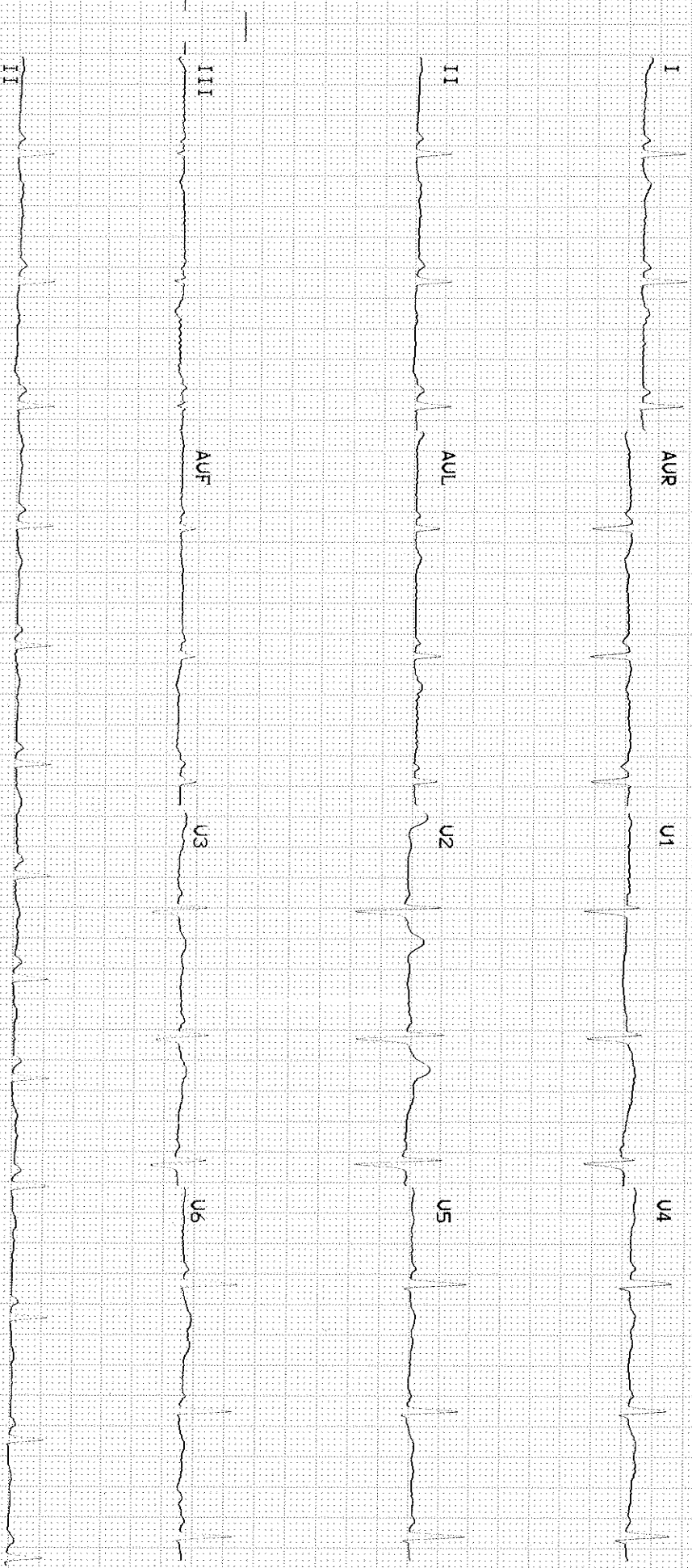


Interpretation:

[Handwritten Signature]

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

Unconfirmed report.



Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 24-02-2024 15:47 | 70 Beats/min | 110/70 mmHg | 20 Rate/min | 96 F | 167 cms | 67 Kgs | % | % | Years | 24.02 | 88 cms | 90 cms | cms | | AHLL09262 |

Established Patient: No

Vitals

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Name: Mr. AMOL EKNATHRAO GAIKWAD
Age/Gender: 34 Y/M
Address: PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIDYA DESHPANDE

MR No: CAUN.0000140672
Visit ID: CAUNOPV167088
Visit Date: 24-02-2024 10:23
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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Department: GENERAL
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Consulting Doctor: Dr. PRADNYA NIKAM

MR No: CAUN.0000140672
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Doctor's Signature

Established Patient: No

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Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARPITA KRISHNA

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Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

MR No: CAUN.0000140672
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Doctor's Signature

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Age/Gender : 34 Y/M

UHID/MR No. : CAUN.0000140672

OP Visit No : CAUNOPV167088

Sample Collected on :

Reported on : 24-02-2024 15:55

LRN# : RAD2247429

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 369325

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.

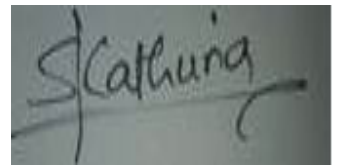
Mediastinal and hilar regions are normal.

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

| | | | |
|----------------------------|------------------------------|--------------------|--------------------|
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| UHID/MR No. | : CAUN.0000140672 | OP Visit No | : CAUNOPV167088 |
| Sample Collected on | : | Reported on | : 24-02-2024 16:50 |
| LRN# | : RAD2247429 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 369325 | | |

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 billiary 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. Splenic vein appears normal.

Right Kidney is - 9.5 x 5.8 cm. Left Kidney is - 10.6 x 5.0 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.**

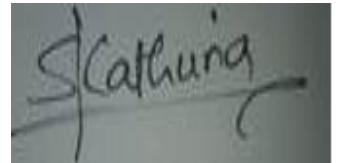
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- **No other significant abnormality seen.**

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

| | |
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| Patient Name : Mr.AMOL EKNATHRAO GAIKWAD | Collected : 24/Feb/2024 10:52AM |
| Age/Gender : 34 Y 11 M 24 D/M | Received : 24/Feb/2024 01:26PM |
| UHID/MR No : CAUN.0000140672 | Reported : 24/Feb/2024 02:30PM |
| Visit ID : CAUNOPV167088 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 369325 | |

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 Abnormal cells/hemoparasite seen.**



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

SIN No:BED240048899

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 ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 17.2 | g/dL | 13-17 | Spectrophotometer |
| PCV | 50.70 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.34 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 95 | fL | 83-101 | Calculated |
| MCH | 32.3 | pg | 27-32 | Calculated |
| MCHC | 34 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 11.5 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,300 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 57.3 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34.2 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.3 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.2 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4755.9 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2838.6 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 190.9 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 514.6 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.68 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 299000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 2 | 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



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

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

No Abnormal cells/hemoparasite seen.



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

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| UHID/MR No : CAUN.0000140672 | Reported : 24/Feb/2024 03:22PM |
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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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| Visit ID : CAUNOPV167088 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 87 | 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) | 107 | 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 | 4.9 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 94 | mg/dL | | Calculated |

Page 5 of 15



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

SIN No: EDT240022058

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No: EDT240022058

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|-----------|-------|-----------------|--------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 128 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 106 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 32 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 96 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 74.43 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 21.14 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.95 | | 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. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:SE04640794

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.83 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.20 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.63 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 7.58 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 18.3 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 85.64 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 8.10 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.81 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.29 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.46 | | 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. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:SE04640794

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




| | |
|--|--|
| Patient Name : Mr.AMOL EKNATHRAO GAIKWAD | Collected : 24/Feb/2024 10:52AM |
| Age/Gender : 34 Y 11 M 24 D/M | Received : 24/Feb/2024 01:52PM |
| UHID/MR No : CAUN.0000140672 | Reported : 24/Feb/2024 08:06PM |
| Visit ID : CAUNOPV167088 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 369325 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.59 | mg/dL | 0.72 – 1.18 | Modified Jaffe, Kinetic |
| UREA | 16.20 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.6 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.03 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 10.22 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.83 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138.43 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.8 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 101.82 | mmol/L | 101–109 | ISE (Indirect) |



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

SIN No:SE04640794

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| Emp/Auth/TPA ID : 369325 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 19.99 | U/L | <55 | IFCC |



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



SIN No:SE04640794

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

| | |
|--|--|
| Patient Name : Mr.AMOL EKNATHRAO GAIKWAD | Collected : 24/Feb/2024 10:52AM |
| Age/Gender : 34 Y 11 M 24 D/M | Received : 24/Feb/2024 01:52PM |
| UHID/MR No : CAUN.0000140672 | Reported : 24/Feb/2024 03:03PM |
| Visit ID : CAUNOPV167088 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 369325 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.4 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 10.09 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.723 | 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
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24032295

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



| | | | |
|-----------------|-----------------------------|--------------|-------------------------------|
| Patient Name | : Mr.AMOL EKNATHRAO GAIKWAD | Collected | : 24/Feb/2024 10:52AM |
| Age/Gender | : 34 Y 11 M 24 D/M | Received | : 24/Feb/2024 01:52PM |
| UHID/MR No | : CAUN.0000140672 | Reported | : 24/Feb/2024 03:03PM |
| Visit ID | : CAUNOPV167088 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 369325 | | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24032295

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



| | |
|--|--|
| Patient Name : Mr.AMOL EKNATHRAO GAIKWAD | Collected : 24/Feb/2024 10:52AM |
| Age/Gender : 34 Y 11 M 24 D/M | Received : 24/Feb/2024 01:58PM |
| UHID/MR No : CAUN.0000140672 | Reported : 24/Feb/2024 02:23PM |
| Visit ID : CAUNOPV167088 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 369325 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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 | 1.010 | | 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 |



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

SIN No: UR2290949

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




| | |
|--|--|
| Patient Name : Mr.AMOL EKNATHRAO GAIKWAD | Collected : 24/Feb/2024 01:49PM |
| Age/Gender : 34 Y 11 M 24 D/M | Received : 24/Feb/2024 07:08PM |
| UHID/MR No : CAUN.0000140672 | Reported : 24/Feb/2024 07:53PM |
| Visit ID : CAUNOPV167088 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 369325 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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



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

SIN No:UPP016787

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



| | |
|--|--|
| Patient Name : Mr.AMOL EKNATHRAO GAIKWAD | Collected : 24/Feb/2024 10:52AM |
| Age/Gender : 34 Y 11 M 24 D/M | Received : 24/Feb/2024 01:31PM |
| UHID/MR No : CAUN.0000140672 | Reported : 24/Feb/2024 01:55PM |
| Visit ID : CAUNOPV167088 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 369325 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** End Of Report ***



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

SIN No: UF010798

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

