

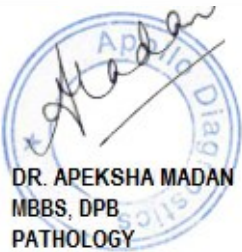
Patient Name : Mr.SUDHANSHU BANSAL
Age/Gender : 49 Y 6 M 0 D/M
UHID/MR No : STAR.0000063596
Visit ID : STAROPV70703
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9910693618

Collected : 14/Jun/2024 08:33AM
Received : 14/Jun/2024 11:22AM
Reported : 14/Jun/2024 01:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
RBC : Normocytic normochromic
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	41.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.59	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.4	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,620	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1810	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1267	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	181	Cells/cu.mm	20-500	Calculated
MONOCYTES	362	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
PLATELET COUNT	225000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				


Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240152410

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CIN- U85100TG2009PTC099414

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


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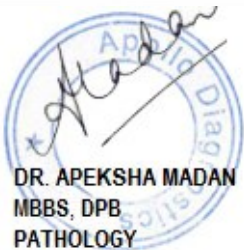


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Age/Gender : 49 Y 6 M 0 D/M	Received : 14/Jun/2024 11:22AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

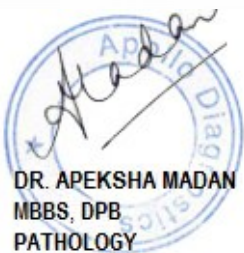
Comment:

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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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Age/Gender : 49 Y 6 M 0 D/M	Received : 14/Jun/2024 03:11PM
UHID/MR No : STAR.0000063596	Reported : 14/Jun/2024 04:38PM
Visit ID : STAROPV70703	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)



Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:EDT240065971

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	96	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	77	mg/dL	<150	
HDL CHOLESTEROL	30	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	66	mg/dL	<130	Calculated
LDL CHOLESTEROL	50.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.20		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

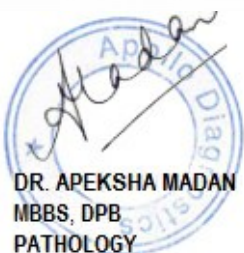
Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	43.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	64.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	2		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

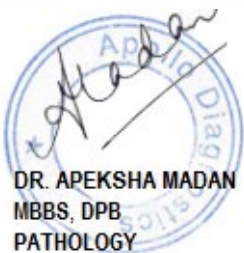
In Alcoholic Liver Disease AST: ALT usually >2

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.

Page 8 of 21



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04748854

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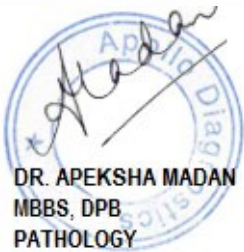
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

- 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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GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	23.00	U/L	16-73	Glycylglycine Kinetic method

Comment:

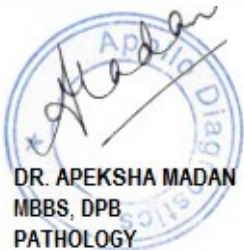
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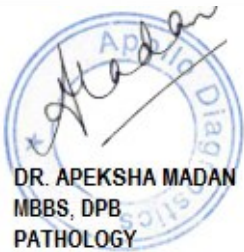
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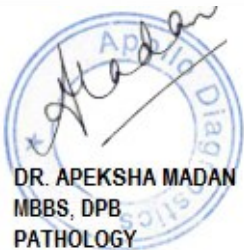
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	16.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	64.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , <i>SERUM</i>	9.30	mg/dL	8.4-10.2	CPC

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



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Patient Name : Mr.SUDHANSHU BANSAL	Collected : 14/Jun/2024 08:33AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 14/Jun/2024 11:40AM
UHID/MR No : STAR.0000063596	Reported : 14/Jun/2024 01:28PM
Visit ID : STAROPV70703	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9910693618	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.41	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.900	µIU/mL	0.25-5.0	ELFA


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

Page 14 of 21



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No: SPL24099604

Apollo Speciality Hospitals Private Limited

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CIN- U85100TG2009PTC099414

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Address:

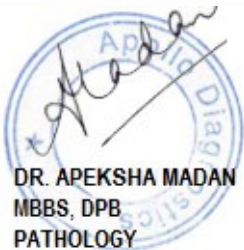
156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name	: Mr.SUDHANSHU BANSAL	Collected	: 14/Jun/2024 08:33AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR. APEKSHA MADAN
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PATHOLOGY

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Patient Name : Mr.SUDHANSHU BANSAL	Collected : 14/Jun/2024 08:33AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 14/Jun/2024 11:40AM
UHID/MR No : STAR.0000063596	Reported : 14/Jun/2024 02:36PM
Visit ID : STAROPV70703	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9910693618	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	28.7	ng/mL		ELFA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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


Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

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

Increased levels:

- Vitamin D intoxication.



DR. APEKSHA MADAN
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Patient Name : Mr.SUDHANSHU BANSAL
Age/Gender : 49 Y 6 M 0 D/M
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Visit ID : STAROPV70703
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Patient Name : Mr.SUDHANSHU BANSAL	Collected : 14/Jun/2024 08:33AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 14/Jun/2024 06:53PM
UHID/MR No : STAR.0000063596	Reported : 14/Jun/2024 07:47PM
Visit ID : STAROPV70703	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9910693618	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	835	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Dr. Pratibha Kadam
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: IM07685620

Apollo Speciality Hospitals Private Limited

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Patient Name : Mr.SUDHANSHU BANSAL
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.760	ng/mL	0-4	ELFA


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Patient Name : Mr.SUDHANSHU BANSAL
Age/Gender : 49 Y 6 M 0 D/M
UHID/MR No : STAR.0000063596
Visit ID : STAROPV70703
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9910693618

Collected : 14/Jun/2024 08:33AM
Received : 14/Jun/2024 02:10PM
Reported : 14/Jun/2024 03:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2366175

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

***** End Of Report *****

Page 21 of 21


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2366175

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Specialists in Surgery

CONSENT FORM

Client Name: Sudhanshu Age: 49
UHID Number: Company Name: JM Financial

I Mr/Mrs/Ms Sudhanshu Employee of JM Financial
(Company) Want to inform you that I am not interested in getting Diet. Consultation & PP
Tests done which is a part of my routine health check package.


And I claim the above statement in my full consciousness.



Patient Signature: [Signature] Date: 15-06-24

Name: Mr Sudhanshu Bansal
Age: 49yrs/M

14/06/2024


- for Health Consultation
- offers no ENT complaints

O/E - Ear -  B/L TM intact, mobile
R L

Nose -  Septum central
Mucosa 
No discharge

Throat - Mild congestion of PPW

Imp: ENT-NAD


MAJ (DR) SHRUTI NILE SHARMA
M.S. (ENT), PGDHHM, PGDMLS
MMC - 2019006177

PULMONARY FUNCTION TEST

Patient Information

Name	Bansal, Sudhanshu	Test Date	14-06-2024 11:46:59
ID	063596	Predicted	Knudson, 1983 * 0.90
Age	49 (14-12-1974)	Sex at Birth	Male
Height	162 cm	Ethnicity	Asian
Weight	66 kg BMI 25.1		

Test Result

<u>Parameter</u>	<u>Pre Best</u>	<u>LLN</u>	<u>%Pred</u>	<u>Pred</u>
FVC [L]	-	2.27	-	3.09
FEV1 [L]	-	1.96	-	2.54
FEV1/FVC	-	0.708	-	0.815
FEF25-75 [L/s]	-	1.24	-	3.08
PEF [L/s]	-	-	-	7.52
FET [s]	7.1	-	-	-
FIVC [L]	-	2.27	-	3.09
PIF [L/s]	-	-	-	-
System Interpretation	Pre	No interpretation, not enough acceptable maneuvers		
Caution: Poor session quality. Interpret with care.				

<u>Parameter</u>	<u>LLN</u>	<u>Pred</u>
VC [L]	2.27	3.09
VCex [L]	2.27	3.09
VCin [L]	2.27	3.09
IRV [L]	-	-
IC [L]	-	-
VT [L]	-	-
Rf [1/min]	-	-
Caution: Poor session quality. Interpret with care.		

<u>Parameter</u>	<u>Pre Best</u>	<u>LLN</u>	<u>%Pred</u>	<u>Pred</u>
MVV [L/min]	45.3	-	44	103.6
MVV time [s]	14.4	-	-	-
MVV6 [L/min]	47.4	-	-	-
VT [L]	2.68	-	-	-
Rf [1/min]	12.5	-	-	-
Caution: Poor session quality. Interpret with care.				

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Date : 14/6/2024 **OUT-PATIENT RECORD**
 MRNO : 68596
 Name : DR. Suchanshu Bansal
 Age/Gender : 49 Y / Male
 Mobile No :
 Passport No :
 Aadhar number :

Pulse :	B.P : 120/80	Resp : 18 / min	Temp : (N)
Weight : 66.5	Height : 162	BMI : 25.3	Waist Circum : 86 cm

General Examination / Allergies
History

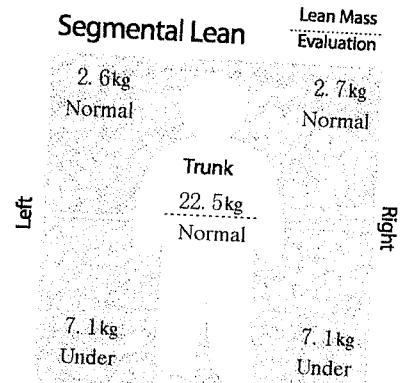
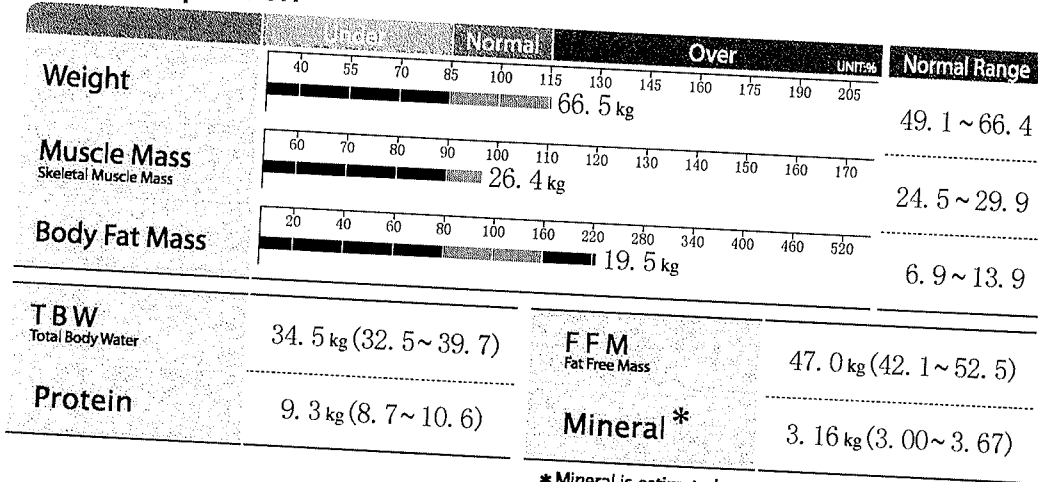
Clinical Diagnosis & Management Plan

married, Vegetarian
 Stop B/B No Allergy.
 No addiction
 SIP PTCA 3 vessel 2016
 FH: Nil.

InBody

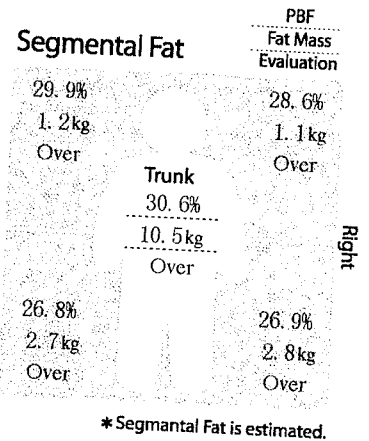
ID 0 Sachin Shee Bansal
 Age 49 | Height 162cm | Date 14.6.2024 | APOLLO SPECTRA HOSPITAL
 Gender Male | Time 09:36:36

Body Composition



Obesity Diagnosis

Obesity	Normal Range	Nutritional Evaluation
BMI Body Mass Index (kg/m ²)	25.3 18.5 ~ 25.0	Protein <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
PBF Percent Body Fat (%)	29.3 10.0 ~ 20.0	Mineral <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
WHR Waist-Hip Ratio	0.94 0.80 ~ 0.90	Fat <input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive
BMR Basal Metabolic Rate (kcal)	1386 1469 ~ 1713	Weight Management
		Weight <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
		SMM <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Strong
		Fat <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
		Obesity Diagnosis
		BMI <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
		PBF <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
		WHR <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over



Muscle-Fat Control

Muscle Control + 2.0 kg	Fat Control - 10.8 kg	Fitness Score 67
-------------------------	-----------------------	------------------

Impedance

Z	RA	LA	TR	RL	LL
20kHz	343.6	359.3	27.0	312.2	313.3
100kHz	301.5	315.2	22.4	271.4	272.8

* Use your results as reference when consulting with your physician or fitness trainer.

Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 66.5 kg / Duration: 30min. / unit: kcal)

Walking 133	Jogging 233	Bicycle 200	Swim 233	Mountain Climbing 217	Aerobic 233
Table tennis 150	Tennis 200	Football 233	Oriental Fencing 333	Gate ball 126	Badminton 150
Racket ball 333	Tae-kwon-do 333	Squash 333	Basketball 200	Rope jumping 233	Golf 117
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle

How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

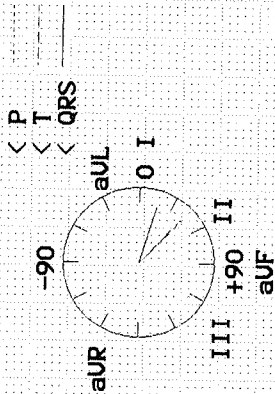
* Recommended calorie intake per day

1400 kcal

* Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4 weeks ÷ 7700**

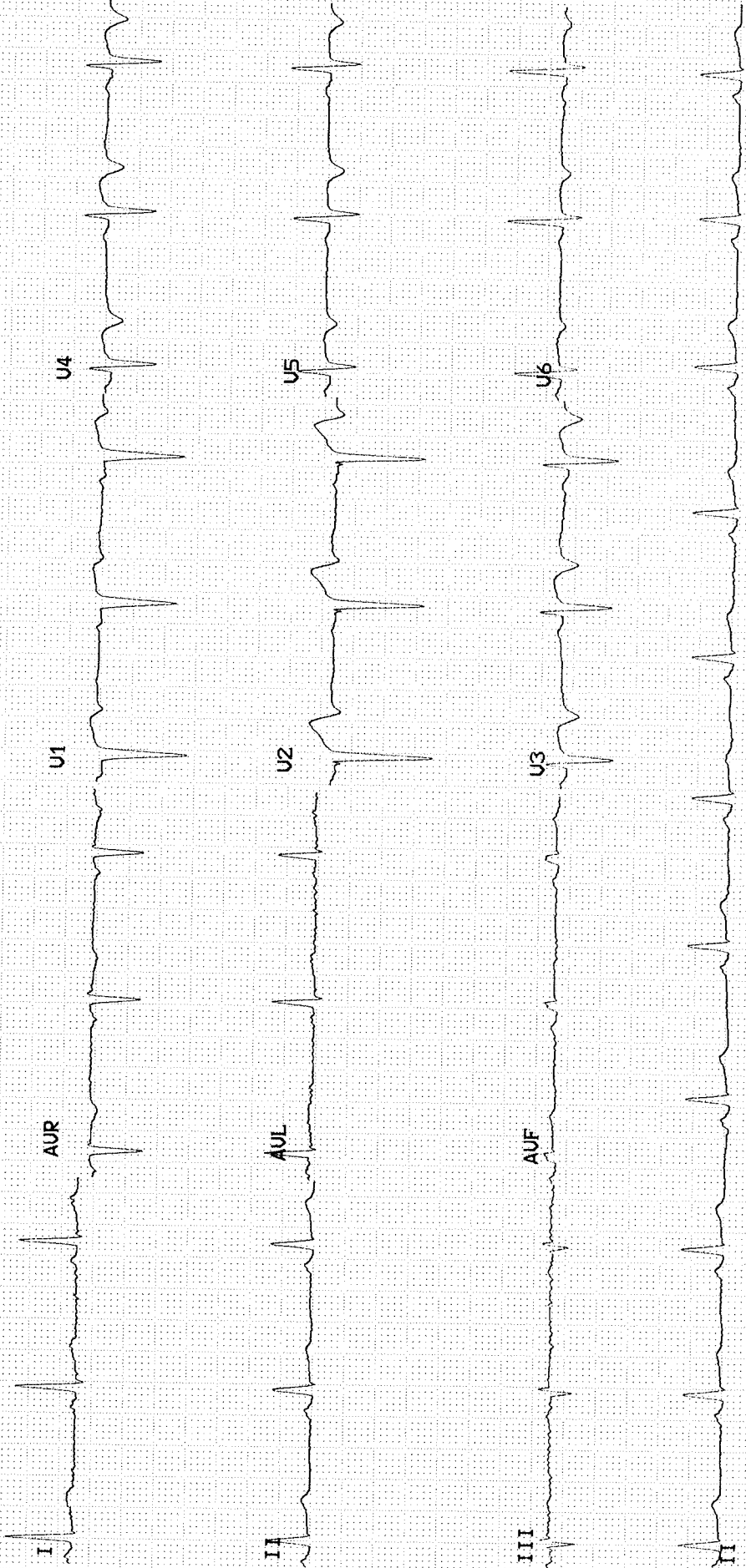
Measurement Results:

QRS : 108 ms
 QT/QTcB : 398 / 407 ms
 PR : 156 ms
 P : 114 ms
 RR/PP : 936 / 950 ms
 P/QRS/T : 45/ 18/ 44 degrees



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 T wave abnormality, consider anterolateral ischemia
 Abnormal ECG

~~Un~~Confirmed report.



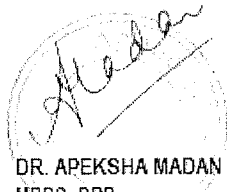
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Emp/Auth/TPA ID : 9910693618

Collected : 14/Jun/2024 08:33AM
Received : 14/Jun/2024 11:22AM
Reported : 14/Jun/2024 01:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
RBC : Normocytic normochromic
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240152410

Patient Name : Mr.SUDHANSHU BANSAL
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UHID/MR No : STAR.0000063596
Visit ID : STAROPV70703
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	41.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.59	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.4	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,620	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	50	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1810	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1267	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	181	Cells/cu.mm	20-500	Calculated
MONOCYTES	362	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
PLATELET COUNT	225000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

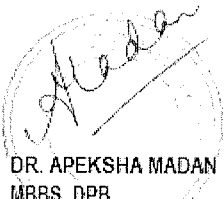
Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Page 2 of 21



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240152410



Patient Name : Mr.SUDHANSHU BANSAL
Age/Gender : 49 Y 6 M 0 D/M
UHID/MR No : STAR.0000063596
Visit ID : STAROPV70703
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9910693618

Collected : 14/Jun/2024 08:33AM
Received : 14/Jun/2024 11:22AM
Reported : 14/Jun/2024 01:24PM
Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

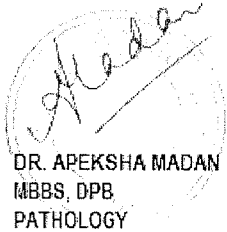
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 3 of 21



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240152410





TOUCHING LIVES

Patient Name : Mr.SUDHANSHU BANSAL
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination


 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

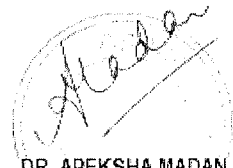
Comment:

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. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:PLF02172106



Patient Name : Mr.SUDHANSHU BANSAL
Age/Gender : 49 Y 6 M 0 D/M
UHID/MR No : STAR.0000063596
Visit ID : STAROPV70703
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9910693618

Collected : 14/Jun/2024 08:33AM
Received : 14/Jun/2024 03:11PM
Reported : 14/Jun/2024 04:38PM
Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

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.Sandip Kumar Banerjee
M.B.B.S,M.D(PATHOLOGY),D.P.B
Consultant Pathologist

SIN No:EDT240065971



Patient Name : Mr.SUDHANSHU BANSAL
Age/Gender : 49 Y 6 M 0 D/M
UHID/MR No : STAR.0000063596
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	96	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	77	mg/dL	<150	
HDL CHOLESTEROL	30	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	66	mg/dL	<130	Calculated
LDL CHOLESTEROL	50.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.20		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

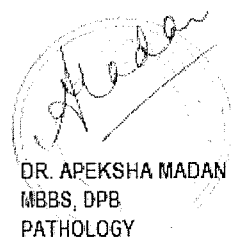
Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04748854



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49	U/L	4-44	JSSC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	43.0	U/L	8-38	JSSC
ALKALINE PHOSPHATASE	64.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	2		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

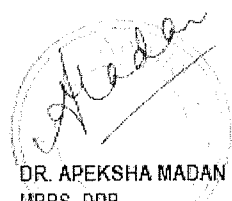
In Alcoholic Liver Disease AST: ALT usually >2

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.

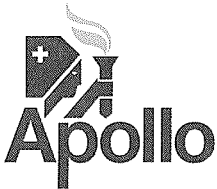
Page 8 of 21



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04748854





TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

- 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.

Page 9 of 21


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04748854



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49	U/L	4-44	JSCC
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PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	23.00	U/L	16-73	Glycylglycine Kinetic method

Comment:

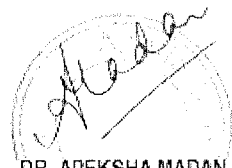
LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

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- 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.

Page 10 of 21



DR. APEKSHA MADAN
MBBS, DPB
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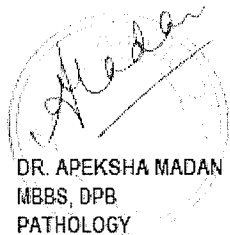
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2. Cholestatic Pattern:

- 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. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

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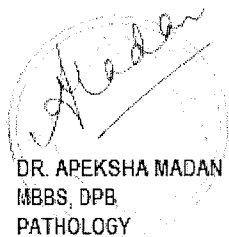
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	16.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.9-2.0	Calculated

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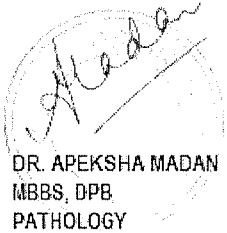
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	64.00	U/L	32-111	IFCC
Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , <i>SERUM</i>	9.30	mg/dL	8.4-10.2	CPC

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.03	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.41	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.900	µIU/mL	0.25-5.0	ELFA

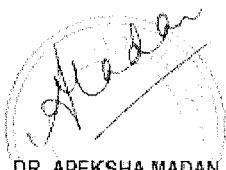
Comment:

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

Page 14 of 21



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24099604





TOUCHING LIVES

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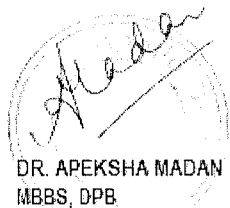
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DEPARTMENT OF IMMUNOLOGY

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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SPL24099604

Patient Name : Mr.SUDHANSHU BANSAL
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	28.7	ng/mL		ELFA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

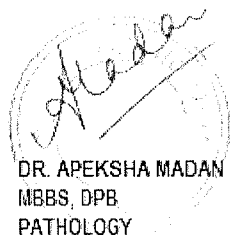
Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

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

Increased levels:

- Vitamin D intoxication.



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SPL24099604

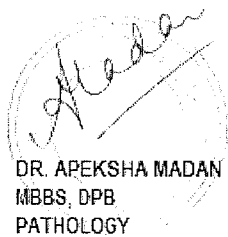


Patient Name : Mr.SUDHANSHU BANSAL
Age/Gender : 49 Y 6 M 0 D/M
UHID/MR No : STAR.0000063596
Visit ID : STAROPV70703
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9910693618

Collected : 14/Jun/2024 08:33AM
Received : 14/Jun/2024 11:40AM
Reported : 14/Jun/2024 02:36PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24099604

Patient Name : Mr.SUDHANSHU BANSAL
Age/Gender : 49 Y 6 M 0 D/M
UHID/MR No : STAR.0000063596
Visit ID : STAROPV70703
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9910693618

Collected : 14/Jun/2024 08:33AM
Received : 14/Jun/2024 06:53PM
Reported : 14/Jun/2024 07:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	835	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Dr. Pratibha Kadam
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: IM07685620





Patient Name : Mr.SUDHANSHU BANSAL
 Age/Gender : 49 Y 6 M 0 D/M
 UHID/MR No : STAR.0000063596
 Visit ID : STAROPV70703
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.760	ng/mL	0-4	ELFA



Apeksha Madan
 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SPL24099604

Age/Gender : Mr.SUDHANSHU BANSAL
 UHID/MR No : 49 Y 6 M 0 D/M
 Visit ID : STAR.0000063596
 Ref Doctor : STAROPV70703
 Emp/Auth/TPA ID : Dr.SELF
 : 9910693618

Collected : 14/Jun/2024 08:33AM
 Received : 14/Jun/2024 02:10PM
 Reported : 14/Jun/2024 03:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF CLINICAL PATHOLOGY
 ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.




 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

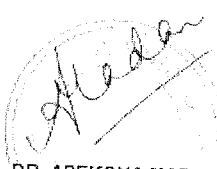
SIN No:UR2366175



Patient Name : Mr.SUDHANSHU BANSAL
 Age/Gender : 49 Y 6 M 0 D/M
 UHID/MR No : STAR.0000063596
 Visit ID : STAROPV70703
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9910693618

Collected : 14/Jun/2024 08:33AM
 Received : 14/Jun/2024 02:10PM
 Reported : 14/Jun/2024 03:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324
 *** End Of Report ***


DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:UR2366175



Dear SUDHANSHU BANSAL,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-06-14** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Contact No: 022 - 4332 4500.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Issue Date : 26/02/2012



भारत सरकार
Government of India

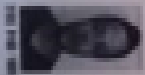
Sudhanshu Bartsal

DOB : 14/12/1974

Male

जगत चक्रा के समे १, आधार से मी
Aadhaar is a proof of identity, not of citizenship.

3185 9160 1695



मेरा आधार, मेरी पहचान

Patient Name	: Mr. Sudhanshu Bansal	Age/Gender	: 49 Y/M
UHID/MR No.	: STAR.0000063596	OP Visit No	: STAROPV70703
Sample Collected on	:	Reported on	: 14-06-2024 12:05
LRN#	: RAD2350969	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9910693618		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 11.3 x 3.9 cms and the **LEFT KIDNEY** measures 11.4 x 4.1 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.2 x 2.8 x 2.4 cms and weighs 11.9 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION : **Normal Ultrasound examination of the Abdomen and Pelvis.**

Patient Name : Mr. Sudhanshu Bansal

Age/Gender : 49 Y/M



Dr. VINOD SHETTY
Radiology

Patient Name : Mr. Sudhanshu Bansal

Age/Gender : 49 Y/M

UHID/MR No. : STAR.0000063596

OP Visit No : STAROPV70703

Sample Collected on :

Reported on : 14-06-2024 12:01

LRN# : RAD2350969

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9910693618

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VINOD SHETTY
Radiology