

Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:25PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 02:10PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's Microcytes+, Elliptocytes+**  
**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:BED240061024

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.78</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>75.7</b>	fL	83-101	Calculated
MCH	<b>26.2</b>	pg	27-32	Calculated
MCHC	<b>34.7</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,190	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.7	%	40-80	Electrical Impedance
LYMPHOCYTES	33.2	%	20-40	Electrical Impedance
EOSINOPHILS	<b>6.5</b>	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2735.13	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1723.08	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	337.35	Cells/cu.mm	20-500	Calculated
MONOCYTES	373.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.59		0.78- 3.53	Calculated
PLATELET COUNT	269000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's Microcytes+, Elliptocytes+  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.



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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



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Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:25PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 03:06PM
Visit ID : CPIMOPV157930	Status : Final Report
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240061024

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Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 11:25AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 04:34PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 05:38PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	100	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)	70	mg/dL	70-140	HEXOKINASE

**Comment:**

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

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:PLP1428250

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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:EDT240027510

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Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:48PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 04:59PM
Visit ID : CPIMOPV157930	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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	149	mg/dL	<200	CHO-POD
TRIGLYCERIDES	103	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>37</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.54	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.04		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 Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04653525

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>61.43</b>	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.3	U/L	<50	IFCC
ALKALINE PHOSPHATASE	71.80	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		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, Wilsons'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.

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

SIN No:SE04653525

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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.65	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	10.77	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.51	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.25	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.91	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.1	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		0.9-2.0	Calculated

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04653525

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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>89.28</b>	U/L	<55	IFCC

*Sneha Shah*  
  
**Dr Sneha Shah**  
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.48	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.17	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.985	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  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SPL24040303

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Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:45PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 02:17PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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 Sneha Shah  
MBBS, MD (Pathology)  
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SIN No:UR2299613

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**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

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

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

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

SIN No:UF010932

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



Patient Name : Mr. JITENDRA KRISHNARAO HARDAS Age : 36 Y/M  
UHID : CPIM.0000117030 OP Visit No : CPIMOPV157930  
Conducted By: : Conducted Date : 11-03-2024 17:59  
Referred By : SELF

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**NOT DONE**

Patient Name : Mr. JITENDRA KRISHNARAO HARDAS Age : 36 Y/M  
UHID : CPIM.0000117030 OP Visit No : CPIMOPV157930  
Conducted By: : Conducted Date :  
Referred By : SELF  
Patient Name : Mr. JITENDRA KRISHNARAO HARDAS Age : 36 Y/M  
UHID : CPIM.0000117030 OP Visit No : CPIMOPV157930  
Conducted By : Conducted Date :  
Referred By : SELF

---

**Patient Name** : Mr. JITENDRA KRISHNARAO HARDAS

**Age/Gender** : 35 Y/M

**UHID/MR No.** : CPIM.0000117030

**OP Visit No** : CPIMOPV157930

**Sample Collected on** :

**Reported on** : 08-03-2024 17:59

**LRN#** : RAD2259705

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE13301

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

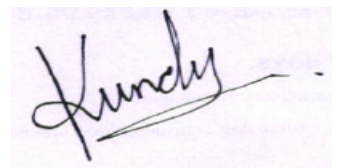
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology



<b>Patient Name</b>	: Mr. JITENDRA KRISHNARAO HARDAS	<b>Age/Gender</b>	: 35 Y/M
<b>UHID/MR No.</b>	: CPIM.0000117030	<b>OP Visit No</b>	: CPIMOPV157930
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-03-2024 12:20
<b>LRN#</b>	: RAD2259705	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobE13301		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size (15.8cm) and bright echotexture. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. Multiple calculi ranging from 3mm to 7mm noted Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen.

### **IMPRESSION:-**

**GRADE I FATTY LIVER.**

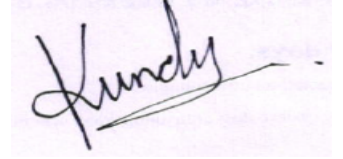
**CHOLELITHIASIS**

(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.

**Patient Name** : Mr. JITENDRA KRISHNARAO HARDAS

**Age/Gender** : 35 Y/M



**Dr. KUNDAN MEHTA**  
MBBS, DMRE (RADIOLOGY)  
Radiology

Name: Mr. JITENDRA KRISHNARAO HARDAS  
Age/Gender: 36 Y/M  
Address: FL NO - 201, OZONE NILAY SOCIETY, TALEGAON DABAHDE,  
TALUKA MAVAL  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117030  
Visit ID: CPIMOPV157930  
Visit Date: 08-03-2024 08:31  
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**

Name: Mr. JITENDRA KRISHNARAO HARDAS  
Age/Gender: 36 Y/M  
Address: FL NO - 201, OZONE NILAY SOCIETY, TALEGAON DABAHDE,  
TALUKA MAVAL  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117030  
Visit ID: CPIMOPV157930  
Visit Date: 08-03-2024 08:31  
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**

Name: Mr. JITENDRA KRISHNARAO HARDAS  
Age/Gender: 36 Y/M  
Address: FL NO - 201, OZONE NILAY SOCIETY, TALEGAON DABAHDE,  
TALUKA MAVAL  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117030  
Visit ID: CPIMOPV157930  
Visit Date: 08-03-2024 08:31  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. JITENDRA KRISHNARAO HARDAS  
Age/Gender: 36 Y/M  
Address: FL NO - 201, OZONE NILAY SOCIETY, TALEGAON DABAHDE,  
TALUKA MAVAL  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117030  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

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
08-03-2024 14:50	68 Beats/min	140/70 mmHg	20 Rate/min	97 F	179 cms	94 Kgs	%	%	Years	29.34	cms	cms	cms		AHLL09249

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
08-03-2024 14:50	68 Beats/min	140/70 mmHg	20 Rate/min	97 F	179 cms	94 Kgs	%	%	Years	29.34	cms	cms	cms		AHLL09249



Established Patient: No

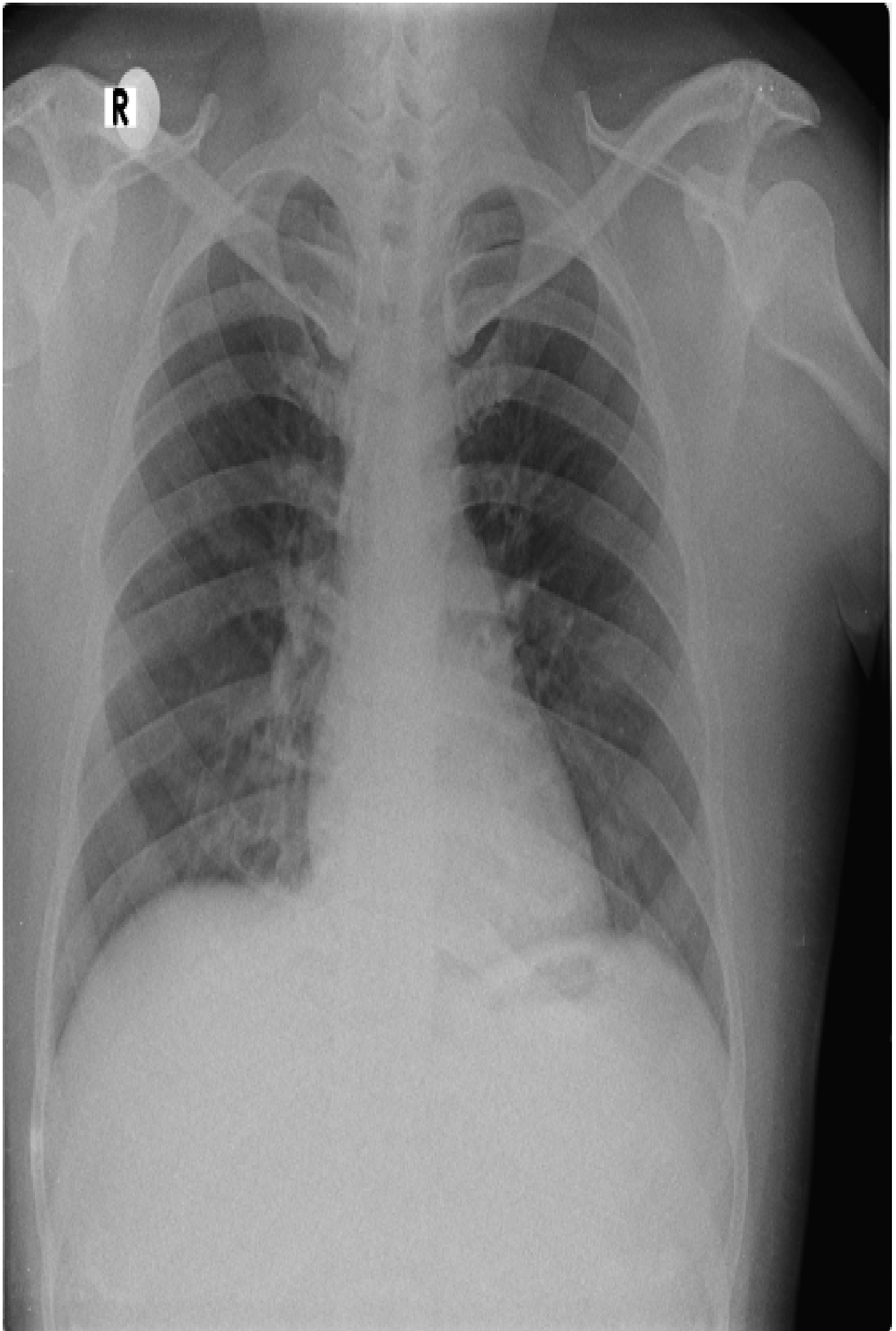
**Vitals**

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
08-03-2024 14:50	68 Beats/min	140/70 mmHg	20 Rate/min	97 F	179 cms	94 Kgs	%	%	Years	29.34	cms	cms	cms		AHLL09249

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
08-03-2024 14:50	68 Beats/min	140/70 mmHg	20 Rate/min	97 F	179 cms	94 Kgs	%	%	Years	29.34	cms	cms	cms		AHLL09249





Date : 08-03-2024

Department : GENERAL

MR NO : CPIM.0000117030

Doctor :

Name : Mr. JITENDRA KRISHNARAO HAJ

Registration No :

Age/ Gender : 35 Y / Male

Qualification :

Consultation Timing: 08:31

HE- 179

WE- 94.3

BP- 140/70

BMT- 30

S/E

COS: S<sub>1</sub>S<sub>2</sub>⊕

RS: ACBE

Diet Mix

CROS: NAD.

PA: NAD.

No known allergy

No past Sx

Anam.

ID: 377  
JITENDR HARDAS  
Male 35Years

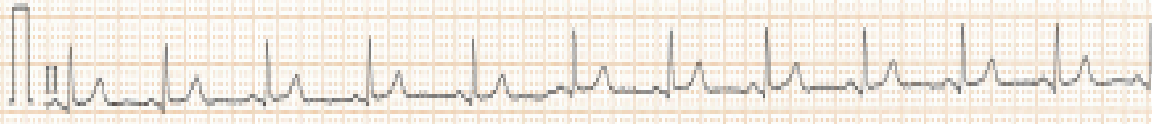
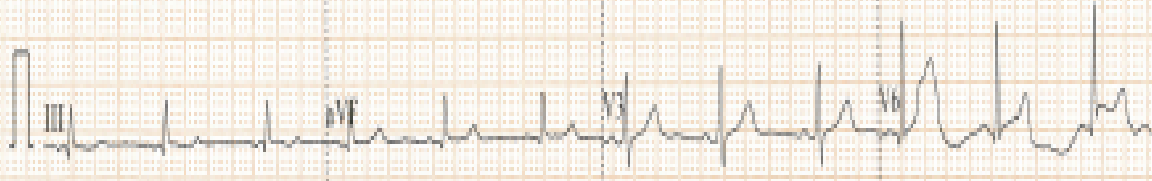
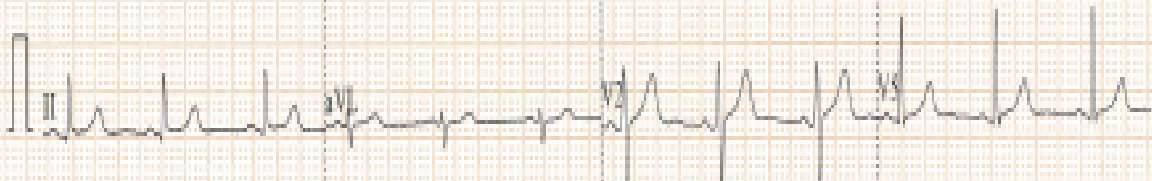
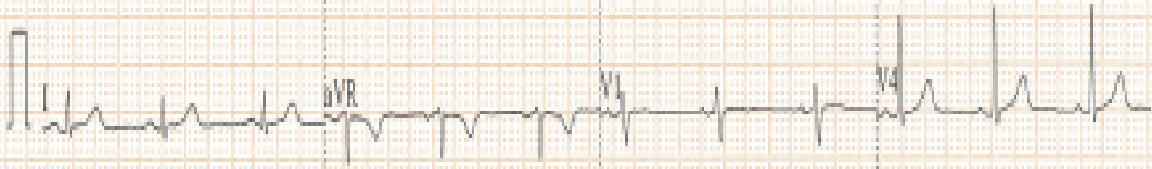
08-03-2024 08:58:07 AM  
HR : 67 bpm  
P : 103 ms  
PR : 137 ms  
QRS : 79 ms  
QT/QTc : 380/403 ms  
P/QRS/T : 24/67/29 °  
RVS/SVL : 1.155/0.333 mV

APOL CLINIC

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

*Handwritten signature*

Report Confirmed by:



Certificate No: MC- 5697

Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:25PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 02:10PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.2	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>5.78</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	75.7	fL	83-101	Calculated
MCH	26.2	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,190	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.7	%	40-80	Electrical Impedance
LYMPHOCYTES	33.2	%	20-40	Electrical Impedance
EOSINOPHILS	6.5	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2735.13	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1723.08	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	337.35	Cells/cu.mm	20-500	Calculated
MONOCYTES	373.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.59		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	269000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's Microcytes+, Elliptocytes+  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.

Page 2 of 13



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

SIN No:BED240061024

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINIC'S NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanida Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Sreeharma Peta) | Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Saijapur Road | Mysore (VV Mohalla) | Tamil Nadu: Chennai ( Annanagar | Kotturupalli | Mogappair | T Nagar | Velasaiyakkam | Velachery) | Maharashtra: Pune (Aundh) | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Uttar Pradesh: Ghaziabad (Indraprastha) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Shop No.: 14 to 20, City Pride building,  
Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),  
Pune, Maharashtra, India - 411004



**1860 500 7788**  
www.apolloclinic.com



Certificate No: MC- 5697

Patient Name	: Mr.JITENDRA KRISHNARAO HARDAS	Collected	: 08/Mar/2024 08:33AM
Age/Gender	: 35 Y 10 M 28 D/M	Received	: 08/Mar/2024 01:25PM
UHID/MR No	: CPIM.0000117030	Reported	: 08/Mar/2024 02:10PM
Visit ID	: CPIMOPV157930	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13301		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Microcytes+, Elliptocytes+**  
**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: BED240061024

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**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Merikonda | Uppal) Andhra Pradesh: Vijay (Sooravarana Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamil Nadu: Chennai (Arinankuppam | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)







Certificate No: MC-5697

Patient Name	: Mr.JITENDRA KRISHNARAO HARDAS	Collected	: 08/Mar/2024 08:33AM
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**DEPARTMENT OF HAEMATOLOGY**

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



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

SIN No:BED240061024

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

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**1860 500 7788**  
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Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:25PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 03:06PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240061024

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Certificate No: MC-5697

Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 11:25AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 04:34PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 05:38PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

**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	100	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	70	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.

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

SIN No:PLP1428250

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





Certificate No: MC- 5697

Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:25PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 03:34PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6.2</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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. Sanjay Ingle  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: EDT240027510

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Asholia Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Shop No.: 14 to 20, City Pride building,  
Sector - 25, Next to BHEL Chowk, Nigdi (Pimpri),  
Pitb6, Maharashtra, India - 411004





Certificate No: MC- 5697

Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:48PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 04:59PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	149	mg/dL	<200	CHO-POD
TRIGLYCERIDES	103	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>37</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.54	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.04		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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

SIN No:SE04653525

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





Certificate No: MC-5697

Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:48PM
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Emp/Auth/TPA ID : bobE13301	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>61.43</b>	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.3	U/L	<50	IFCC
ALKALINE PHOSPHATASE	71.80	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		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 Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04653525

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





Certificate No: MC-5697

Patient Name	: Mr.JITENDRA KRISHNARAO HARDAS	Collected	: 08/Mar/2024 08:33AM
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UHID/MR No	: CPIM.0000117030	Reported	: 08/Mar/2024 04:59PM
Visit ID	: CPIMOPV157930	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13301		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.65	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	10.77	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.51	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.25	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.91	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.1	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		0.9-2.0	Calculated

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

SIN No:SE04653525

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






Certificate No: MC-5697

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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	89.28	U/L	<55	IFCC

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

SIN No:SE04653525

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Certificate No: MC-5697

Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:49PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 03:32PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.48	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.17	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.985	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:SPL24040303

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Sector - 25, Near to BHEL Chowk, Nigdi(Pimpri),  
Pune, Maharashtra, India - 411004

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Charida Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Frasier Town | HSilt Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annamalai) | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

**1860 500 7788**  
www.apolloclinic.com



Certificate No: MC-5697

Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:45PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 02:17PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr,SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

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

SIN No:UR2299613

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





Certificate No: MC-5697

Patient Name : Mr.JITENDRA KRISHNARAO HARDAS	Collected : 08/Mar/2024 08:33AM
Age/Gender : 35 Y 10 M 28 D/M	Received : 08/Mar/2024 01:45PM
UHID/MR No : CPIM.0000117030	Reported : 08/Mar/2024 02:17PM
Visit ID : CPIMOPV157930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13301	

**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

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

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

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

SIN No:UF010932

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



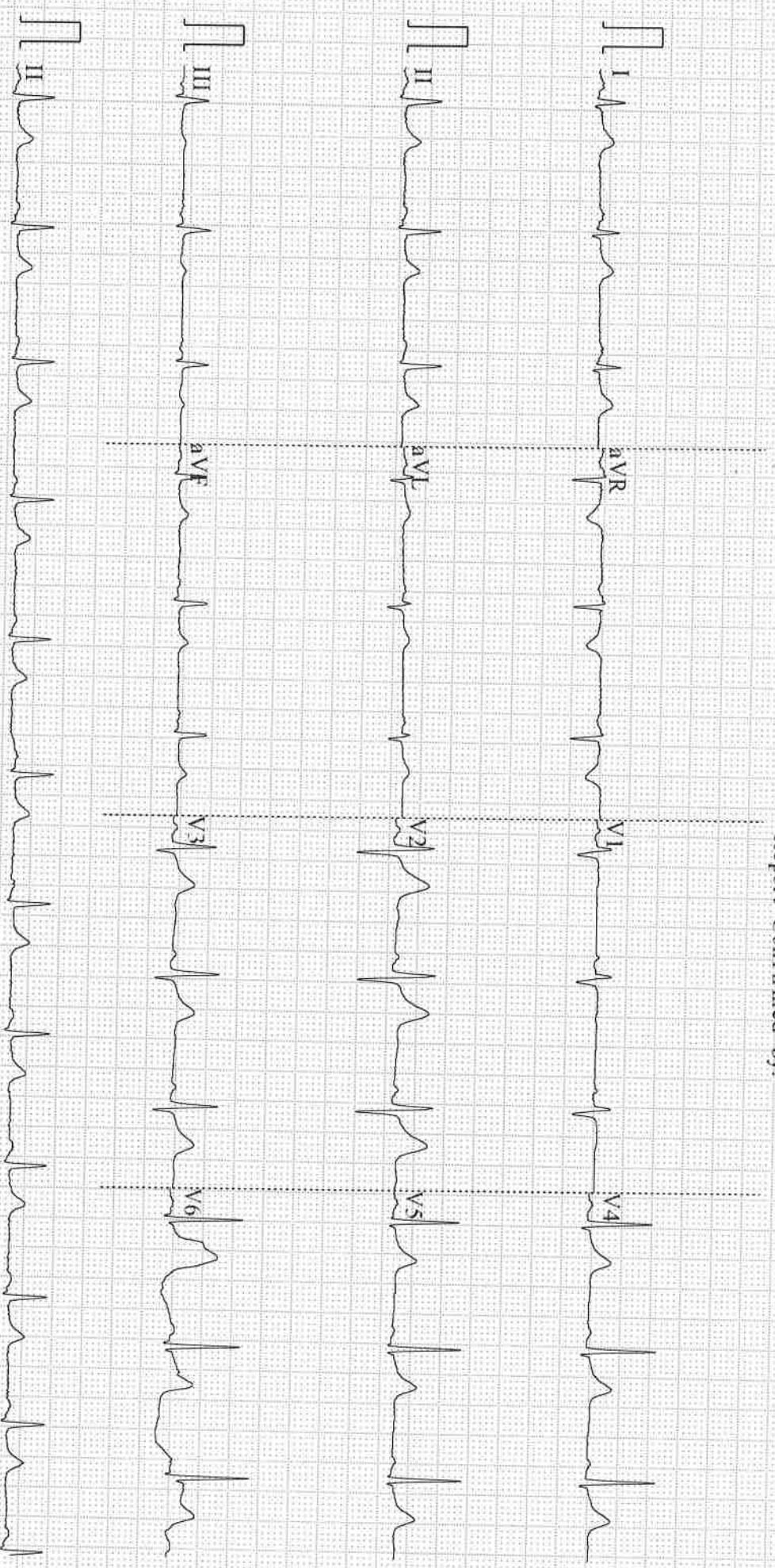
ID: 377  
JITENDR HARDAS  
Male 35Years

08-03-2024 08:58:07 AM  
HR : 67 bpm  
P : 103 ms  
PR : 137 ms  
QRS : 79 ms  
QT/QTc : 380/403 ms  
P/QRS/T : 24/67/29 °  
RV5/SV1 : 1.155/0.333 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:

**Dr. Anam A. Inamdar**  
MBBS  
Reg. No. 2021/106167



Patient Name : Mr. JITENDRA KRISHNARAO HARDAS Age : 35 Y M  
UHID : CPIM.0000117030 OP Visit No : CPIMOPV157930  
Reported on : 08-03-2024 12:36 Printed on : 08-03-2024 17:59  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.


Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.

Printed on:08-03-2024 12:36

---End of the Report---



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

Patient Name : Mr. JITENDRA KRISHNARAO HARDAS Age : 35 Y M  
UHID : CPIM.0000117030 OP Visit No : CPIMOPV157930  
Reported on : 08-03-2024 10:49 Printed on : 08-03-2024 12:20  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size (15.8cm) and bright echotexture. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. Multiple calculi ranging from 3mm to 7mm noted Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen.

**IMPRESSION:-**

**GRADE I FATTY LIVER.**

**CHOLELITHIASIS**

Patient Name : Mr. JITENDRA KRISHNARAO HARDAS Age : 35 Y M  
UHID : CPIM.0000117030 OP Visit No : CPIMOPV157930  
Reported on : 08-03-2024 10:49 Printed on : 08-03-2024 12:20  
Adm/Consult Doctor : Ref Doctor : SELF

(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.

Printed on:08-03-2024 10:49

---End of the Report---



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

**Apollo Clinic,**  
Nigdi, Pune - 411044.

Date - 08/03/24

Patient Name **MR. Jitendra Handas**

UHID:

Age / Sex: **35/M**

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6	6/6
Near Vision	N/G	N/G
Anterior Segment Pupil	⊙	⊙
Color Vision	⊙	⊙
Family History/Medical History	-	-

**IMPRESSION:** - with spect normal eyes checkup



**OPTOMETRIST**



Date : 08-03-2024

MR NO : CPIM.0000117030

Department : GENERAL

Doctor :

Name : Mr. JITENDRA KRISHNARAO HAF

Registration No :

Age/ Gender : 35 Y / Male

Qualification :

Consultation Timing: 08:31

HT - 179

WB - 94.3

BP - 140/70

BMI - 30

S/E

COS: S1S2 ⊕

RS: AEBE

Diet Mix

CROS: NAD

PA: NAD

No known allergy

No past Sx

Anam

Dr. Anam A. A. Inarndar

M.B.B.S

Reg. No. 2021/06/6236

॥ श्री ॥

Mr. Jitendra Hardas · 35yrs/m

WT - 94.3 kg

Ht - 179 cm

8th March 2024

Δ - Obesity I<sup>st</sup> grade.

Dietary habit :- Mixed diet.

Daily Diet

सकाळी - १ ग्लास पाणी + १ चमचा ओवा, धने, जिरे, कडिशोप  
दालचिनी

+ मिठ पावडर → कोमट → लिंबूरस

सकाळी व्यायाम :- चालणे - १ तास ; सूर्यनमस्कार - ५०

सकाळी नाश्ता १०:०० वाजता

- २-३ इडली (सांदुब, सालाची उडदि डाळ १:१) + सांबार

किंवा मिक्स पिठ भाज्या घालून दशमी + दही.

किंवा दलिया, मूग, भाज्या - खिचडी.

+ १ फळ Seasonal + शेज १ उकडलेले अंड

मध्यंलरी - लाक + सव्जाबी

दुपारचे जेवण १:३० वाजता

दहीरायता + सव्जा बी

+ १ भाकरी (नाचणी + वाजरी मिक्स पिठ) + भाजी पालेभाजी

बिना तेलाची + १ वाटी मोड आलेले कडधान्य शिजवलेले.

३-४ वाजता :- Smoothie - जवस, सव्जाबी, अक्रोड, बदाम, खरबूज

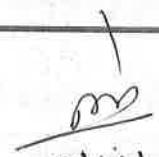
किंवा पपई, १०० मि.ली दुध/साक → मिक्सरमध्ये वारीक करा.

शनी जेवण - ७:३० वाजता - सलैड + सूप + फळ

रात्री सोपलांता :- १ ग्लास पाणी + १ चमचा ओवा, धने, जिरे, कडिशोप, दालचिनी  
मिठ पावडर - २ कोमट + लिंबूरस.

Apollo Health and Lifestyle Limited

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Dr. Manisha Patil  
Dietician.

Follow Up - 15 days ..