



: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID

: SPUNOPV62413

Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF

: 78787

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: 26/Mar/2024 08:51AM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.2	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,910	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	62.5	%	40-80	Electrical Impedance
LYMPHOCYTES	24.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	9.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3693.75	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1453.86	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	183.21	Cells/cu.mm	20-500	Calculated
MONOCYTES	567.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.54		0.78- 3.53	Calculated
PLATELET COUNT	135000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergrer
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic WBC's are normal in number and morphology Platelets Mild Thrombocytopenia No hemoparasite seen.

Page 1 of 15



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

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(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka RaghupathiChambers,

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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT.	A		
BLOOD GROUP TYPE	А			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	103	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

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

2. 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)	124	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.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist SIN No:PLP1437637

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WH	IOLE BLOOD EDTA		'	<u>'</u>
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)

Page 5 of 15



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

SIN No:EDT240038055

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	94.23	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.36	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<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	$200 - 499 \ge 500$
LDL	Optimal < 100; Near Optimal 100- 129	130 - 159	160 - 189 ≥ 190
HDL	≥ 60 c		
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219 >220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21

Note:

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

Page 6 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04675862

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

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Page 7 of 15



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30.85	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	84.02	U/L	30-120	IFCC
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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 > 1In 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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.86	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	24.98	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.44	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.04	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.53	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.14	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL	27.29	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM			<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.97	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.374	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	Т3	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

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

SIN No:SPL24055697

This Apollo Speciality Hospital Rariyate Lienite Rd-Sadashiv Peth Pune, Diagnostics Lab

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016 자선에는등록U P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No Visit ID

: SPUN.0000047002

Ref Doctor

: SPUNOPV62413

Emp/Auth/TPA ID

: Dr.SELF : 78787

Collected

: 26/Mar/2024 08:51AM

Received

: 26/Mar/2024 12:30PM

Reported Status

: 26/Mar/2024 01:21PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	3.070	ng/mL	0-4	CLIA

Page 12 of 15



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

This AROLLO SAGGETALITY HO SPITTAL PRINTING THE PLAN POR PURPOSITION LIABOR TO SAGGETALITY AND THE PURPOSITION LIA

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Emp/Auth/TPA ID

: Dr.SELF

. 31 01101

: 78787

Collected

: 26/Mar/2024 08:51AM

Received

: 26/Mar/2024 12:34PM

Reported

: 26/Mar/2024 12:50PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UR2316364

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: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID

: SPUNOPV62413

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 78787

Collected

: 26/Mar/2024 11:08AM

Received

: 26/Mar/2024 12:33PM

Reported

: 26/Mar/2024 12:55PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

Page 14 of 15



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

This Apollo Special itself a spital a Parivate Lienite Ad-Sadashiv Peth Pune, Diagnostica Lab

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CIN- U85100TG2009PTC099414

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: Mr.BIPIN KUMAR TIWARI

Age/Gender

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UHID/MR No

: SPUN.0000047002

Visit ID

: SPUNOPV62413

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 78787

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Reported

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Page 15 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UF011461

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CIN- U85100TG2009PTC099414

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Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra - 411 030. Ph. No: 020 6720 6500 www.apollospectra.com

Name : Mr. Bipin Kumar Tiwari

Age: 42 Y

Sex: M

Address : Nagpur

Plan

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000047002

* S P II N - 0 0 0 0 0 4 7 0 0 2 *

OP Number:SPUNOPV62413 Bill No :SPUN-OCR-10566

no	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PA	N INDIA - FY2324
	GAMMA GLUTAMYL TRANFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
<u>_6</u>	HEMOGRAM + PERIPHERAL SMEAR	
1	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
19	URINE GLUCOSE(POST PRANDIAL)	
	PERIPHERAL SMEAR	
11	eed	
	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
V >	DENTAL CONSULTATION	
	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
	URINE GLUCOSE(FASTING)	
	HbA1c, GLYCATED HEMOGLOBIN	
	X-RAY CHEST PA	
_	ENT CONSULTATION	
_	FITNESS BY GENERAL PHYSICIAN	
	BLOOD GROUP ABO AND RH FACTOR	
	LIPID PROFILE	
_	BODY MASS INDEX (BMI)	
	OPTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND-WHOLE ABDOMEN 🥱 NONE ON 11/04/2024	

CERTIFICATE OF MEDICAL FITNESS

of Bipin Kuman Tiwan 26103129

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

This is to certify that I have conducted the clinical examination

		Tick
•	Medically Fit	/
•	Fit with restrictions/recommendations	
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
	1	
	2	
	3	
	However the employee should follow the advice/medication that has been communicated to him/her.	
	Review after	
•	Currently Unfit.	
	Review afterrecommended	
•	Unfit	

Dr. <u>Cameatsnah</u> General Physician

General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

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



Date

26/03/2024

MRNO

Name

Age/Gender Mobile No

BiPin Tiwori

421M

Department:

G.P

Consultant :

Reg. No

Oualification:

Dr. samret shah

Consultation Timing:

5 PO2 - 98d.

Pulse: 886 m,	B.P: 140 Gormoria	Resp: 20blm	Temp: Afoble
Weight: 78.3 kg	Height: 169 (37)	BMI: 27.4	Waist Circum : —

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Reg No. 2021097 Consultant integranticatione

Apollo Spectra Hospitals

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Date

126/03/24

MRNO

Name Age/Gender BIPIN Tiwari

Mobile No

421 M

Department:

GNI

Consultant :

Reg. No

Oualification:

(ENT), Head & Neck Surgeon

Reg. No. 2010030364 (MMC)

Mob.: 9890250205

shirprakash

Consultation Timing:

mehta

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature







: Mr.BIPIN KUMAR TIWARI

Age/Gender UHID/MR No : 42 Y 9 M 4 D/M : SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

Emp/Auth/TPA ID

: Dr.SELF

: 78787

Collected Received : 26/Mar/2024 08:51AM

: 26/Mar/2024 12:39PM

Reported

: 26/Mar/2024 01:59PM

Status
Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.2	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,910	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	62.5	%	40-80	Electrical Impedance
LYMPHOCYTES	24.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	9.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3693.75	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1453.86	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	183.21	Cells/cu.mm	20-500	Calculated
MONOCYTES	567.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.54		0.78- 3.53	Calculated
PLATELET COUNT	135000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic

WBC's are normal in number and morphology

Platelets Mild Thrombocytopenia

No hemoparasite seen.

Page 1 of 15



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

SIN No:BED240082623







: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

Emp/Auth/TPA ID

: Dr.SELF : 78787

: 26/Mar/2024 08:51AM

Received

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Page 2 of 15



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

SIN No:BED240082623

This test has been performed at Apollo Health and Lifestyle ltd-







: Mr.BIPIN KUMAR TIWARI

Age/Gender

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UHID/MR No

: SPUN.0000047002

Visit ID

: SPUNOPV62413

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 78787 Collected Received : 26/Mar/2024 08:51AM

: 26/Mar/2024 12:39PM

Reported

: 26/Mar/2024 01:57PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	TOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	Α			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 15



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

SIN No:BED240082623







: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

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: SPUN.0000047002

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: Dr.SELF : 78787

Collected

: 26/Mar/2024 11:08AM

Received

: 26/Mar/2024 12:29PM

Reported

: 26/Mar/2024 01:22PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	103	mg/dL	70-100	HEXOKINASE
Comment:				

As ner American Diabetes Guidelines, 2023

As per American Diabetes Guidennes, 2025	
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

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

Took Name	Dogult	Unit	Bio. Ref. Range	Method
Test Name	Result	Onit	Bio. Rei. Ralige	Wethou
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	124	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

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.

Page 4 of 15

MBBS MD (Pathology) Consultant Pathologist

SIN No:PLP1437637







: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

Emp/Auth/TPA ID

: Dr.SELF

: 78787

Collected Received : 26/Mar/2024 08:51AM

: 26/Mar/2024 12:39PM

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Sponsor Name

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), WH	OLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.8	%	Н	PLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	С	alculated

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.
- 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)

Page 5 of 15

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

SIN No:EDT240038055







: Mr. BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

Emp/Auth/TPA ID

: Dr.SELF : 78787 Collected Received : 26/Mar/2024 08:51AM

: 26/Mar/2024 12:30PM

Reported

: 26/Mar/2024 01:22PM

Status

: Final Report

Sponsor Name

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	94.23	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.36	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		< 0.11	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100- 129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	< 0.11	0.12 - 0.20	>0.21	

Note:

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

Page 6 of 15

Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:SE04675862







: Mr. BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

Emp/Auth/TPA ID

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Page 7 of 15



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:SE04675862







: Mr.BIPIN KUMAR TIWARI

Age/Gender

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UHID/MR No

: SPUN.0000047002

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30.85	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	84.02	U/L	30-120	IFCC
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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 > 1In 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.

Page 8 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04675862







: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No Visit ID : SPUN.0000047002

Ref Doctor

: SPUNOPV62413

Emp/Auth/TPA ID

: Dr.SELF

: 78787

Collected Received : 26/Mar/2024 08:51AM

: 26/Mar/2024 12:30PM

Reported

: 26/Mar/2024 01:22PM

Status : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.86	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	24.98	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.44	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.04	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.53	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.14	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

Page 9 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04675862







: Mr. BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No Visit ID

: SPUN.0000047002

Ref Doctor

: SPUNOPV62413

Emp/Auth/TPA ID

: Dr.SELF : 78787

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.29	U/L	<55	IFCC

Page 10 of 15



Consultant Pathologist SIN No:SE04675862

MBBS MD (Pathology)







: Mr. BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

Emp/Auth/TPA ID

: 78787

: Dr.SELF

Collected Received

: 26/Mar/2024 08:51AM

: 26/Mar/2024 12:30PM

Reported

: 26/Mar/2024 01:28PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.97	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.374	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	Т3	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

Page 11 of 15

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

SIN No:SPL24055697

Phis test has been perfo

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

www.apollodiagnostics.in







: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

Emp/Auth/TPA ID

: 78787

: Dr.SELF

Collected

: 26/Mar/2024 08:51AM

Received Reported : 26/Mar/2024 12:30PM

Status

: 26/Mar/2024 01:21PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	3.070	ng/mL	0-4	CLIA

Page 12 of 15



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

SIN No:SPL24055697

This test has been performed at Apollo Health and Lit







: Mr. BIPIN KUMAR TIWARI

Age/Gender UHID/MR No : 42 Y 9 M 4 D/M : SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

Emp/Auth/TPA ID

: Dr.SELF : 78787

Collected

: 26/Mar/2024 08:51AM

Received Reported

: 26/Mar/2024 12:34PM : 26/Mar/2024 12:50PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15

Dr Sheha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:UR2316364







: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

Emp/Auth/TPA ID

: Dr.SELF

: 78787

Collected

: 26/Mar/2024 11:08AM

Received

: 26/Mar/2024 12:33PM : 26/Mar/2024 12:55PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Range

Method

URINE GLUCOSE(POST PRANDIAL)

NEGATIVE

NEGATIVE

Dipstick

Page 14 of 15



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

SIN No:UPP017394

This test has been perfe

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

www.apollodiagnostics.in







: Mr.BIPIN KUMAR TIWARI

Age/Gender UHID/MR No : 42 Y 9 M 4 D/M : SPUN.0000047002

Visit ID

: SPUNOPV62413

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 78787 Collected Received

: 26/Mar/2024 08:51AM

: 26/Mar/2024 12:34PM

Reported Status

: 26/Mar/2024 12:50PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Range

Method

URINE GLUCOSE(FASTING)

NEGATIVE

NEGATIVE

Dipstick

*** End Of Report ***

Page 15 of 15

Dr Sheha Shah MBBS MD (Pathology) Consultant Pathologist

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

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com





Apollo Clinic

CONSENT FORM

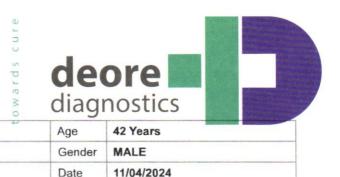
Ticoan
Patient Name: Bipin Kumav Age: 42 1 M
UHID Number: Company Name: Arco Ge M.
Tiwani
Mr/Mrs/Ms Bipin leuman Employee of Arcogemi
(Company) Want to inform you that I am not interested in getting
Tests done which is a part of my routine health check package. Whole Abdomen
And I claim the above statement in my full consciousness.
Patient Signature: Date: 26/03/124
USG Abdomen Done today Dated 11/04/2024 -> Report attached
11/04/2024 -> Report attached

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

Address:
D No.30, F -- Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05





SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

The pancreas appear normal in size and echotexture.

Mr Bipinkumar Tiwari

DD/114/2024-2025/53

Dr. Apollo Spectra Hospital

The spleen appears normal in size and echotexture.

The right kidney measures 10.7x5.3cms and the left kidney measures 10x4.3cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

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

The prostate is normal in size, shape and echotexture. No focal lesion is seen.

There is no free fluid or paraaortic lymphadenopathy seen.

IMPRESSION:

Name

Ref By

Patient ID

Moderate fatty liver.

No other significant abnormality is seen.

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

Powered By Omniview

EYE REPORT



ASH/PUN/OPTH/06/02-0216

Date: 26-3-2024

Ref No.:

Name: Mr. Bipin Tiwa api

Age /Sex: UZ/ 20

Complaint: po . Complaint

Examination

W. Till . OU No. D.N Vision R 616 L 616 N16

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	616				616	-		-
Read	N16	+075	_		N16	+075		-
	Sphere	CYI	Axis	Vision	Sphere	CYI	Axis	Vision

Remarks: Make a Glassel R

Medications:

BE colour vision norman

Trade Name	Frequency	Duration	

Follow up: One Year

Consultant:

Apollo Spectra Hospitals

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



MR.BIPIN TIWARI 42Y

42 Years

MR No: Location: SPUN. 10044403 OSTICS
Apollo Spectra Hospital Pulpe

(Swargate)

Gender:

Arrival Time:

M

Image Count:

1

26-Mar-2024 09:36

Physician:

Date of Exam: Date of Report: SELF 26-Mar-2024

26-Mar-2024 9:48

X-RAY CHEST P.A VIEW

HISTORY: Health check up

FINDINGS

Normal mediastinum. No hilar or mediastinal lymphadenopathy.

Cardia is normal in size.

Left peri-hilar calcification

Right Lung field: No focal mass lesion. No collapse. No consolidation.

Left Lung field: No focal mass lesion. No collapse. No consolidation.

The apices, costo and cardiophrenic angles are free. No pleural effusion

No pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

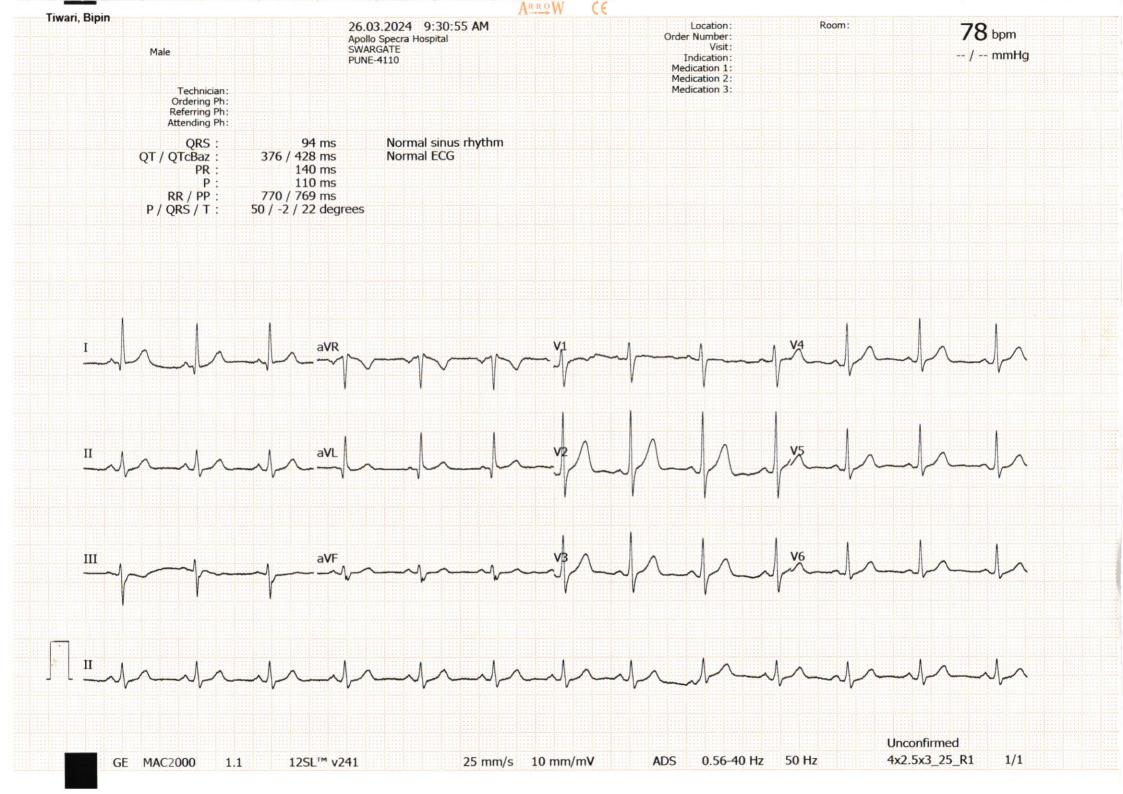
Left peri-hilar Calcified granuloma

Otherwise No significant abnormality.

Dr.V.Pavan Kumar.MBBS,DMRD. Consultant Radiologist Reg.No: 57017

CONFIDENTIALITY:

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





2D ECHO / COLOUR DOPPLER

Name: Mr. Bipin Kumar Tiwari Ref by: HEALTH CHECKUP

Age: 42YRS/M Date: 26/03/2024

LA - 32

AO - 26

IVS - 10 PW - 10

LVIDD - 37

LVIDS - 25

EF 60 %

Normal LV size and systolic function.

No diastolic dysfunction

Normal LV systolic function, LVEF 60 %

No regional wall motion abnormality

Normal sized other cardiac chambers.

Mitral valve has thin leaflets with normal flow.

Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation. No LVOT gradient

Normal Tricuspid & pulmonary valves.

No tricuspid regurgitation.

PA pressures Normal

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

IMPRESSION:

NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION. NO RWMA. NO PULMONARY HTN NO CLOTS/VEGETATIONS

DR.SAMRAT SHAH

MD, CONSULTANT PHYSICIAN

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030 Ph No: 022 - 6720 6500 | www.apollospectra.com

- 大学 (1977年) 1975年 1975	Ö	Ö	Ö	٨	Ö	O	Ö	Ö	Ö
Action	8	8	8	8	8	8	8	8	②
	0	0	0	0	0	0	0	0	0
Agreement	PHASORZ COGNIZANT AHC	VISIT HEALTH NB DIAGON	ARCOFEMI MEDIWHEEL MAI	ARCOFEMI MEDIWHEEL FEN	WILLIAMS CONTROLS INDI.	WABTEC INDIA INDUSTRIAL	VISIT HEALTH NB DIAGON	ACCENTURE SOLUTIONS AF	ACCENTURE SOLUTIONS AF
Mobile	9967246094	7350323739	9899686440	9899686440	8888849947	9096300110	8087494596	9881739501	09881739501
Email id	Pratik Madge@Cognizant.Com	arko.sarkar@getvisitapp.com	bipintiwari@gmail.com	bipintiwari@gmail.com	kulkarnin@curtisswright.in	npdusane@gmail.com	arko.sarkar@getvisitapp.com	s.chandrakant.gujar@accenture.com	s.chandrakant.gujar@accenture.com
Name	Pratik Madge	Mr. Suraj Hange	MR BIPIN KUMAR TIWARI	SWADHA UPADHYAY	Devidas Talla	Nandini Dusane	Ms. AISHWARYA GOKHALE	Ashwini Gujar	Shrikant Gujar
Corporate Name	PHASORZ TECHNOLOGIES PRIVATE L	VISIT HEALTH PRIVATE LIMITED	ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI HEALTHCARE LIMITED	WILLIAMS CONTROLS INDIA PRIVAT	WABTEC INDIA INDUSTRIAL PRIVAT	VISIT HEALTH PRIVATE LIMITED	ACCENTURE SOLUTIONS PRIVATE LI	ACCENTURE SOLUTIONS PRIVATE LI
Appointment Id	127941	127662	127619	127641	127282	127150	124863	124587	124586



GOVERNMENT OF INDIA



बिपिन कुमार तिवारी Bipin Kumar Tiwari जन्म तिथि / DOB: 22/06/1981

पुरुष / MALE

6939 5575 8536



आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पताः

मार्कंडेय विवारी, फ्लैट न. 101, पहला फ्लोर, श्रिवगिरी हिमालया वॅली, बमरावती रोड, हिंदुस्तान कॉलोनी, शंकर नगर, नागपुर, महाराष्ट्र, 440010

Address:

S/O,Markandey Tiwari, Flat No. 101, 1st Floor, Shivgiri Himalaya Valley, Amravati Road, Hindustan Colony, Shankar Nagar, Nagpur, Maharashtra, 440010











APOLLO SPECTRA HOSPITALS

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra - 411 030. Ph. No: 020 6720 6500 www.apollospectra.com

Name : Mr. Bipin Kumar Tiwari

Age: 42 Y

Sex: M

Address : Nagpur

Plan

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000047002

OP Number: SPUNOPV62413 Bill No: SPUN-OCR-10566

Date : 26.03.2024 08:33

no	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PA	AN INDIA - FY2324
	GAMMA GLUTAMYL TRANFERASE (GGT)	
<u></u>	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
1	2 D ECHO	
4	LIVER FUNCTION TEST (LFT)	
	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
1	DIET CONSULTATION	
18	COMPLETE URINE EXAMINATION	
1	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ecG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
X13	DENTAL CONSULTATION	
4	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
ولم	URINE GLUCOSE(FASTING)	
-16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
U8	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
~23	OPTHAL BY GENERAL PHYSICIAN	
¥ 24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Bipin kuman Tiwan 26 103129

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

	Tick
Medically Fit	
Fit with restrictions/recommendations	
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1	
2	
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit.	
Review afterrecommende	ed
Unfit	

General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

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



Specialists in Surgery

Date

26/03/2024

MRNO

Name Age/Gender

Mobile No

BiPin Tiwori

421M

Department:

Consultant :

G.P

Reg. No Qualification: Dr. samrat shah

Consultation Timing:

5 PO2 - 980.

B.P: 140 90mmorg Temp: Apple 886 0 20pm Resp: Pulse: Height: 169 (9) BMI: 27.4 Weight: 78.3 kg Waist Circum:

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Reg No. 2021097 Consultant in Reason in the the

Apollo Spectra Hospitals

Opp. Sanas Sport Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra - 411030 BOOK YOUR APPOINTMENT TODAY!

Ph.: 020 6720 6500 Fax: 020 6720 6523 www.apollospectra.com



Date

: 126/03/24

MRNO

Name Age/Gender : BIPIN Tiwari

Mobile No

42/M

Department:

GNI

Consultant :

Reg. No Oualification:

AS (ENT), Head & Neck Surgeon

Reg. No. 2010030364 (MMC)

Mob.: 9890250205

Dr shirprakash

Consultation Timing:

mehta

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

ENT- NAD

Follow up date:

Doctor Signature







: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No Visit ID : SPUN.0000047002 : SPUNOPV62413

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 78787

Collected

: 26/Mar/2024 08:51AM

Received

: 26/Mar/2024 12:39PM

Reported

: 26/Mar/2024 01:59PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.2	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,910	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	62.5	%	40-80	Electrical Impedance
LYMPHOCYTES	24.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	9.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3693.75	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1453.86	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	183.21	Cells/cu.mm	20-500	Calculated
MONOCYTES	567.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.54		0.78- 3.53	Calculated
PLATELET COUNT	135000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergre

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic

WBC's are normal in number and morphology

Platelets Mild Thrombocytopenia

No hemoparasite seen.

Page 1 of 15



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

SIN No:BED240082623







: Mr.BIPIN KUMAR TIWARI

Age/Gender UHID/MR No : 42 Y 9 M 4 D/M : SPUN.0000047002

Visit ID

: SPUNOPV62413

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 78787

Collected

: 26/Mar/2024 08:51AM

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

SIN No:BED240082623







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Status Sponsor Name : Final Report

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	Α			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 15



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

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This test has been performed at Apollo Health and Lif







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: Dr.SELF : 78787

Collected Received

: 26/Mar/2024 11:08AM

: 26/Mar/2024 12:29PM

Reported

: 26/Mar/2024 01:22PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	HEXOKINASE
Comment: As per American Diabetes Guidelines, 2023				
Fasting Glucose Values in mg/dL	Interpretation			
70-100 mg/dL	Normal			
100-125 mg/dL	Prediabetes			
≥126 mg/dL	Diabetes			
The state of the s				

Note:

<70 mg/dL

Hypoglycemia

2. 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)	124	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

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.

Page 4 of 15

MD (Pathology) Consultant Pathologist

SIN No:PLP1437637

^{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







: Mr.BIPIN KUMAR TIWARI

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), WHO	OLE 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control A: HbF >25%
 - B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No:EDT240038055







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Visit ID Ref Doctor : SPUNOPV62413

: Dr.SELF

Emp/Auth/TPA ID : 78787 Collected Received

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Reported Status

: 26/Mar/2024 01:22PM

Sponsor Name

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	94.23	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.36	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		< 0.11	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100- 129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	< 0.11	0.12 - 0.20	>0.21	

Note:

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

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MBBS MD (Pathology) Consultant Pathologist

SIN No:SE04675862







: Mr.BIPIN KUMAR TIWARI

Age/Gender

: 42 Y 9 M 4 D/M

UHID/MR No

: SPUN.0000047002

Visit ID Ref Doctor : SPUNOPV62413

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:SE04675862







: Mr. BIPIN KUMAR TIWARI

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: 42 Y 9 M 4 D/M

UHID/MR No

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30.85	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	84.02	U/L	30-120	IFCC
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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 > 1In 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.

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MBBS MD (Pathology) Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.86	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	24.98	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.44	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.04	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.53	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.14	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04675862







: Mr.BIPIN KUMAR TIWARI

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.29	U/L	<55	IFCC

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.97	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.374	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	Т3	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

Page 11 of 15



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

SIN No:SPL24055697







: Mr.BIPIN KUMAR TIWARI

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	3.070	ng/mL	0-4	CLIA

Page 12 of 15

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

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15



Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UR2316364

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

www.apollodiagnostics.in







: Mr.BIPIN KUMAR TIWARI

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: Dr.SELF : 78787 Collected

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Sponsor Name

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Range

Method

URINE GLUCOSE(POST PRANDIAL)

NEGATIVE

NEGATIVE

Dipstick

Page 14 of 15



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

SIN No:UPP017394

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

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com







: Mr.BIPIN KUMAR TIWARI

Age/Gender UHID/MR No : 42 Y 9 M 4 D/M : SPUN.0000047002

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Range

Method

URINE GLUCOSE(FASTING)

NEGATIVE

NEGATIVE

Dipstick

*** End Of Report ***

Page 15 of 15

Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:UF011461

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

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com





Apollo Clinic

CONSENT FORM

Ticoan	
Patient Name: Bipin Kumar Age: 42 1 M	
UHID Number:	
Tiwani	
Mr/Mrs/Ms Bipin leuman Employee of Arcofemi	
(Company) Want to inform you that I am not interested in getting	
Tests done which is a part of my routine health check package. Whole Abdomen	
And I claim the above statement in my full consciousness.	~
Patient Signature: Date: 26/03/124	



EYE REPORT



ASH/PUN/OPTH/06/02-0216

Date: 26-3-2024

Ref No.:

Name: Mr. Bipin Tiwa apri

Age /Sex: UZ/ 20

Complaint: po. Complaint

Examination

No. HIT. N No. D.N Vision R 616 L 616 N16

Spectacle Rx

		Right Eye Lef			Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	616				616			
Read	N/6	+075	_		N16	+075		
	Sphere	CYI	Axis	Vision	Sphere	CYI	Axis	Vision

Remarks: Make a faloss of R

Medications:

BE colour vision norman

Frequency	Duration
	Frequency

Follow up: One Year

Consultant:

Apollo Spectra Hospitals

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



MR.BIPIN TIWARI 42Y

42 Years

MR No: Location: SPUN. 10044(02) OSTICS Apollo Spectra Hospital Plane

(Swargate)

Gender: Image Count:

Arrival Time:

M

1

1 26-Mar-2024 09:36 Physician:

Date of Exam:

26-Mar-2024

Date of Report: 26-Mar-2024 9:48

SELF

X-RAY CHEST P.A VIEW

HISTORY: Health check up

FINDINGS

Normal mediastinum. No hilar or mediastinal lymphadenopathy.

Cardia is normal in size.

Left peri-hilar calcification

Right Lung field: No focal mass lesion. No collapse. No consolidation.

Left Lung field: No focal mass lesion. No collapse. No consolidation.

The apices, costo and cardiophrenic angles are free. No pleural effusion

No pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

Left peri-hilar Calcified granuloma

Otherwise No significant abnormality.

Dr.V.Pavan Kumar.MBBS,DMRD. Consultant Radiologist Reg.No: 57017

CONFIDENTIALITY:

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

ARROW Tiwari, Bipin 26.03.2024 9:30:55 AM Room: Location: **78** bpm Apollo Specra Hospital SWARGATE Order Number: Visit: Male -- / -- mmHg Indication: PUNE-4110 Medication 1: Medication 2: Medication 3: Technician: Ordering Ph: Referring Ph: Attending Ph: Normal sinus rhythm QRS: 94 ms Normal ECG QT / QTcBaz : 376 / 428 ms PR: 140 ms 110 ms P : RR / PP: 770 / 769 ms P/QRS/T: 50 / -2 / 22 degrees Unconfirmed 4x2.5x3_25_R1 12SL™ v241 50 Hz **ADS** 0.56-40 Hz

1/1



2D ECHO / COLOUR DOPPLER

Name: Mr. Bipin Kumar Tiwari Ref by: HEALTH CHECKUP

Age: 42YRS/M Date: 26/03/2024

1A - 32

AO - 26

IVS - 10 PW - 10

LVIDD - 37

LVIDS - 25

EF 60 %

Normal LV size and systolic function.

No diastolic dysfunction

Normal LV systolic function, LVEF 60 %

No regional wall motion abnormality

Normal sized other cardiac chambers.

Mitral valve has thin leaflets with normal flow.

Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation. No LVOT gradient

Normal Tricuspid & pulmonary valves.

No tricuspid regurgitation.

PA pressures Normal

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

IMPRESSION:

NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION. NO RWMA. NO PULMONARY HTN NO CLOTS/VEGETATIONS

DR.SAMRAT SHAH

MD, CONSULTANT PHYSICIAN

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030 Ph No: 022 - 6720 6500 | www.apollospectra.com

А	ppointment ld	Corporate Name	Name	Email id	Mobile	Agreement	Ad	tion	
	127941	PHASORZ TECHNOLOGIES PRIVATE L	Pratik Madge	Pratik.Madge@Cognizant.Com	9967246094	PHASORZ COGNIZANT AHC	0	②	C
	127662	VISIT HEALTH PRIVATE LIMITED	Mr. Suraj Hange	arko.sarkar@getvisitapp.com	7350323739	VISIT HEALTH NB DIAGON	•	8	C
	127649	ARCOFEMI HEALTHCARE LIMITED	MR. BIPIN KUMAR TIWARI	bipintiwari@gmail.com	9899686440	ARCOFEMI MEDIWHEEL MAI	0	0	C
	127641	ARCOFEMI HEALTHCARE LIMITED	SWADHA UPADHYAY	bipintiwari@gmail.com	9899686440	ARCOFEMI MEDIWHEEL FEN	0	8	C
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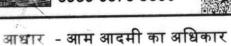
GOVERNMENT OF INDIA



बिपिन कुमार तिवारी Bipin Kumar Tiwari जन्म तिथि / DOB : 22/06/1981

पुरुष / MALE

6939 5575 8536





भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

मार्कंडेय विवारी, फ्लैट न. 101, पहला फ्लोर, श्रिवगिरी हिमालया वॅनी, बमरावती रोड, हिंदुस्तान कॉलोनी, शंकर नगर, नागपुर, महाराष्ट्र, 440010

Address:

S/O,Markandey Tiwari, Flat No. 101, 1st Floor, Shivgiri Himalaya Valley, Amravati Road, Hindustan Colony, Shankar Nagar, Nagpur, Maharashtra, 440010





Customer Pending Tests USG Abdomen and Dental Consultation not done because client not willing