



Certificate No: MC-5697

Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 12:21PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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	14.5	g/dL	13-17	Spectrophotometer
PCV	43.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,990	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.9	%	40-80	Electrical Impedance
LYMPHOCYTES	34.1	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5295.11	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3065.59	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	71.92	Cells/cu.mm	20-500	Calculated
MONOCYTES	539.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.98	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

Page 1 of 14


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240062962



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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DEPARTMENT OF HAEMATOLOGY

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

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

SIN No:BED240062962



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DEPARTMENT OF HAEMATOLOGY

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

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

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Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
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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
GLUCOSE, FASTING , NAF PLASMA	134	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.

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

SIN No:PLF02121138



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	165	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	9.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	214	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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



SIN No:EDT240028637

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

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

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



SIN No: ED1240028637

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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	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	153	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.15	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.59	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.82		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:SE04655537



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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	0.98	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.06	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	124.98	U/L	30-120	IFCC
PROTEIN, TOTAL	8.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.53	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.93	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.99	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.59	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.71	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	99.56	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated

Sneha Shah
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.23	U/L	<55	IFCC

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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				
TRI-iodothyronine (T3, TOTAL)	0.68	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.805	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

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

SIN No:SPL24041802



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Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

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



Certificate No: MC-5697

Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:11PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 01:05PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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	1.460	ng/mL	0-4	CLIA



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



SIN No: SPL24041802

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

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Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:09PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 12:41PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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)	POSITIVE +		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14

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

SIN No:UR2301198



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address:

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



Certificate No: MC-5697

Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:09PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 12:39PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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)	POSITIVE +		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:UF011057



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address:

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

Customer Pending Tests
Doctor Not Available for Dental.

Name : Mr. Uttam Kumar

Age: 41 Y

UHID:SPUN.0000019897

Sex: M



Address : Baramati

OP Number:SPUNOPV61924

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10430

Date : 09.03.2024 09:01

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	3 2D ECHO	
<input checked="" type="checkbox"/>	4 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	5 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	6 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE (POST PRANDIAL) 12:00	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input checked="" type="checkbox"/>	12 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	13 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	14 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:00	
<input checked="" type="checkbox"/>	15 URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	16 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	17 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	18 ENT CONSULTATION ✓	
<input checked="" type="checkbox"/>	19 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	20 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	21 LIPID PROFILE	
<input checked="" type="checkbox"/>	22 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	23 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	24 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	25 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Uttam Kumar on 09/03/24

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1..... <u>Need Consultation</u></p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	
<ul style="list-style-type: none">• Unfit	

Dr. Samrat Shah 
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

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

Date : 09/10/24
MRNO :
Name : Uttam Kumar
Age/Gender : 41 M
Mobile No :

Department : Gen Physician
Consultant :
Reg. No : Dr. Samrat Shah
Qualification :
Consultation Timing :

Pulse: 86b/m	B.P: 150/99	Resp: 20b/m.	Temp: Afebrile
Weight: 92.2kg	Height: 170cm	BMI: 32.9	Waist Circum:

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Spur 967.

→ DM (F) : R - ?

HbA1c : Not on medication

Needs Consultation

FBS : 134

PPBS : 165

HbA1c : 9.1

found fit to join duty

Adv
- T. Telny 4H40
1-00 x 30
- T. Sitaced MDXR
1-00 x 30.

Follow up date:

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

Doctor Signature
S. Shah.

Date : 09/03/24
MRNO :
Name : Uttam Kumar
Age/Gender :
Mobile No : 41 1M

Department : ENT
Consultant :
Reg. No : Dr. Shivprakash
Qualification :
mehta
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT - NAD =



Dr. Shiv Mehta
MBBS, MS (ENT), Head & Neck Surgeon
Reg. No. 2010030364 (MMC)
Mob.: 9890250205

Follow up date:

Doctor Signature

Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 12:21PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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	14.5	g/dL	13-17	Spectrophotometer
PCV	43.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,990	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.9	%	40-80	Electrical Impedance
LYMPHOCYTES	34.1	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5295.11	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3065.59	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	71.92	Cells/cu.mm	20-500	Calculated
MONOCYTES	539.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.98	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				


RBC Predominantly Normocytic Normochromic with Microcytes+

WBC are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 14


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240062962


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



Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 12:21PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

DEPARTMENT OF HAEMATOLOGY

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240062962

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



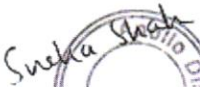
Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 01:26PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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 FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240062962

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

Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:18PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 12:47PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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	134	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.



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

SIN No:PLF02121138

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

Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 12:43PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	165	mg/dL	70-140	HEXOKINASE

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	9.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	214	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.

Page 5 of 14



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

SIN No:EDT240028637

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



Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 12:43PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

DEPARTMENT OF BIOCHEMISTRY

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

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



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

SIN No:EDT240028637

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



Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:11PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 02:27PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	153	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.15	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.59	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.82		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.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE0465537

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



Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:11PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 02:27PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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	0.98	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.06	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	124.98	U/L	30-120	IFCC
PROTEIN, TOTAL	8.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

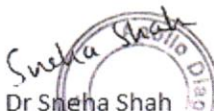
1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:SE04655537



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

Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:11PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 02:27PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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) , SERUM				
CREATININE	0.53	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.93	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.99	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.59	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.71	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	99.56	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated



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

SIN No:SE04655537

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

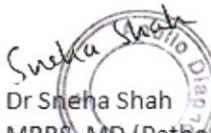
Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:11PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.23	U/L	<55	IFCC



Sneha Shah

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 MBBS, MD (Pathology)
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 SIN No:SE04655537

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Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:11PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 01:21PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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)	0.68	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.805	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



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

SIN No: SPL24041802

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

Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:11PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 01:05PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	

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	1.460	ng/mL	0-4	CLIA



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

SIN No:SPL24041802



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

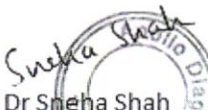
Patient Name : Mr.UTTAM KUMAR
 Age/Gender : 41 Y 1 M 28 D/M
 UHID/MR No : SPUN.0000019897
 Visit ID : SPUNOPV61924
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 85133

Collected : 09/Mar/2024 09:31AM
 Received : 09/Mar/2024 12:09PM
 Reported : 09/Mar/2024 12:41PM
 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)	POSITIVE +		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UR2301198

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



Patient Name : Mr.UTTAM KUMAR	Collected : 09/Mar/2024 09:31AM
Age/Gender : 41 Y 1 M 28 D/M	Received : 09/Mar/2024 12:09PM
UHID/MR No : SPUN.0000019897	Reported : 09/Mar/2024 12:39PM
Visit ID : SPUNOPV61924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85133	


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)	POSITIVE +		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:UF011057

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



EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mr. Uttam Kumar

Date: 09/03/24

Age / Sex: 41 Y / M

Ref No.:

Complaint: No complaints

Examination

No DM

No HTN

unaided Vision
 R 6/6 (P) N6 (P)
 L 6/6 (P) N6 (P)

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	±	-0.25	60°	6/6	±	-0.25	110°
Add Read	+1.00	—	—	NG	+1.00	—	—	NG
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R
 L

Medications: BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant:

Apollo Spectra Hospitals

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

Apollo Clinic

CONSENT FORM

Patient Name: UTTAM KUMAR Age: 41 M

UHID Number: Company Name: BANK OF BARODA

I Mr/Mrs/Ms UTTAM KUMAR Employee of BANK OF BARODA

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

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

And I claim the above statement in my full consciousness.

Doctors not available for Dental

Patient Signature: Uttam Date: 9/3/24



Name	Mr Uttam . Kumar	Age	41 Years
Patient ID	DD/93/2023-2024/1511	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

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.

The spleen appears normal in size and echotexture.

The right kidney measures 11x5.0cms and **the left kidney** measures 10.9x5.6 cms. 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.

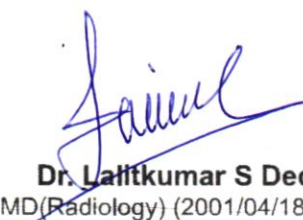
The prostate is normal in size, shape and echotexture. No focal lesion is seen.

There is no free fluid or paraaortic lymphadenopathy seen.

IMPRESSION:

Moderate fatty Liver.

No other significant abnormality is seen.


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

Patient Name: MR.UTTAM KUMAR 41Y
Age: 41 Years
Gender: M
Image Count: 1
Arrival Time: 09-Mar-2024 13:11

MR No: SPUN.00019897
Location: Apollo Spectra Hospital Pune (Swargate)
Physician: SELF
Date of Exam: 09-Mar-2024
Date of Report: 09-Mar-2024 14:09

X-RAY CHEST PA VIEW

FINDINGS

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

IMPRESSION:

No significant abnormality is seen.



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

CONFIDENTIALITY:

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

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.

2D ECHO / COLOUR DOPPLER

Name : Mr. Uttam Kumar
Referred By : HEALTH CHEKUP

Age : 41 Yrs / M
Date : 09/03/2024

LA – 31 AO – 25 IVS – 10 PW – 10
LVIDD – 41 LVIDS – 23 EF 60 %

Normal LV size and systolic function.
Grade I LVDD.
No regional wall motion abnormality.
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow. Mild mitral regurgitation
Aortic valve has three thin leaflets with normal structure and function
No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves
Trivial tricuspid regurgitation
PA pressures Normal.
Intact IAS and IVS
No clots, vegetations, pericardial effusion noted

IMPRESSION :

NORMAL LV SYSTOLIC FUNCTION.
GRADE I LVDD. NO RWMA
TRIVIAL TR, NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Kumar, Uttam
ID: 19897

170 cm Male
92.0 kg

09.03.2024 10:16:27 AM
Apollo Specra Hospital
SWARGATE
PUNE-4110

ARROW CE

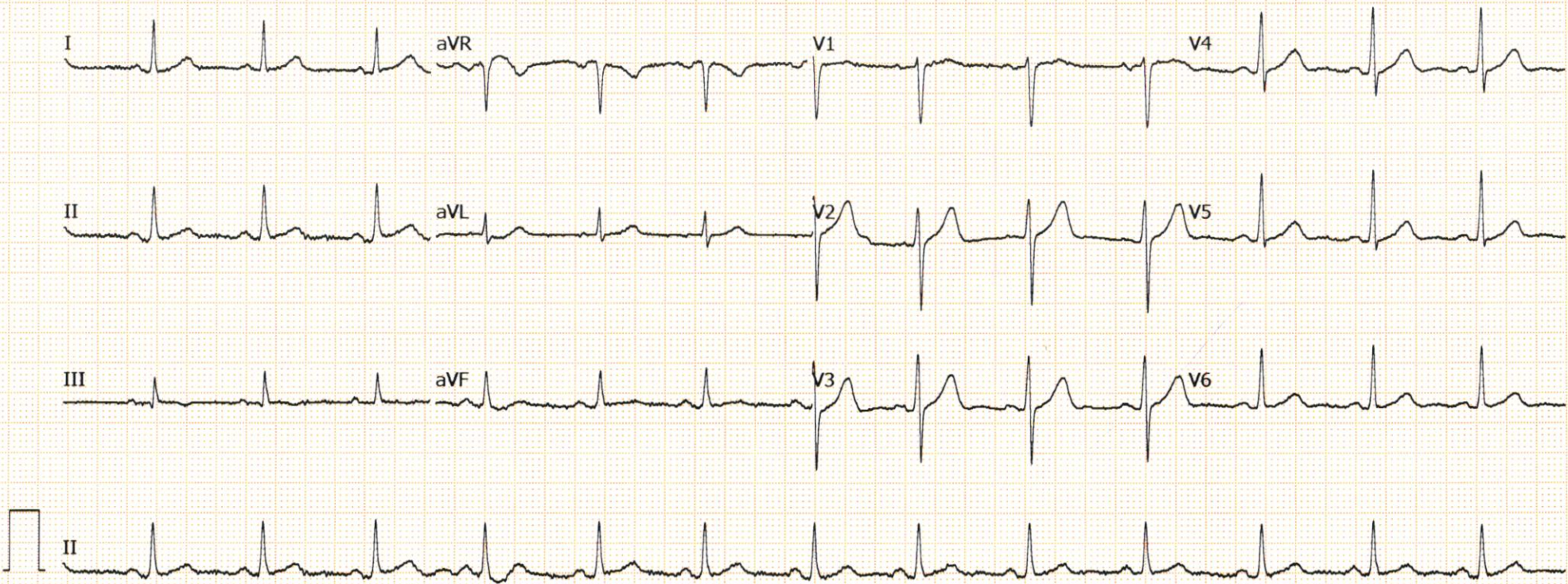
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

81 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms Normal sinus rhythm
QT / QTcBaz : 356 / 413 ms Normal ECG
PR : 130 ms
P : 86 ms
RR / PP : 736 / 740 ms
P / QRS / T : 59 / 50 / 32 degrees



Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement	Action
90003	ARCOFEMI HEALTHCARE LIMITED...	MR. SHINDE RANJEET BHAGIRATH	custo mer care@mediwheel.in	8291730663	ARCOFEMI MEDIWHEEL MALE AHC (
90000	ARCOFEMI HEALTHCARE LIMITED...	MR. SHINDE RANJEET	shinderan jeet 1@yahoo.co.in	8291730663	ARCOFEMI MEDIWHEEL MALE AHC (
89932	ARCOFEMI HEALTHCARE LIMITED...	VARSHA RANJEET SHINDE	shinderan jeet 1@yahoo.co.in	8291730663	ARCOFEMI MEDIWHEEL FEMALE AF	
84523	ARCOFEMI HEALTHCARE LIMITED...	Poonam Devi	uttam231983@gmail.com	8855944115	ARCOFEMI MEDIWHEEL FEMALE AF	
84490	ARCOFEMI HEALTHCARE LIMITED...	MR. KUMAR UTTAM	uttam231983@gmail.com	8855944115	ARCOFEMI MEDIWHEEL MALE AHC (

Government of India



आधार

उत्तम कुमार
Uttam Kumar
जन्म तिथि / DOB: 01/01/1983
पुरुष / MALE
Mobile No.: 8855944115

5278 2829 4413

मेरा आधार, मेरी पहचान

Issue Date: 22/04/2013



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आधार

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