



Certificate No: MC-5697

Patient Name : Mr.SUNIL SIRGIL REGO	Collected : 13/Mar/2024 08:48AM
Age/Gender : 42 Y 7 M 24 D/M	Received : 13/Mar/2024 11:26AM
UHID/MR No : SPUN.0000046782	Reported : 13/Mar/2024 12:16PM
Visit ID : SPUNOPV62035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6387	

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	13.6	g/dL	13-17	Spectrophotometer
PCV	39.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.19	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.4	fL	83-101	Calculated
MCH	32.4	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,870	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	7.9	%	1-6	Electrical Impedance
MONOCYTES	9.5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3407.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2219.01	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	542.73	Cells/cu.mm	20-500	Calculated
MONOCYTES	652.65	Cells/cu.mm	200-1000	Calculated
BASOPHILS	48.09	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.54		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's Eosinophilia
Platelets are Adequate
No hemoparasite seen.

Page 1 of 14


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240066836



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

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

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

Sneha Shah
Dr Sneha Shah
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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	87	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

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Consultant Pathologist

SIN No:EDT240030399



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

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

Note: Dietary preparation or fasting is not required.

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	55	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.04	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.31		0-4.97	Calculated
ATHEROGENIC INDEX PLASMA (AIP)	< 0.01		<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 OF PLASMA (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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- 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 AIP reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.16	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.96	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	54.07	U/L	30-120	IFCC
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.76	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	30.77	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.56	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.03	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.17	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.49	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.58	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)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.53	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.254	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:SPL24044477

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.SUNIL SIRGIL REGO	Collected : 13/Mar/2024 08:48AM
Age/Gender : 42 Y 7 M 24 D/M	Received : 13/Mar/2024 11:30AM
UHID/MR No : SPUN.0000046782	Reported : 13/Mar/2024 12:04PM
Visit ID : SPUNOPV62035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6387	

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	1.180	ng/mL	0-4	CLIA

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

SIN No:SPL24044477



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Certificate No: MC-5697

Patient Name : Mr.SUNIL SIRGIL REGO	Collected : 13/Mar/2024 08:48AM
Age/Gender : 42 Y 7 M 24 D/M	Received : 13/Mar/2024 11:35AM
UHID/MR No : SPUN.0000046782	Reported : 13/Mar/2024 11:41AM
Visit ID : SPUNOPV62035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6387	

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	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 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:UR2303920



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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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

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:UF011162



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)

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Address:

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

Name : Mr. Sunil Sirgil Rego

Age: 42 Y

UHID:SPUN.0000046782

Address : Ambarnath East Mumbai 421501

Sex: M



OP Number:SPUNOPV62035

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10460

Date : 13.03.2024 08:43

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	2 D ECHO	
4	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	5 GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL) 11:00	
10	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	13 DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:00	
15	URINE GLUCOSE(FASTING)	
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	
20	BLOOD GROUP ABO AND RH FACTOR	
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 Sunil Rego on 13/03/24

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 	✓
<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.....</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 : 13/03/24
MRNO :
Name : Sunil Rego
Age/Gender :
Mobile No : 421M

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

SPO2 98%

Pulse: 80/m	B.P: 140/80	Resp: 20/m	Temp: 98.6
Weight: 92.2kg	Height: 184cm	BMI: 27.2	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No complains

found fit to join duty

Follow up date:

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

Date : 13/03/24
MRNO :
Name : Sunil Rego
Age/Gender :
Mobile No : 421m

Department : Dental
Consultant : Dr. Suneeta
Reg. No :
Qualification : Cadre
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Calculus ++
Adv Oral prophylaxis

Follow up date: After 6 months.


Doctor Signature

Patient Name : Mr.SUNIL SIRGIL REGO
 Age/Gender : 42 Y 7 M 24 D/M
 UHID/MR No : SPUN.0000046782
 Visit ID : SPUNOPV62035
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 6387

Collected : 13/Mar/2024 08:48AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

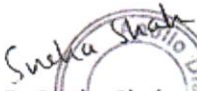
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	39.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.19	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	94.4	fL	83-101	Calculated
MCH	32.4	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,870	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.6	%	40-80	Electrical Impedence
LYMPHOCYTES	32.3	%	20-40	Electrical Impedence
EOSINOPHILS	7.9	%	1-6	Electrical Impedence
MONOCYTES	9.5	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3407.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2219.01	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	542.73	Cells/cu.mm	20-500	Calculated
MONOCYTES	652.65	Cells/cu.mm	200-1000	Calculated
BASOPHILS	48.09	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.54		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic
 WBC's Eosinophilia
 Platelets are Adequate
 No hemoparasite seen.




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240066836

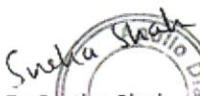
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mr.SUNIL SIRGIL REGO
Age/Gender : 42 Y 7 M 24 D/M
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Visit ID : SPUNOPV62035
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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:BED240066836

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



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

SIN No:BED240066836

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 Age/Gender : 42 Y 7 M 24 D/M
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 Emp/Auth/TPA ID : 6387

Collected : 13/Mar/2024 08:48AM
 Received : 13/Mar/2024 11:26AM
 Reported : 13/Mar/2024 11:59AM
 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	87	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	mg/dL	70-140	HEXOKINASE

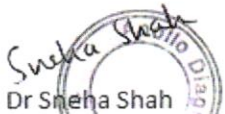
Comment:

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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: EDT240030399

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Patient Name	: Mr.SUNIL SIRGIL REGO	Collected	: 13/Mar/2024 08:48AM
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UHID/MR No	: SPUN.0000046782	Reported	: 13/Mar/2024 11:59AM
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Emp/Auth/TPA ID	: 6387		

DEPARTMENT OF BIOCHEMISTRY

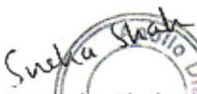
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

Note: Dietary preparation or fasting is not required.

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



Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240030399

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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	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	55	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.04	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.31		0-4.97	Calculated
ATHEROGENIC INDEX PLASMA (AIP)	< 0.01		<0.11	Calculated

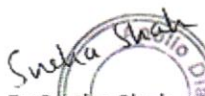
Comment:

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 OF PLASMA (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.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04659576

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




Patient Name	: Mr.SUNIL SIRGIL REGO	Collected	: 13/Mar/2024 08:48AM
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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 AIP reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04659576

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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	1.16	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.96	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	54.07	U/L	30-120	IFCC
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

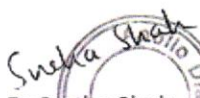
1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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


 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04659576

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



Patient Name : Mr.SUNIL SIRGIL REGO
Age/Gender : 42 Y 7 M 24 D/M
UHID/MR No : SPUN.0000046782
Visit ID : SPUNOPV62035
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 6387

Collected : 13/Mar/2024 08:48AM
Received : 13/Mar/2024 11:30AM
Reported : 13/Mar/2024 12:10PM
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) , SERUM				
CREATININE	0.76	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	30.77	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.56	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.03	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.17	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.49	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated



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

SIN No:SE04659576

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

Patient Name : Mr.SUNIL SIRGIL REGO
 Age/Gender : 42 Y 7 M 24 D/M
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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) , <i>SERUM</i>	10.58	U/L	<55	IFCC



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

SIN No:SE04659576

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

Patient Name : Mr.SUNIL SIRGIL REGO	Collected : 13/Mar/2024 08:48AM
Age/Gender : 42 Y 7 M 24 D/M	Received : 13/Mar/2024 11:30AM
UHID/MR No : SPUN.0000046782	Reported : 13/Mar/2024 12:15PM
Visit ID : SPUNOPV62035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6387	

DEPARTMENT OF IMMUNOLOGY

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

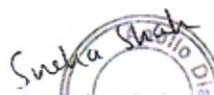
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.53	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.254	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: SPL24044477



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

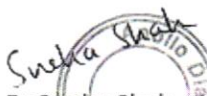
Patient Name : Mr.SUNIL SIRGIL REGO	Collected : 13/Mar/2024 08:48AM
Age/Gender : 42 Y 7 M 24 D/M	Received : 13/Mar/2024 11:30AM
UHID/MR No : SPUN.0000046782	Reported : 13/Mar/2024 12:04PM
Visit ID : SPUNOPV62035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6387	

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	1.180	ng/mL	0-4	CLIA



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SPL24044477

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

Patient Name : Mr.SUNIL SIRGIL REGO
Age/Gender : 42 Y 7 M 24 D/M
UHID/MR No : SPUN.0000046782
Visit ID : SPUNOPV62035
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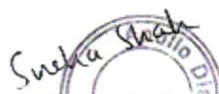
Collected : 13/Mar/2024 08:48AM
Received : 13/Mar/2024 11:35AM
Reported : 13/Mar/2024 11:41AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2303920

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



Patient Name : Mr.SUNIL SIRGIL REGO	Collected : 13/Mar/2024 08:48AM
Age/Gender : 42 Y 7 M 24 D/M	Received : 13/Mar/2024 11:35AM
UHID/MR No : SPUN.0000046782	Reported : 13/Mar/2024 11:41AM
Visit ID : SPUNOPV62035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6387	

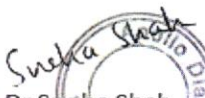
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

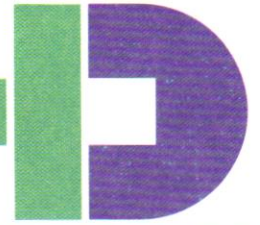


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF011162

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





Name	Mr Sunil Sirgil Rego	Age	42 Years
Patient ID	DD/133/2023-2024/1540	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	13/03/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

The liver appears normal in size, shape and 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 10.6x5.6cms and **the left kidney** measures 11x5.7cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

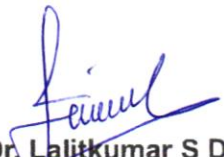
The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

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

There is no free fluid or paraaortic lymphadenopathy seen.

IMPRESSION:

No significant abnormality is seen.


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

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mr. Sunil Rego

Date: 13/03/24

Age / Sex: 42 Y / M

Ref No.:

Complaint: No complaints

Examination

Vision R 6/6 NG
L 6/6 NG

NO DM

NO HTN

Spectacle Rx

Add

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	plane	—	—	6/6	plane	—	—
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: 1205

Consultant:

Apollo Spectra Hospitals

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

Rego, Sunil
ID: 46782

13.03.2024 9:30:44 AM
Apollo Spectra Hospital
SWARGATE
PUNE-4110

ARROW CE

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

Room:

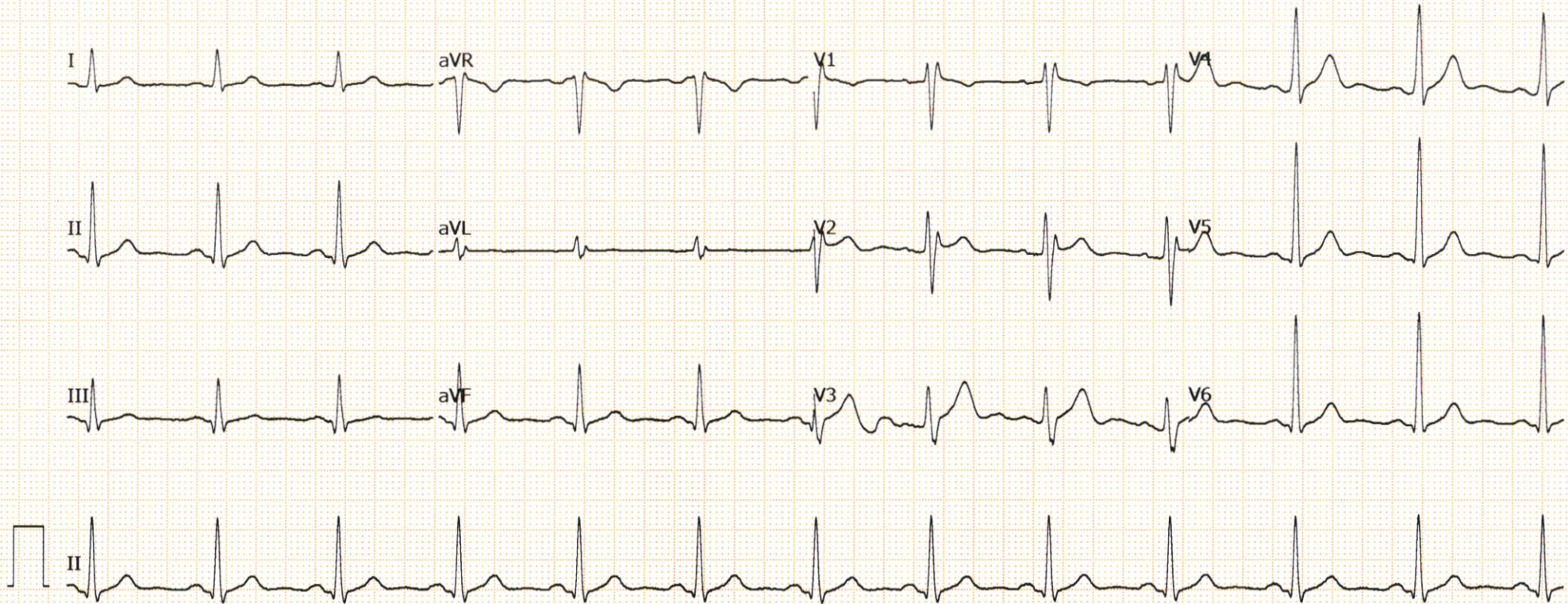
74 bpm
-- / -- mmHg

184 cm Male
92.0 kg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 106 ms
QT / QTcBaz : 384 / 426 ms
PR : 158 ms
P : 134 ms
RR / PP : 806 / 810 ms
P / QRS / T : 74 / 59 / 57 degrees

Normal sinus rhythm
RSR' or QR pattern in V1 suggests right ventricular conduction delay
Borderline ECG



Patient Name: MR.SUNIL REGO
Age: 42 Years
Gender: M
Image Count: 1
Arrival Time: 13-Mar-2024 09:42

MR No: SPUN.00046782
Location: Apollo Spectra Hospital Pune (Swargate)
Physician: SELF
Date of Exam: 13-Mar-2024
Date of Report: 13-Mar-2024 10:49

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. Sunil Rego
Ref by : HEALTH CHECKUP

Age : 42YRS / M
Date : 13/03/2024

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 Clinic

CONSENT FORM

Patient Name: Sunil Rego Age: 42 M
UHID Number: Company Name: Arcofem:


Mr/Mrs/Ms Sunil Rego Employee of Arcofem:

(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 ENT
Consultation

Patient Signature:  Date: 13/3/24

Appointment Id	Corporate Name	Name	Email Id	Mobile	Action
111955	ARCOFEMI HEALTHCARE LIMITED...	Sunil Sirgil Rego	customercare@mediwheel.in	9930016179	<input type="radio"/> <input checked="" type="radio"/>
110996	HEALTH METER SERVICES PRIVATE ...	RUTURAJ VIKRAM WARE	myhealthmeter.operations@gmail.com	8605492581	<input type="radio"/> <input checked="" type="radio"/>
110610	BETACURA HEALTH SOLUTIONS PRIV...	GEETA MANOJ MOHORKAR	care@betacura.com , Aishwarya.jha@betacura.com	9850004767	<input type="radio"/> <input checked="" type="radio"/>
110521	ACCENTURE SOLUTIONS PRIVATE LI...	Sandesh Thakre	s.prabhakar.thakre@accenture.com	9579370150	<input type="radio"/>



भारतीय विशिष्ट आंक्य प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1207/80089/14325

To
सुनिल शिरगील रेगो
Sunil Sirgil Rego
S/O: Sirgil
D-2/702 royal park
Near navare Nagar Ambarnath East
Ambarnath
Ambarnath Ambarnath Thane
Maharashtra 421501

Ref. 439 / 16G / 875158 / 875805 / P



SH037940939FT



आपला आधार क्रमांक / Your Aadhaar No. :

7247 4367 0027

आधार - सामान्य माणसाचा अधिकार



भारत सरकार

Government of India



सुनिल शिरगील रेगो
Sunil Sirgil Rego
जन्म वर्ष / Year of Birth : 1981
पुरुष / Male



7247 4367 0027

आधार - सामान्य माणसाचा अधिकार

Customer Pending Tests- DOCTORS NOT AVAILABLE FOR ENT CONSULTATION