

Customer Pending Tests- DENTAL SERVICE NOT AVAILABLE IN APOLLO  
ENT DOCTORS NOT AVAILABLE

Name : Mr. Yuvraj Tipanna Dhage

Age: 49 Y

UHID:SPUN.0000046172

Sex: M



Address : New Bhavani Mata Mandir Warje 411058

OP Number:SPUNOPV60952

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10193

Date : 02.02.2024 09:01

| Sno | Service Type/ServiceName   | Department |
|-----|--|------------|
| 1   | ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324 |            |
| 1   | URINE GLUCOSE(FASTING)   |            |
| 2   | GAMMA GLUTAMYL TRANSFERASE (GGT)   |            |
| 3   | PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)   |            |
| 4   | HbA1c, GLYCATED HEMOGLOBIN   |            |
| 5   | 2 D ECHO <i>MINT</i>   |            |
| 6   | ALKALINE PHOSPHATASE - SERUM/PLASMA  |            |
| 7   | LIVER FUNCTION TEST (LFT)  |            |
| 8   | X-RAY CHEST PA   |            |
| 9   | GLUCOSE, FASTING   |            |
| 10  | HEMOGRAM + PERIPHERAL SMEAR  |            |
| 11  | ENT CONSULTATION   |            |
| 12  | FITNESS BY GENERAL PHYSICIAN   |            |
| 13  | DIET CONSULTATION  |            |
| 14  | COMPLETE URINE EXAMINATION   |            |
| 15  | URINE GLUCOSE(POST PRANDIAL) <i>11:20 Am</i>   |            |
| 16  | PERIPHERAL SMEAR   |            |
| 17  | ECG  |            |
| 18  | BLOOD GROUP ABO AND RH FACTOR  |            |
| 19  | VITAMIN B12  |            |
| 20  | LIPID PROFILE  |            |
| 21  | BODY MASS INDEX (BMI)  |            |
| 22  | OPHTHAL BY GENERAL PHYSICIAN   |            |
| 23  | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)  |            |
| 24  | ULTRASOUND - WHOLE ABDOMEN   |            |
| 25  | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)  |            |
| 26  | DENTAL CONSULTATION  |            |
| 27  | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>11:20 Am</i>                                   |            |
| 28  | VITAMIN D - 25 HYDROXY (D2+D3)   |            |

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Yuvraj Dhage on 02/02/24

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

|  | Tick                                |
|--|-------------------------------------|
| <ul style="list-style-type: none"><li>• Medically Fit</li></ul>  | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <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> | <input type="checkbox"/>            |
| <ul style="list-style-type: none"><li>• Currently Unfit.</li></ul> <p>Review after _____ recommended</p>   | <input type="checkbox"/>            |
| <ul style="list-style-type: none"><li>• Unfit</li></ul>  | <input type="checkbox"/>            |

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 : 02/02/24  
MRNO :  
Name : Purraj Dhage  
Age/Gender :  
Mobile No : 491m

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

Consultation Timing :

SPO2 - 100%

|                 |                 |               |                  |
|-----------------|-----------------|---------------|------------------|
| Pulse : 90/min  | B.P : 120/90    | Resp : 20/min | Temp : 98°F      |
| Weight : 62.2kg | Height : 150 cm | BMI : 27.6    | Waist Circum : - |

General Examination / Allergies  
History:

Clinical Diagnosis & Management Plan

B12 : low

Adv  
Lij Mearisave 1m once a wk  
- 5

found fit to join duty

Follow up date:

**Dr. Samrat Shah**  
MBBS MD  
Reg No. 2021097302  
Consultant Internal Medicine  
Apollo Speciality Hospital  
Doctor Signature  
S. Shah

|  |  |
|--|--|
| Patient Name : Mr YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:16AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 12:00PM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name                                  | Result  | Status | Unit                    | Bio. Ref. Range | Method                         |
|--|---------|--------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |         |        |                         |                 |                                |
| HAEMOGLOBIN                                | 14.7    | Normal | g/dL                    | 13-17           | Spectrophotometer              |
| PCV  | 43.20   | Normal | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                  | 5.21    | Normal | Million/cu.mm           | 4.5-5.5         | Electrical Impedance           |
| MCV  | 82.9    | Low    | fL                      | 83-101          | Calculated                     |
| MCH  | 28.2    | Normal | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 34      | Normal | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 12.9    | Normal | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 6,520   | Normal | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |         |        |                         |                 |                                |
| NEUTROPHILS                                | 58.1    | Normal | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                | 32.2    | Normal | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                | 1.5     | Normal | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                  | 7.9     | Normal | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                  | 0.3     | Normal | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |         |        |                         |                 |                                |
| NEUTROPHILS                                | 3788.12 | Normal | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 2099.44 | Normal | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 97.8    | Normal | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 515.08  | Normal | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 19.56   | Normal | Cells/cu.mm             | 0-100           | Calculated                     |
| PLATELET COUNT                             | 240000  | Normal | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 7       | Normal | mm at the end of 1 hour | 0-15            | Modified Westergren            |
| PERIPHERAL SMEAR                           |         | Normal |                         |                 |                                |

RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No Abnormal cells/hemoparasite seen.

Page 1 of 17



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240025029

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



|                 |                           |              |                               |
|-----------------|---------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.YUVRAJ TIPANNA DHAGE | Collected    | : 02/Feb/2024 09:18AM         |
| Age/Gender      | : 49 Y 10 M 18 D/M        | Received     | : 02/Feb/2024 11:16AM         |
| UHID/MR No      | : SPUN.0000046172         | Reported     | : 02/Feb/2024 12:00PM         |
| Visit ID        | : SPUNOPV80952            | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                 | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 425766                  |              |                               |

DEPARTMENT OF HAEMATOLOGY

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



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240025029

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| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:16AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 12:55PM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

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

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



Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:BED240025029

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| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:16AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 11:35AM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                     | Result | Status | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 87     | Normal | 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  $\geq$  or = 126 mg/dL and/or a random / 2 hr post glucose value of  $\geq$  or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

SIN No:PLF02098439

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





Patient Name : Mr.YUVRAJ TIPANNA DHAGE  
 Age/Gender : 49 Y 10 M 18 D/M  
 UHID/MR No : SPUN.0000046172  
 Visit ID : SPUNOPV60952  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 425766

Collected : 02/Feb/2024 09:18AM  
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 Status : Final Report  
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name   | Result | Status | Unit  | Bio. Ref. Range | Method     |
|---|--------|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR) | 96     | Normal | 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 | Status | Unit  | Bio. Ref. Range | Method     |
|---|--------|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA |        |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                    | 5.4    | Normal | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)               | 108    |        | 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 Ingole  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist

SIN No:EDT240010777



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

Patient Name : Mr.YUVRAJ TIPANNA DHAGE  
Age/Gender : 49 Y 10 M 18 D/M  
UHID/MR No. : SPUN.0000046172  
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Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 425766

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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:EDT240010777

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| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:15AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 11:40AM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                    | Result        | Status | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|---------------|--------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |               |        |       |                 |                            |
| TOTAL CHOLESTEROL            | 184           | Normal | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 62            | Normal | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | 58            | Normal | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 126           | Normal | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | <b>113.74</b> | High   | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 12.4          | Normal | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 3.18          | Normal |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SE04616333

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



|  |  |
|--|--|
| Patient Name : Mr YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:15AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 11:40AM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                                | Result | Status | Unit  | Bio. Ref. Range | Method             |
|--|--------|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.94   | Normal | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.16   | Normal | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.78   | Normal | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 25.55  | Normal | U/L   | <50             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 26.0   | Normal | U/L   | <50             | IFCC               |
| ALKALINE PHOSPHATASE                     | 57.26  | Normal | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 7.58   | Normal | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.52   | Normal | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 3.06   | Normal | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.48   | Normal |       | 0.9-2.0         | Calculated         |

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

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

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04616333

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



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Collected : 02/Feb/2024 09:18AM  
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Status : Final Report  
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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result      | Status | Unit   | Bio. Ref. Range | Method                   |
|---|-------------|--------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |             |        |        |                 |                          |
| CREATININE  | 0.96        | Normal | mg/dL  | 0.72 – 1.18     | Modified Jaffe, Kinetic  |
| UREA  | 27.55       | Normal | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 12.9        | Normal | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | <b>7.21</b> | High   | mg/dL  | 3.5-7.2         | Uricase PAP              |
| CALCIUM   | 9.99        | Normal | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 2.91        | Normal | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 137.9       | Normal | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.4         | Normal | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 103.37      | Normal | mmol/L | 101-109         | ISE (Indirect)           |

Page 9 of 17



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MBBS, MD (Pathology)  
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 Visit ID : SPUNOPV60952  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 425766

Collected : 02/Feb/2024 09:18AM  
 Received : 02/Feb/2024 11:15AM  
 Reported : 02/Feb/2024 11:40AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                    | Result | Status | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|--------|------|-----------------|--------|
| ALKALINE PHOSPHATASE , SERUM | 57.26  | Normal | U/L  | 30-120          | IFCC   |



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

SIN No:SE04616333

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



Patient Name : Mr.YUVRAJ TIPANNA DHAGE  
 Age/Gender : 49 Y 10 M 18 D/M  
 UHID/MR No : SPUN.0000048172  
 Visit ID : SPUNOPV60952  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 425766

Collected : 02/Feb/2024 09:18AM  
 Received : 02/Feb/2024 11:15AM  
 Reported : 02/Feb/2024 11:40AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                                   | Result | Status | Unit | Bio. Ref. Range | Method |
|---|--------|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 26.09  | Normal | U/L  | <55             | IFCC   |



Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SE04616333

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



|  |  |
|--|--|
| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:15AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 11:54AM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name  | Result | Status | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 1.05   | Normal | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 7.84   | Normal | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 1.242  | Normal | µIU/mL | 0.34-5.60       | CLIA   |

**Comment:**

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

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

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



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

SIN No: SPL24016418

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





Patient Name : Mr.YUVRAJ TIPANNA DHAGE  
 Age/Gender : 49 Y 10 M 18 D/M  
 UHID/MR No : SPUN.0000046172  
 Visit ID : SPUNOPV60952  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 425766

Collected : 02/Feb/2024 09:18AM  
 Received : 02/Feb/2024 11:15AM  
 Reported : 02/Feb/2024 12:28PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

| Test Name                                | Result | Status | Unit  | Bio. Ref. Range | Method |
|--|--------|--------|-------|-----------------|--------|
| VITAMIN D (25 - OH VITAMIN D) ,<br>SERUM | 130.21 |        | ng/mL |                 | CLIA   |

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

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

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

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

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

**Increased levels:**

- Vitamin D intoxication.



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

SIN No:SPL24016418

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



|   |  |
|---|--|
| Patient Name : Mr. YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M           | Received : 02/Feb/2024 11:15AM             |
| UHID/MR No : SPUN.0000046172            | Reported : 02/Feb/2024 11:46AM             |
| Visit ID : SPUNOPV60952                 | Status : Final Report                      |
| Ref Doctor : Dr.SELF                    | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766                |  |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name           | Result | Status | Unit  | Bio. Ref. Range | Method |
|---------------------|--------|--------|-------|-----------------|--------|
| VITAMIN B12 , SERUM | 89     | Low    | pg/mL | 120-914         | CLIA   |

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

| Test Name                                       | Result | Status | Unit  | Bio. Ref. Range | Method |
|---|--------|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 1.050  | Normal | ng/mL | 0-4             | CLIA   |



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: SPL24016418

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



Patient Name : Mr.YUVRAJ TIPANNA DHAGE  
 Age/Gender : 49 Y 10 M 18 D/M  
 UHID/MR No : SPUN.0000046172  
 Visit ID : SPUNOPV60952  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 425766

Collected : 02/Feb/2024 09:18AM  
 Received : 02/Feb/2024 11:56AM  
 Reported : 02/Feb/2024 12:11PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name  | Result      | Status | Unit | Bio. Ref. Range  | Method                     |
|--|-------------|--------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |        |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |        |      |                  |                            |
| COLOUR   | PALE YELLOW |        |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR       |        |      | CLEAR            | Visual                     |
| pH   | 5.5         | Normal |      | 5-7.5            | DOUBLE INDICATOR           |
| SP GRAVITY   | >1.025      | Normal |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |        |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |        |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |        |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE    |        |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE    |        |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL      |        |      | NORMAL           | MODIFED EHRlich REACTION   |
| BLOOD  | NEGATIVE    |        |      | NEGATIVE         | Peroxidase                 |
| NITRITE  | NEGATIVE    |        |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |        |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |        |      |                  |                            |
| PUS CELLS  | 3 - 4       | Normal | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 1 - 2       |        | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         |        | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         | Normal |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |        |      | ABSENT           | MICROSCOPY                 |

Page 15 of 17

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:UR2273186

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



|  |  |
|--|--|
| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 11:38AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 12:15PM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 12:27PM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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

SIN No:UPP016401

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



|  |  |
|--|--|
| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:56AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 12:12PM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UF010412

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



dhage, yuvraj  
ID: 000046172

49years Asian Male  
150cm 62kg  
2-Feb-2024  
11:19:25 Meds: tab telma 40mg

BRUCE  
Max HR: 192bpm 112% of max predicted 171bpm  
Max BP: 170/90  
Reason for Termination:  
Comments:

Total Exercise time: 9:06  
Maximum workload: 10.2METS

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by: self  
Test ind:

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | WorkLoad (METS) | HR (bpm) | BP (mmHg) | RPP (x100) |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|------------|
| PRETEST    | SUPINE     | 1:03          | ***         | ***       | 1.0             | 88       | 140/90    | 123        |
|            | STANDING   | 1:02          | ***         | ***       | 1.0             | 94       | 140/90    | 132        |
|            | HYPERVENT  | 1:16          | ***         | ***       | 1.0             | 93       | 140/90    | 130        |
| EXERCISE   | STAGE 1    | 3:00          | 1.7         | 10.0      | 4.6             | 139      | 150/90    | 209        |
|            | STAGE 2    | 3:00          | 2.5         | 12.0      | 7.0             | 157      | 160/90    | 251        |
|            | STAGE 3    | 3:00          | 3.4         | 14.0      | 10.1            | 175      | 161/90    | 270        |
|            | STAGE 4    | 0:06          | 4.2         | 16.0      | 10.2            | 175      | 170/90    | 298        |
| RECOVERY   | Post       | 0:16          | 1.7         | 5.8       | 9.4             | 172      | 170/90    | 292        |

*Normal*  
*Dr. Desai*  
*Dr. Desai*

# Apollo Clinic

## CONSENT FORM

Patient Name: Yuvraj Dhage Age: 49 / m

UHID Number: ..... Company Name: Arco Fem:

Mr/Mrs/Ms Yuvraj Dhage Employee of Arco Fem:

(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.

Dental Service not available in

Apollo

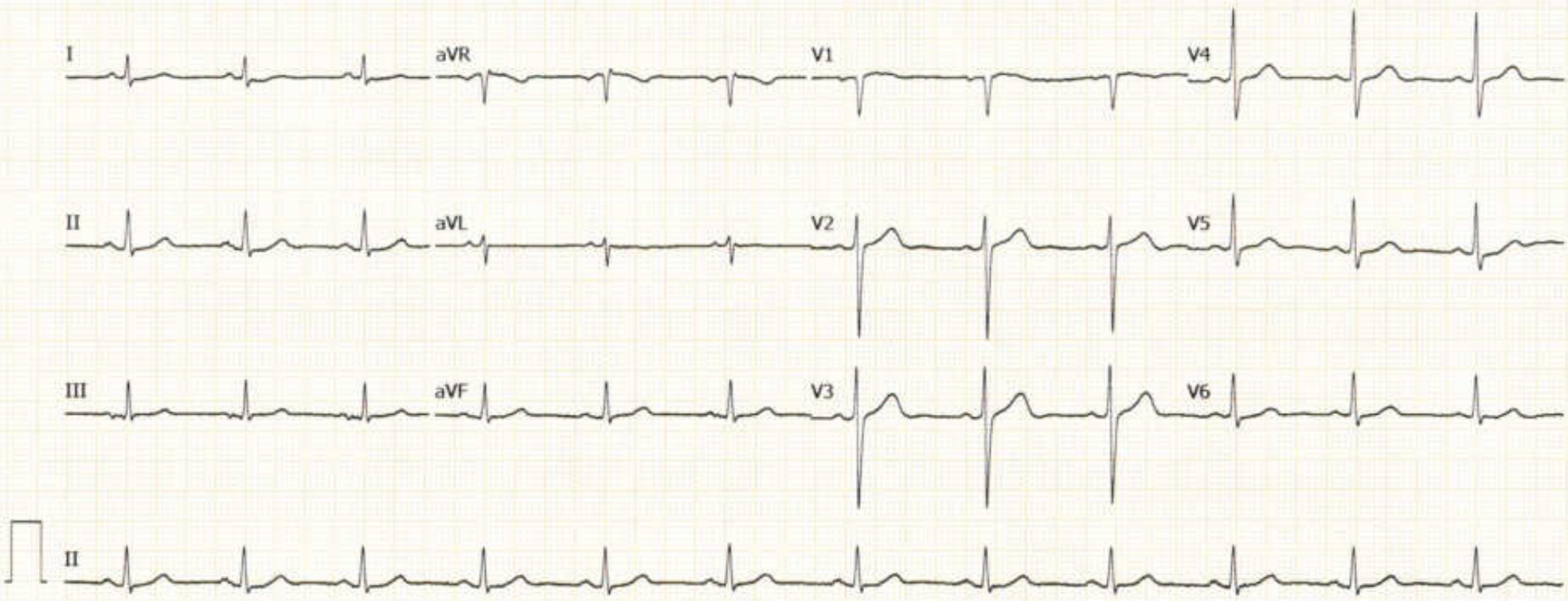
Patient Signature: [Signature] Date: 02/02/24

ENT Doctor not available in Apollo

150 cm Male  
62.0 kg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

|               |                      |                     |
|---------------|----------------------|---------------------|
| QRS :         | 74 ms                | Normal sinus rhythm |
| QT / QTcBaz : | 372 / 409 ms         | Normal ECG          |
| PR :          | 136 ms               |                     |
| P :           | 104 ms               |                     |
| RR / PP :     | 816 / 821 ms         |                     |
| P / QRS / T : | 35 / 78 / 72 degrees |                     |





MR. YUVRAJ DHAGE  
49 Years

MR No:  
Location:

SPUN000645072  
Apollo Spectra Hospital Pune  
(Swargate)

Gender: M  
Image Count: 1  
Arrival Time: 02-Feb-2024 10:34

Physician: SELF  
Date of Exam: 02-Feb-2024  
Date of Report: 02-Feb-2024 10:41

## X-RAY CHEST PA VIEW

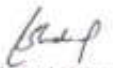
**HISTORY:** check up

### 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. Md. Shabed Hussain, MD.  
Consultant Radiologist  
REG NO : 73290

### 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.



|            |                             |        |            |
|------------|-----------------------------|--------|------------|
| Name       | Mr Yuvraj Tipanna Dhage     | Age    | 50 Years   |
| Patient ID | DD/22/2023-2024/1267        | Gender | MALE       |
| Ref By     | Dr. Apollo Spectra Hospital | Date   | 02/02/2024 |

## SONOGRAPHY OF ABDOMEN AND PELVIS

**The liver** appears normal in size, shape and shows fatty infiltration with focal fatty sparing. 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 8.5x4.4 cm and **the left kidney** measures 9.2x4.5cms. 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:

**Fatty liver focal fatty sparing.**

**No other significant abnormality is seen.**

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

# EYE REPORT



ASH/PUN/OPHT/06/02-0216

Date: 02/02/24

Name: Mr. Yuvraj Dhase

Age/Sex: 49 Y / M

Ref No.:

Complaint: No complaints

Examination

NO DM

HTN on Rx

Spectacle Rx

Vision  $\left\{ \begin{array}{l} R \ 6/6 \textcircled{P} \ Ng \\ L \ 6/6 \textcircled{P} \ Ng \end{array} \right.$

|          | Right Eye |        |       |        | Left Eye |        |       |        |
|----------|-----------|--------|-------|--------|----------|--------|-------|--------|
|          | Vision    | Sphere | Cyl.  | Axis   | Vision   | Sphere | Cyl.  | Axis   |
| Distance | 6/6       | -1.50  | -2.50 | 50°    | 6/6      | -3.50  | -1.75 | 140°   |
| Add      | +2.00     | —      | —     | Ng     | +2.00    | —      | —     | Ng     |
|          | Sphere    | CYL    | Axis  | Vision | Sphere   | CYL    | Axis  | Vision |

Remarks: change glasses.

WNL

PGP  $\left\{ \begin{array}{l} R \ -1.75 \ / \ -2.00 \ \times 50^\circ \\ L \ -3.50 \ / \ -0.75 \ \times 140^\circ \end{array} \right.$

ADD  $\left\{ \begin{array}{l} + \\ - \end{array} \right. 1.75 \ BE$

Medications:  $\therefore$  BE colour vision Normal.

| Trade Name | Frequency | Duration |
|------------|-----------|----------|
|            |           |          |
|            |           |          |
|            |           |          |

Follow up: 1 year

Consultant:

Apollo Spectra Hospitals

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

| Appointment Id | Corporate Name                  | Name                                    | Email id                     | Mobile     | Agreement                         |
|----------------|---------------------------------|---|------------------------------|------------|-----------------------------------|
| 60283          | ARCOFEMI HEALTHCARE LIMITED...  | MR. DHAGE YUVRAJ TIPANNA                | customercare@mediwheel.in    | 9604422300 | ARCOFEMI.MEDIWHEEL.MALE.AHC.CR.   |
| 204523         | VISIT HEALTH PRIVATE LIMITED... | shivam shivam                           | Shivam_Arankar@zinnia.com    | 7447373234 | VISIT HEALTH.VH00ZIN.AHC.CREDI... |
| 204116         | VISIT HEALTH PRIVATE LIMITED... | Rajesh Ramesh Singh Rajesh Ramesh Singh | rajeshj-modicare@mod-ent.com | 8527296264 | VISIT HEALTH.VH00MCHI.HC.CREDI... |



सत्यमेव जयते



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 2017/90251/01695

To,

युवराज तिपन्ना धगे

Yuvraj Tipanna Dhage

S/O: Tipanna Dhage

Sr No. 135, House No. 397 Om Sai Niwas

Navbharat Society Plot No 22

Near Bhawani Mata Mandir Warje Malwadi

Pune City

Warje Pune City Pune

Maharashtra 411058

9604422300

Ref: 265 / 14L / 258624 / 259031 / P



SH669139615FT



आपला आधार क्रमांक / Your Aadhaar No. :

**5883 9133 5034**

आधार - सामान्य माणसाचा अधिकार



भारत सरकार

Government of India

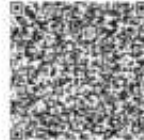


युवराज तिपन्ना धगे

Yuvraj Tipanna Dhage

जन्म तारीख / DOB : 15/03/1974

पुरुष / Male



**5883 9133 5034**

आधार - सामान्य माणसाचा अधिकार

Patient Name : Mr.YUVRAJ TIPANNA DHAGE  
Age/Gender : 49 Y 10 M 18 D/M  
UHID/MR No : SPUN.0000046172  
Visit ID : SPUNOPV60952  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 425766

Collected : 02/Feb/2024 09:18AM  
Received : 02/Feb/2024 11:16AM  
Reported : 02/Feb/2024 12:00PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name                                   | Result      | Status | Unit                    | Bio. Ref. Range | Method                         |
|---|-------------|--------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |             |        |                         |                 |                                |
| <b>HAEMOGLOBIN</b>                          | 14.7        | Normal | g/dL                    | 13-17           | Spectrophotometer              |
| PCV   | 43.20       | Normal | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                   | 5.21        | Normal | Million/cu.mm           | 4.5-5.5         | Electrical Impedence           |
| MCV   | <b>82.9</b> | Low    | fL                      | 83-101          | Calculated                     |
| MCH   | 28.2        | Normal | pg                      | 27-32           | Calculated                     |
| MCHC  | 34          | Normal | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                       | 12.9        | Normal | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 6,520       | Normal | cells/cu.mm             | 4000-10000      | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>  |             |        |                         |                 |                                |
| NEUTROPHILS                                 | 58.1        | Normal | %                       | 40-80           | Electrical Impedence           |
| LYMPHOCYTES                                 | 32.2        | Normal | %                       | 20-40           | Electrical Impedence           |
| EOSINOPHILS                                 | 1.5         | Normal | %                       | 1-6             | Electrical Impedence           |
| MONOCYTES                                   | 7.9         | Normal | %                       | 2-10            | Electrical Impedence           |
| BASOPHILS                                   | 0.3         | Normal | %                       | <1-2            | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |             |        |                         |                 |                                |
| NEUTROPHILS                                 | 3788.12     | Normal | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                 | 2099.44     | Normal | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                 | 97.8        | Normal | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                   | 515.08      | Normal | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                   | 19.56       | Normal | Cells/cu.mm             | 0-100           | Calculated                     |
| <b>PLATELET COUNT</b>                       | 240000      | Normal | cells/cu.mm             | 150000-410000   | Electrical impedence           |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 7           | Normal | mm at the end of 1 hour | 0-15            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                     |             | Normal |                         |                 |                                |

**RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No Abnormal cells/hemoparasite seen.**

Page 1 of 17



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



SIN No:BED240025029

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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Pune, Maharashtra

Patient Name : Mr.YUVRAJ TIPANNA DHAGE  
Age/Gender : 49 Y 10 M 18 D/M  
UHID/MR No : SPUN.0000046172  
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**DEPARTMENT OF HAEMATOLOGY**

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

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| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:16AM             |
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**DEPARTMENT OF HAEMATOLOGY**

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

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



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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                     | Result | Status | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 87     | Normal | 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.



DR.Sanjay Ingle  
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Consultant Pathologist



SIN No:PLF02098439

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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result | Status | Unit  | Bio. Ref. Range | Method     |
|---|--------|--------|-------|-----------------|------------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | 96     | Normal | 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 | Status | Unit  | Bio. Ref. Range | Method     |
|---|--------|--------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 5.4    | Normal | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 108    |        | 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  
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SIN No:EDT240010777

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

- 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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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                    | Result        | Status | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|---------------|--------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |               |        |       |                 |                            |
| TOTAL CHOLESTEROL            | 184           | Normal | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 62            | Normal | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | 58            | Normal | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 126           | Normal | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | <b>113.74</b> | High   | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 12.4          | Normal | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 3.18          | Normal |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



SIN No:SE04616333

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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                                | Result | Status | Unit  | Bio. Ref. Range | Method             |
|--|--------|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.94   | Normal | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.16   | Normal | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.78   | Normal | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 25.55  | Normal | U/L   | <50             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 26.0   | Normal | U/L   | <50             | IFCC               |
| ALKALINE PHOSPHATASE                     | 57.26  | Normal | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 7.58   | Normal | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.52   | Normal | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 3.06   | Normal | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.48   | Normal |       | 0.9-2.0         | Calculated         |

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



Dr Sneha Shah  
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|---|-------------|--------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |             |        |        |                 |                          |
| CREATININE  | 0.96        | Normal | mg/dL  | 0.72 – 1.18     | Modified Jaffe, Kinetic  |
| UREA  | 27.55       | Normal | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 12.9        | Normal | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | <b>7.21</b> | High   | mg/dL  | 3.5–7.2         | Uricase PAP              |
| CALCIUM   | 9.99        | Normal | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 2.91        | Normal | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 137.9       | Normal | mmol/L | 136–146         | ISE (Indirect)           |
| POTASSIUM   | 4.4         | Normal | mmol/L | 3.5–5.1         | ISE (Indirect)           |
| CHLORIDE  | 103.37      | Normal | mmol/L | 101–109         | ISE (Indirect)           |

  
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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                    | Result | Status | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|--------|------|-----------------|--------|
| ALKALINE PHOSPHATASE , SERUM | 57.26  | Normal | U/L  | 30-120          | IFCC   |



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



SIN No:SE04616333

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

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

|  |  |
|--|--|
| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:15AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 11:40AM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name  | Result | Status | Unit | Bio. Ref. Range | Method |
|--|--------|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 26.09  | Normal | U/L  | <55             | IFCC   |

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

SIN No:SE04616333

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|  |  |
|--|--|
| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:15AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 11:54AM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

**DEPARTMENT OF IMMUNOLOGY**

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

| Test Name  | Result | Status | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 1.05   | Normal | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 7.84   | Normal | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 1.242  | Normal | µIU/mL | 0.34-5.60       | CLIA   |

**Comment:**

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

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

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



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



SIN No: SPL24016418

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|  |  |
|--|--|
| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:15AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 12:28PM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

**DEPARTMENT OF IMMUNOLOGY**

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

| Test Name                                    | Result | Status | Unit  | Bio. Ref. Range | Method |
|--|--------|--------|-------|-----------------|--------|
| <b>VITAMIN D (25 - OH VITAMIN D) , SERUM</b> | 130.21 |        | ng/mL |                 | CLIA   |

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

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

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

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

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

**Increased levels:**

- Vitamin D intoxication.



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



SIN No: SPL24016418

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**Apollo Speciality Hospitals Private Limited**

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

Patient Name : Mr.YUVRAJ TIPANNA DHAGE  
 Age/Gender : 49 Y 10 M 18 D/M  
 UHID/MR No : SPUN.0000046172  
 Visit ID : SPUNOPV60952  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 425766

Collected : 02/Feb/2024 09:18AM  
 Received : 02/Feb/2024 11:15AM  
 Reported : 02/Feb/2024 11:46AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

| Test Name           | Result | Status | Unit  | Bio. Ref. Range | Method |
|---------------------|--------|--------|-------|-----------------|--------|
| VITAMIN B12 , SERUM | 89     | Low    | pg/mL | 120-914         | CLIA   |

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

| Test Name                                       | Result | Status | Unit  | Bio. Ref. Range | Method |
|---|--------|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 1.050  | Normal | ng/mL | 0-4             | CLIA   |



Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:SPL24016418



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 Pune, Maharashtra

|  |  |
|--|--|
| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:56AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 12:11PM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

| Test Name  | Result      | Status | Unit | Bio. Ref. Range  | Method                     |
|--|-------------|--------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |        |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |        |      |                  |                            |
| COLOUR   | PALE YELLOW |        |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR       |        |      | CLEAR            | Visual                     |
| pH   | 5.5         | Normal |      | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY  | >1.025      | Normal |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |        |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |        |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |        |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE    |        |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE    |        |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL      |        |      | NORMAL           | MODIFIED EHRlich REACTION  |
| BLOOD  | NEGATIVE    |        |      | NEGATIVE         | Peroxidase                 |
| NITRITE  | NEGATIVE    |        |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |        |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |        |      |                  |                            |
| PUS CELLS  | 3 - 4       | Normal | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 1 - 2       |        | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         |        | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         | Normal |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |        |      | ABSENT           | MICROSCOPY                 |



Dr Sneha Shah  
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SIN No:UR2273186

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

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|  |  |
|--|--|
| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 11:38AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 12:15PM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 12:27PM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



DR.Sanjay Ingle  
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Consultant Pathologist



SIN No:UPP016401

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|  |  |
|--|--|
| Patient Name : Mr.YUVRAJ TIPANNA DHAGE | Collected : 02/Feb/2024 09:18AM            |
| Age/Gender : 49 Y 10 M 18 D/M          | Received : 02/Feb/2024 11:56AM             |
| UHID/MR No : SPUN.0000046172           | Reported : 02/Feb/2024 12:12PM             |
| Visit ID : SPUNOPV60952                | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 425766               |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

| Test Name              | Result   | Status | 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:UF010412



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

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