

Customer Pending Tests
Doctor Not Available For Dental & ENT.

Name : Mr. Ranjeet Bhagirath Shinde

Age: 51 Y

Sex: M

UHID:SPUN.0000046710



Address : Kalwa Thane 400605

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:SPUNOPV61921

Bill No :SPUN-OCR-10427

Date : 09.03.2024 08:44

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 D ECHO	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	6 DIET CONSULTATION	
<input checked="" type="checkbox"/>	7 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	8 URINE GLUCOSE(POST PRANDIAL) 11.15 Am	
<input checked="" type="checkbox"/>	9 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	10 ECG	
<input checked="" type="checkbox"/>	11 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	12 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	13 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.15 Am	
<input checked="" type="checkbox"/>	14 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	15 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	16 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	17 ENT CONSULTATION	
<input checked="" type="checkbox"/>	18 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	19 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	20 LIPID PROFILE	
<input checked="" type="checkbox"/>	21 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	22 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	23 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	24 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ranjit shinde on 09/03/2024

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</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. <p>Review after _____ recommended</p>	
<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 MC
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 09/03/24
MRNO :
Name : Ranjeet Shinde
Age/Gender :
Mobile No : 511m

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

Pulse: 86b/m	B.P: 122/76	Resp: 20b/m	Temp: Afebrile
Weight: 93.8kg	Height: 168cm	BMI: 33	Waist Circum: -

SpO2 98%

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Dyslipidemia (P)

found fit to join duty

tdh

T. Rosuvastatin
o-o-o x (90)

fo

Follow up date: 3month

Dr. Samrat Shah
MBBS MD
Reg No. 201002302
Consultant Internal Medicine
Apollo Spectra Hospital
Doctor's Signature

Patient Name : Mr.RANJEET BHAGIRATH SHINDE
 Age/Gender : 51 Y 1 M 26 DM
 UHID/MR No : SPUN 0000046710
 Visit ID : SPUNOPV61921
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 46284

Collected : 09/Mar/2024 08:53AM
 Received : 09/Mar/2024 12:14PM
 Reported : 09/Mar/2024 12:34PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	42.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.4	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,220	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.6	%	40-80	Electrical Impedance
LYMPHOCYTES	37.9	%	20-40	Electrical Impedance
EOSINOPHILS	0.9	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2745.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1978.38	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	46.98	Cells/cu.mm	20-500	Calculated
MONOCYTES	433.26	Cells/cu.mm	200-1000	Calculated
BASOPHILS	15.66	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.39		0.78- 3.53	Calculated
PLATELET COUNT	231000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: BED240062540

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

Patient Name	Mr.RANJEET BHAGIRATH SHINDE	Collected	: 09/Mar/2024 08:53AM
Age/Gender	51 Y 1 M 26 D/M	Received	: 09/Mar/2024 12:14PM
UHID/MR No	SPUN 0000046710	Reported	: 09/Mar/2024 12:34PM
Visit ID	SPUNOPV61921	Status	: Final Report
Ref Doctor	Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	46284		

DEPARTMENT OF HAEMATOLOGY

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240062540

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



Patient Name	Mr.RANJEET BHAGIRATH SHINDE	Collected	09/Mar/2024 08:53AM
Age/Gender	51 Y 1 M 26 DM	Received	09/Mar/2024 12:14PM
UHID/MR No	SPUN 0000046710	Reported	09/Mar/2024 01:47PM
Visit ID	SPUNOPV61921	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	46284		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



SIN No:BED240062540

This test has been performed at Apollo Health and Lifestyle Ltd- Sankam Peddipati, Diagnostics Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

Patient Name	Mr.RANJEET BHAGIRATH SHINDE	Collected	: 09/Mar/2024 08:53AM
Age/Gender	51 Y 1 M 26 D/M	Received	: 09/Mar/2024 12:18PM
UHID/MR No	SPUN 0000046710	Reported	: 09/Mar/2024 12:47PM
Visit ID	SPUNOPV61921	Status	: Final Report
Ref Doctor	Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	46284		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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:

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



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

SIN No:PLF02120753

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

Patient Name	: Mr.RANJEET BHAGIRATH SHINDE	Collected	: 09/Mar/2024 12:55PM
Age/Gender	: 51 Y 1 M 26 DM	Received	: 09/Mar/2024 01:35PM
UHIDMR No	: SPUN.0000046710	Reported	: 09/Mar/2024 02:33PM
Visit ID	: SPUNOPV51921	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 46284		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	HEXOKINASE

Comment:

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

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



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

SIN No:PLP1429289



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

Patient Name : Mr.RANJEET BHAGIRATH SHINDE	Collected : 09/Mar/2024 08:53AM
Age/Gender : 51 Y 1 M 26 DM	Received : 09/Mar/2024 12:14PM
UHID/MR No : SPUN.0000046710	Reported : 09/Mar/2024 12:57PM
Visit ID : SPUNOPV51921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 46284	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240028372

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

Patient Name : Mr.RANJEET BHAGIRATH SHINDE	Collected : 09/Mar/2024 08:53AM
Age/Gender : 51 Y 1 M 26 D/M	Received : 09/Mar/2024 12:12PM
UHID/MR No : SPUN.0000046710	Reported : 09/Mar/2024 02:23PM
Visit ID : SPUNOPV61921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 46284	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	214	mg/dL	<200	CHO-POD
TRIGLYCERIDES	116	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	171	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.26	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.01		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

Page 7 of 14



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

SIN No:SE04655097



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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

 Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

www.apolodiagnosics.in

Patient Name : Mr.RANJEET BHAGIRATH SHINDE
 Age/Gender : 51 Y 1 M 26 D/M
 UHID/MR No : SPUN.0000046710
 Visit ID : SPUNOPV61921
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 46284

Collected : 09/Mar/2024 08:53AM
 Received : 09/Mar/2024 12:12PM
 Reported : 09/Mar/2024 02:23PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.89	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.74	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.96	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	39.30	U/L	30-120	IFCC
PROTEIN, TOTAL	6.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.09	g/dL	2.0-3.5	Calculated
A/G RATIO	2.13		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.Sanjay Ingle
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist

SIN No:SE04655097

This test has been performed at Apollo Health and Lifestyle no- Sadashiv Peth Pune, Diagnostics Lab



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.62	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.22	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.09	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.48	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.74	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.06	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.09	g/dL	2.0-3.5	Calculated
A/G RATIO	2.13		0.9-2.0	Calculated



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

SIN No: SE04655097

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	18.94	U/L	<55	IFCC



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

SIN No:SE04655097



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

Patient Name : Mr.RANJEET BHAGIRATH SHINDE
 Age/Gender : 51 Y 1 M 26 DM
 UHID/MR No : SPUN 0000046710
 Visit ID : SPUNOPV81921
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 46284

Collected : 09/Mar/2024 08:53AM
 Received : 09/Mar/2024 12:12PM
 Reported : 09/Mar/2024 01:26PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.32	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.62	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.125	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 Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: SPL24041444
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	Mr.RANJEET BHAGIRATH SHINDE	Collected	09/Mar/2024 08:53AM
Age/Gender	51 Y 1 M 26 D/M	Received	09/Mar/2024 12:10PM
UHID/MR No	SPUN 0000046710	Reported	09/Mar/2024 12:44PM
Visit ID	SPUNOPV61921	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	46284		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	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 12 of 14


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UR2300811

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



Patient Name	Mr.RANJEET BHAGIRATH SHINDE	Collected	: 09/Mar/2024 08:53AM
Age/Gender	: 51 Y 1 M 26 D/M	Received	: 09/Mar/2024 04:25PM
UHID/MR No	: SPUN 0000046710	Reported	: 09/Mar/2024 05:28PM
Visit ID	: SPUNOPV61921	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 46264		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: UPP016937



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

Patient Name	: Mr.RANJEET BHAGIRATH SHINDE	Collected	: 09/Mar/2024 08:53AM
Age/Gender	: 51 Y 1 M 26 D/M	Received	: 09/Mar/2024 12:10PM
UHID/MR No	: SPUN.0000046710	Reported	: 09/Mar/2024 12:43PM
Visit ID	: SPUNOPV61921	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 46284		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



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

SIN No:UF011015

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



EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mr. Ranjeet shinde

Date: 09/03/24

Age /Sex: 51 Y/M

Ref No.:

Complaint: No complaints

Examination

No DM

No HTN

aided Vision
 R 6/6 N6
 L 6/6 N6

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-1.50	—	—	6/6	-1.50	—	—
Read	—	—	—	N6	—	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R -1.50
 L -1.50

Medications: BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 YRS

Consultant:

Apollo Spectra Hospitals

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

MR.RANJEET SHINDE 51Y
51 Years

MR No:
Location:



SPUN.000046710
Apollo Spectra Hospital Pune
(Swargate)
Expertise. Empowering you.

Gender: M
Image Count: 1
Arrival Time: 09-Mar-2024 13:12

Physician: SELF
Date of Exam: 09-Mar-2024
Date of Report: 09-Mar-2024 14:10

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. Ranjeet Shinde
Ref by : HEALTH CHECKUP

Age : 51YRS / M
Date : 09/03/2024

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



Name	Mr Ranjeet Bhagirath Shinde	Age	50 Years
Patient ID	DD/93/2023-2024/1508	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

The liver appears normal in size, shape and echotexture. A 1.4x1.3cm simple cyst is noted in the segment VII of the right lobe of liver. 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 9.8x4.3cms and **the left kidney** measures 11x4.8cms. 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:

**A 1.4x1.3cm simple cyst in the segment VII of the right lobe of liver.
No other significant abnormality is seen.**


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

Apollo Clinic

CONSENT FORM

Patient Name: Ranjeet Shinde Age: 51 M

UHID Number: Company Name: Arcofem

Mr/Mrs/Ms Ranjeet Shinde 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.

Dental + ENT

Doctor not available

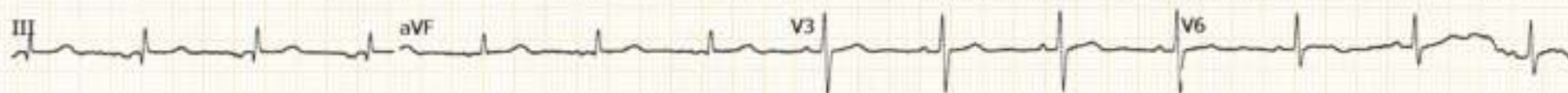
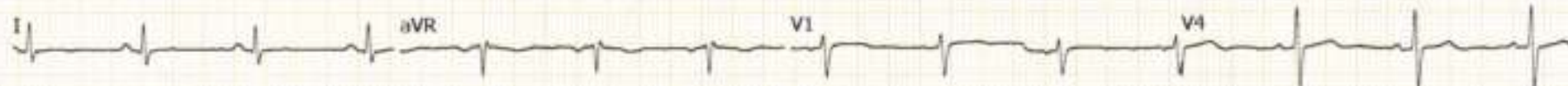
Patient Signature: [Signature]

Date: 09/03/24

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	76 ms	Normal sinus rhythm
QT / QTcBaz :	346 / 401 ms	Normal ECG
PR :	124 ms	
P :	88 ms	
RR / PP :	740 / 740 ms	
P / QRS / T :	0 / 59 / 71 degrees	



Appointment Id	Corporate Name	Name	Email Id	Mobile	Agreement	Action
50003	ARCOFEMI HEALTHCARE LIMITED	MR. SHINDE RAJJEET BIHAGRATH	custo@medicare@mediwheel.in	8291730663	ARCOFEMI MEDIWHEEL MALE AHC-1	<input type="radio"/> <input checked="" type="radio"/>
90000	ARCOFEMI HEALTHCARE LIMITED	MR. SHINDE RAJJEET	shinderanjeet1@yahoo.co.in	8291730663	ARCOFEMI MEDIWHEEL MALE AHC-1	<input type="radio"/> <input checked="" type="radio"/>
89932	ARCOFEMI HEALTHCARE LIMITED	VARSHA RAJJEET SHINDE	shinderanjeet1@yahoo.co.in	8291730663	ARCOFEMI MEDIWHEEL FEMALE AHC-1	<input type="radio"/> <input checked="" type="radio"/>
84523	ARCOFEMI HEALTHCARE LIMITED	Poonam Devi	uttam231983@gmail.com	8855944115	ARCOFEMI MEDIWHEEL FEMALE AHC-1	<input type="radio"/> <input checked="" type="radio"/>
84490	ARCOFEMI HEALTHCARE LIMITED	MR. KUMAR UTTAM	uttam231983@gmail.com	8855944115	ARCOFEMI MEDIWHEEL MALE AHC-1	<input type="radio"/> <input checked="" type="radio"/>



Patient Name : Mr.RANJEET BHAGIRATH SHINDE	Collected : 09/Mar/2024 08:53AM
Age/Gender : 51 Y 1 M 26 D/M	Received : 09/Mar/2024 12:14PM
UHID/MR No : SPUN.0000046710	Reported : 09/Mar/2024 12:34PM
Visit ID : SPUNOPV61921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 46284	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	42.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.4	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,220	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.6	%	40-80	Electrical Impedance
LYMPHOCYTES	37.9	%	20-40	Electrical Impedance
EOSINOPHILS	0.9	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2745.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1978.38	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	46.98	Cells/cu.mm	20-500	Calculated
MONOCYTES	433.26	Cells/cu.mm	200-1000	Calculated
BASOPHILS	15.66	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.39		0.78- 3.53	Calculated
PLATELET COUNT	231000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:BED240062540

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. Saras Play Ground, Sadashiv Peth,
 Pune, Maharashtra

Patient Name : Mr.RANJEET BHAGIRATH SHINDE
Age/Gender : 51 Y 1 M 26 D/M
UHID/MR No : SPUN.0000046710
Visit ID : SPUNOPV61921
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 46284

Collected : 09/Mar/2024 08:53AM
Received : 09/Mar/2024 12:14PM
Reported : 09/Mar/2024 12:34PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240062540

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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Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra



Patient Name : Mr.RANJEET BHAGIRATH SHINDE	Collected : 09/Mar/2024 08:53AM
Age/Gender : 51 Y 1 M 26 D/M	Received : 09/Mar/2024 12:14PM
UHID/MR No : SPUN.0000046710	Reported : 09/Mar/2024 01:47PM
Visit ID : SPUNOPV61921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 46284	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



SIN No: BED240062540

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

Patient Name : Mr.RANJEET BHAGIRATH SHINDE
 Age/Gender : 51 Y 1 M 26 D/M
 UHID/MR No : SPUN.0000046710
 Visit ID : SPUNOPV61921
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 46284

Collected : 09/Mar/2024 08:53AM
 Received : 09/Mar/2024 12:18PM
 Reported : 09/Mar/2024 12:47PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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.



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLF02120753

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

Apollo Speciality Hospitals Private Limited
 (Formerly known as a Nova Speciality Hospitals Private Limited)
 CIN- U85100TG2009PTC099414
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 Pune, Maharashtra



Patient Name : Mr.RANJEET BHAGIRATH SHINDE
 Age/Gender : 51 Y 1 M 26 D/M
 UHID/MR No : SPUN.0000046710
 Visit ID : SPUNOPV61921
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 46284

Collected : 09/Mar/2024 12:55PM
 Received : 09/Mar/2024 01:35PM
 Reported : 09/Mar/2024 02:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	HEXOKINASE

Comment:

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



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



SIN No: PLP1429289

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

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. Saras Play Ground, Sadashiv Peth,
 Pune, Maharashtra

Patient Name : Mr.RANJEET BHAGIRATH SHINDE
 Age/Gender : 51 Y 1 M 26 D/M
 UHID/MR No : SPUN.0000046710
 Visit ID : SPUNOPV61921
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 46284

Collected : 09/Mar/2024 08:53AM
 Received : 09/Mar/2024 12:14PM
 Reported : 09/Mar/2024 12:57PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:EDT240028372

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

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 Pune, Maharashtra

Patient Name : Mr.RANJEET BHAGIRATH SHINDE	Collected : 09/Mar/2024 08:53AM
Age/Gender : 51 Y 1 M 26 D/M	Received : 09/Mar/2024 12:12PM
UHID/MR No : SPUN.0000046710	Reported : 09/Mar/2024 02:23PM
Visit ID : SPUNOPV61921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 46284	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	214	mg/dL	<200	CHO-POD
TRIGLYCERIDES	116	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	171	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.26	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.01		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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



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



SIN No:SE04655097

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

Apollo Speciality Hospitals Private Limited
(Formerly known as Apollo Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

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

Patient Name : Mr.RANJEET BHAGIRATH SHINDE	Collected : 09/Mar/2024 08:53AM
Age/Gender : 51 Y 1 M 26 D/M	Received : 09/Mar/2024 12:12PM
UHID/MR No : SPUN.0000046710	Reported : 09/Mar/2024 02:23PM
Visit ID : SPUNOPV61921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 46284	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.89	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.74	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.96	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	39.30	U/L	30-120	IFCC
PROTEIN, TOTAL	6.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.09	g/dL	2.0-3.5	Calculated
A/G RATIO	2.13		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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



SIN No:SE04655097

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Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.62	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.22	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.09	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.48	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.74	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106.06	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.09	g/dL	2.0-3.5	Calculated
A/G RATIO	2.13		0.9-2.0	Calculated



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Patient Name : Mr.RANJEET BHAGIRATH SHINDE	Collected : 09/Mar/2024 08:53AM
Age/Gender : 51 Y 1 M 26 D/M	Received : 09/Mar/2024 12:12PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.94	U/L	<55	IFCC



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Patient Name : Mr.RANJEET BHAGIRATH SHINDE	Collected : 09/Mar/2024 08:53AM
Age/Gender : 51 Y 1 M 26 D/M	Received : 09/Mar/2024 12:12PM
UHID/MR No : SPUN.0000046710	Reported : 09/Mar/2024 01:26PM
Visit ID : SPUNOPV61921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 46284	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.32	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.62	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.125	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:SPL24041444

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 Visit ID : SPUNOPV61921
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Collected : 09/Mar/2024 08:53AM
 Received : 09/Mar/2024 12:10PM
 Reported : 09/Mar/2024 12:44PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	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



Dr Sneha Shah
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 Consultant Pathologist



SIN No:UR2300811

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

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Collected : 09/Mar/2024 08:53AM
 Received : 09/Mar/2024 04:25PM
 Reported : 09/Mar/2024 05:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

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



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:UPP016937

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

Patient Name : Mr.RANJEET BHAGIRATH SHINDE
 Age/Gender : 51 Y 1 M 26 D/M
 UHID/MR No : SPUN.0000046710
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Collected : 09/Mar/2024 08:53AM
 Received : 09/Mar/2024 12:10PM
 Reported : 09/Mar/2024 12:43PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

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

*** End Of Report ***



DR. Sanjay Ingle
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 Consultant Pathologist



SIN No: UF011015

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