

**Mediwheel**  
...Your wellness partner

**Arcofemi Healthcare Pvt Ltd**

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: wellness@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

**MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Nihal Kothari** aged, **24yr.** Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: **Mumbai**

Date: 24/08/2024

*Handwritten signature and stamp*  
Nihal Kothari  
FROM 27/08/23

Name & Signature of

Medical officer

Patient Name : Mr.NIHAL NIKHIL KOTHARI  
Age/Gender : 22 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064943  
Visit ID : STAROPV72644  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9920144559

Collected : 24/Aug/2024 08:40AM  
Received : 24/Aug/2024 11:12AM  
Reported : 24/Aug/2024 01:08PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

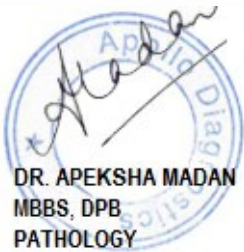
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically



Patient Name : Mr.NIHAL NIKHIL KOTHARI  
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**DEPARTMENT OF HAEMATOLOGY**

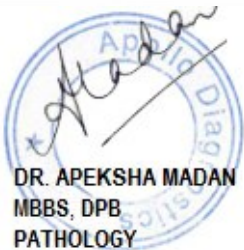
**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.5	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	48.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.64</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.8	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>11.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,560	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3542.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2230.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	131.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	656	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.59		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	218000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 9

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:BED240217303

**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:**

156, Famous Cine Labs, Behind Everest Building,  
Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name : Mr.NIHAL NIKHIL KOTHARI  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

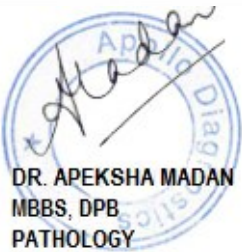
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**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

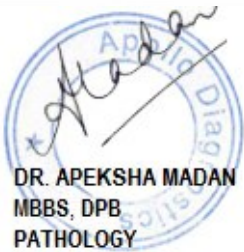


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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Collected : 24/Aug/2024 08:40AM  
Received : 24/Aug/2024 11:39AM  
Reported : 24/Aug/2024 12:28PM  
Status : Final Report  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	GOD - POD

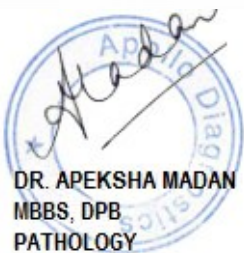
**Comment:**

**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.



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Collected : 24/Aug/2024 08:40AM  
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Reported : 24/Aug/2024 05:32PM  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>68</b>	mg/dL	70-140	GOD - POD

Kindly correlate clinically.

**Comment:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM</b>	<b>43</b>	U/L	4-44	JSCC

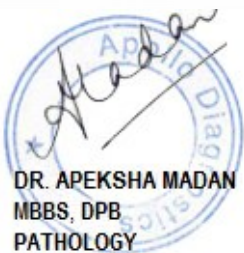
**Comment:**

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.  
ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.  
The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BILIRUBIN, TOTAL , SERUM</b>	<b>0.60</b>	mg/dL	0.1-1.2	Azobilirubin

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN/CREATININE RATIO , SERUM</b>				
BLOOD UREA NITROGEN	10.7	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD

Page 6 of 9



**DR. APEKSHA MADAN**  
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SIN No:SE04814123

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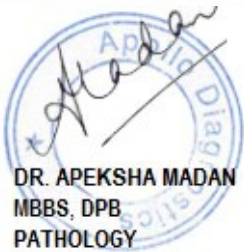
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

BUN / CREATININE RATIO	12.89		Calculated
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Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD



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Age/Gender : 22 Y 6 M 0 D/M	Received : 24/Aug/2024 01:33PM
UHID/MR No : STAR.0000064943	Reported : 24/Aug/2024 03:44PM
Visit ID : STAROPV72644	Status : Final Report
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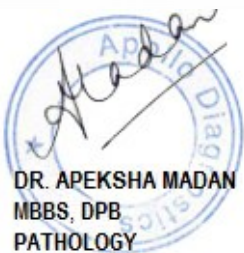
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Refractometric
<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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.  
Microscopy findings are reported as an average of 10 high power fields.



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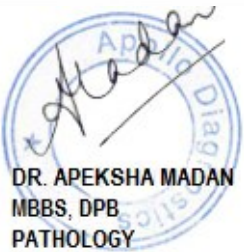
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

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

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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

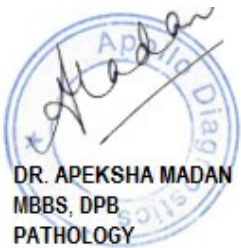
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



SIN No:UR2406966

## Customer Care

---

**From:** noreply@apolloclinics.info  
**Sent:** 23 August 2024 11:17  
**To:** network@mediwheel.in  
**Cc:** cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com  
**Subject:** Your appointment is confirmed



**Dear Nihal Kothari,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-08-27** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

### **Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

#### **For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: FAMOUS CINE LABS,156, PT.M.M.MALVIYA RAOD,TARDEO,MUMBAI,400034 .**

**Contact No: 022 - 4332 4500.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic

**THE UNION OF INDIA**  
**MAHARASHTRA STATE MOTOR DRIVING LICENCE**

DL No : MH01 20190054635      DOI : 31-12-2019  
Valid Till : 19-10-2041 (NT)

DLD 07-12-2022  
AUTHORISATION TO DRIVE FOLLOWING CLASS  
OF VEHICLES THROUGHOUT INDIA  
COV      DOI  
LMV      31-12-2019

FORM 7  
RULE 16 (2)

DOB : 20-10-2001      BG :

Name : NIHAL KOTHARI  
S/DW of : NIKHIL KOTHARI  
Add : 122 SUMMER VILLE BHULABHAI DESAI ROAD  
OPP CADBURY HOUSE CUMBALLA HILL  
Mumbai, MH  
PIN : 400026

Signature & ID Of Issuing Authority : MH01

Signature/Thumb Impression of Holder





**OUT- PATIENT RECORD**

Date : 24/8/2024  
 MRNO : 64943  
 Name : MR. Nikal /cathari  
 Age/Gender : 22y 1 Male  
 Mobile No :  
 Passport No :  
 Aadhar number :

Pulse : 60/min	B.P : 120/80	Resp : 18/min	Temp : (N)
Weight : 69.8	Height : 164	BMI : 26.0	Waist Circum : 82cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

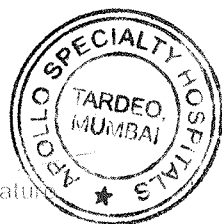
MEINS - 0

Unmarried, Vegetarian  
 Sleep: (N) No Allergy.  
 No addiction  
 FH: Nil.  
 Normal Reports

Follow up date:

Dr. [Signature] /AJA  
 M.D. (WUM)  
 Gastroenterologist

Doctor Signature



Patient Name : Mr.NIHAL NIKHIL KOTHARI  
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PCV	48.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.64</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.8	fL	83-101	Calculated
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MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>11.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,560	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3542.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2230.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	131.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	656	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.59		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	218000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-15	Modified Westergren


**PERIPHERAL SMEAR**

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 9



  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240217303

Patient Name : Mr.NIHAL NIKHIL KOTHARI  
Age/Gender : 22 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064943  
Visit ID : STAROPV72644  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9920144559

Collected : 24/Aug/2024 08:40AM  
Received : 24/Aug/2024 11:12AM  
Reported : 24/Aug/2024 01:08PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240217303



Patient Name : Mr.NIHAL NIKHIL KOTHARI  
 Age/Gender : 22 Y 6 M 0 D/M  
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DEPARTMENT OF HAEMATOLOGY  
 ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



*Apeksha Madan*  
 DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY  
 SIN No:BED240217303

Patient Name : Mr.NIHAL NIKHIL KOTHARI  
 Age/Gender : 22 Y 6 M 0 D/M  
 UHID/MR No : STAR.0000064943  
 Visit ID : STAROPV72644  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9920144559

Collected : 24/Aug/2024 08:40AM  
 Received : 24/Aug/2024 11:39AM  
 Reported : 24/Aug/2024 12:28PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	GOD - POD

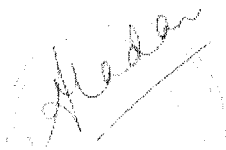
**Comment:**

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.

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:PLF02203472

Patient Name : Mr.NIHAL NIKHIL KOTHARI  
Age/Gender : 22 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064943  
Visit ID : STAROPV72644  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9920144559

Collected : 24/Aug/2024 08:40AM  
Received : 24/Aug/2024 11:57AM  
Reported : 24/Aug/2024 05:32PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	68	mg/dL	70-140	GOD - POD

Kindly correlate clinically.

**Comment:**

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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	43	U/L	4-44	JSCC

**Comment:**

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.60	mg/dL	0.1-1.2	Azobilirubin

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO , SERUM				
BLOOD UREA NITROGEN	10.7	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD

Page 6 of 9




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04814123



Patient Name : Mr.NIHAL NIKHIL KOTHARI  
 Age/Gender : 22 Y 6 M 0 D/M  
 UHID/MR No : STAR.0000064943  
 Visit ID : STAROPV72644  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9920144559

Collected : 24/Aug/2024 08:40AM  
 Received : 24/Aug/2024 11:57AM  
 Reported : 24/Aug/2024 05:32PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN / CREATININE RATIO	12.89			Calculated
CREATININE , SERUM	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD



*Madan*  
 DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04814123

Patient Name : Mr.NIHAL NIKHIL KOTHARI  
Age/Gender : 22 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064943  
Visit ID : STAROPV72644  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9920144559

Collected : 24/Aug/2024 08:40AM  
Received : 24/Aug/2024 01:33PM  
Reported : 24/Aug/2024 03:44PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Refractometric
<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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 8 of 9



*Apeksha Madan*  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2406966



TOUCHING LIVES

Patient Name : Mr.NIHAL NIKHIL KOTHARI  
Age/Gender : 22 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064943  
Visit ID : STAROPV72644  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9920144559

Collected : 24/Aug/2024 08:40AM  
Received : 24/Aug/2024 01:33PM  
Reported : 24/Aug/2024 03:44PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED




DEPARTMENT OF CLINICAL PATHOLOGY  
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

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

Page 9 of 9



  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2406966

Patient Name : Mr.NIHAL NIKHIL KOTHARI  
Age/Gender : 22 Y 6 M 0 D/M  
UHID/MR No : STAR.0000064943  
Visit ID : STAROPV72644  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9920144559

Collected : 24/Aug/2024 08:40AM  
Received : 24/Aug/2024 01:33PM  
Reported : 24/Aug/2024 03:44PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.  
Laboratories not be responsible for any interpretation whatsoever.  
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.  
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.  
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.  
This report is not valid for medico legal purposes.



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2406966



Patient Name	: Mr. NIHAL NIKHIL KOTHARI	Age	: 22 Y M
UHID	: STAR.0000064943	OP Visit No	: STAROPV72644
Reported on	: 24-08-2024 11:21	Printed on	: 24-08-2024 11:21
Adm/Consult Doctor	:	Ref Doctor	: SELF

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .


Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:24-08-2024 11:21

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

nihal Male

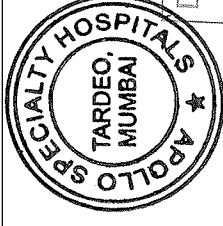
22Years

Rate: 60  
 • Sinus rhythm  
 • Anterior infarct, possibly acute  
 • Baseline wander in lead(s) III V2

PR 138  
 QRSD 93  
 QT 372  
 QTcB 371

--AXIS--  
 P 44  
 QRS 65  
 T 21

12 Leads; Standard Placement

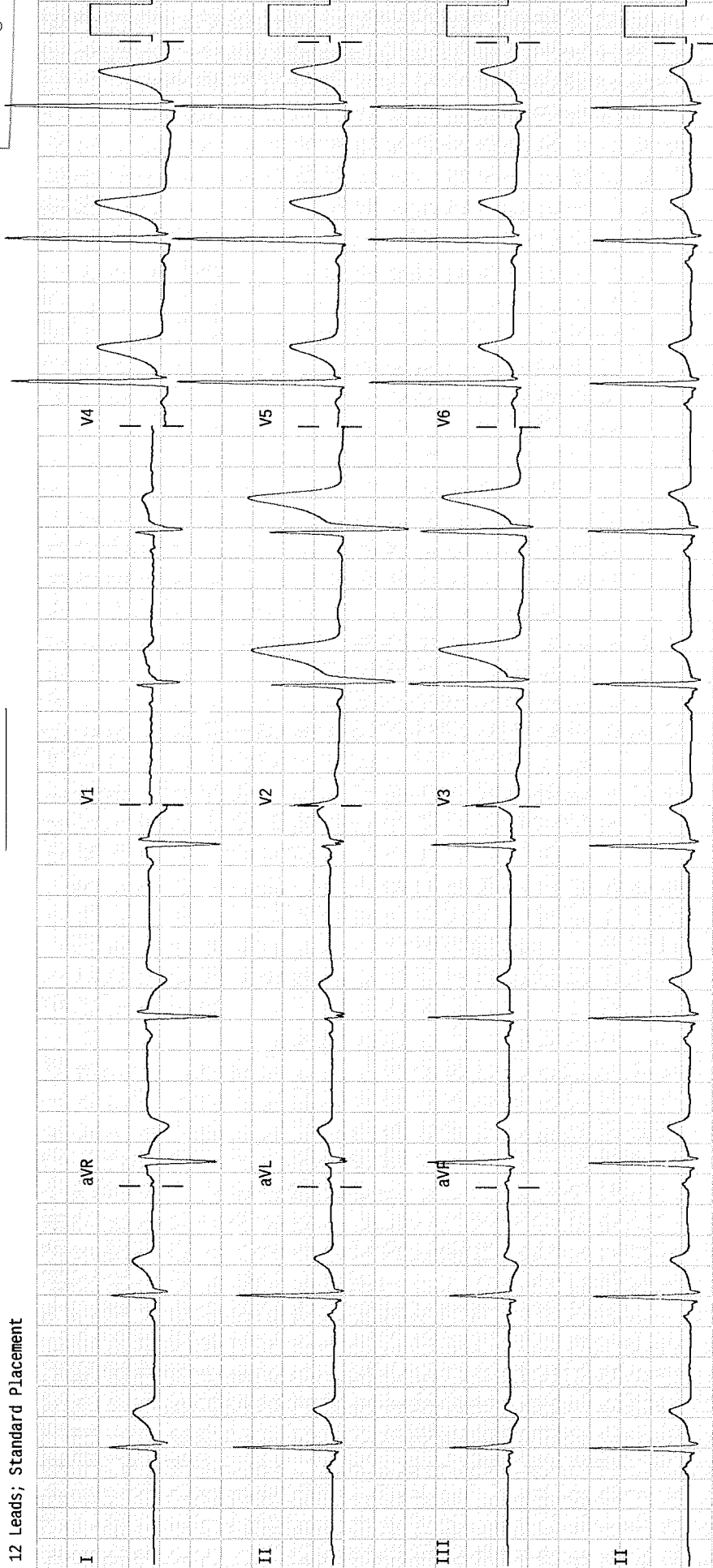


*Sinus Bradyecardia*



Dr. (Mrs.) CHHAYA P. VAJRA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg. No. 56942

>>> ACUTE MI <<<



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50- 0.50-40 HZ W

110C CL

P?



**EYE REPORT**

Name: Nihal Kothari

Date: 24/8/24

Age/Sex: 22/M

Ref No.:

Complaint: Uses CL's daily.  
W/o. recent URTI, few days ago  
recovered.

Papillae, mild. cong

**Examination**

- K. clear -

QID

- RTL @

Clear. lens.

**Spectacle Rx**

0.5:1  
FR+

		Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis	
Distance	<u>6/6</u>	<u>-2.75</u>	<u>—</u>		<u>6/6</u>	<u>-2.25</u>	<u>—</u>		
Read	<u>N6</u>				<u>N6</u>				

**Remarks:**

↓ C.L. time.

**Medications:**

Trade Name	Frequency	Duration
<u>Hyane eye drops</u>	<u>i - i - i</u>	

**Follow up:**



**Consultant:**

Dr. Nihar J. Bulchani (Mistry)  
M.D., D.O.M.S. (GOLD MEDALIST)  
Reg. No. 2012/10/2914  
Mob:- 9850 1850 73

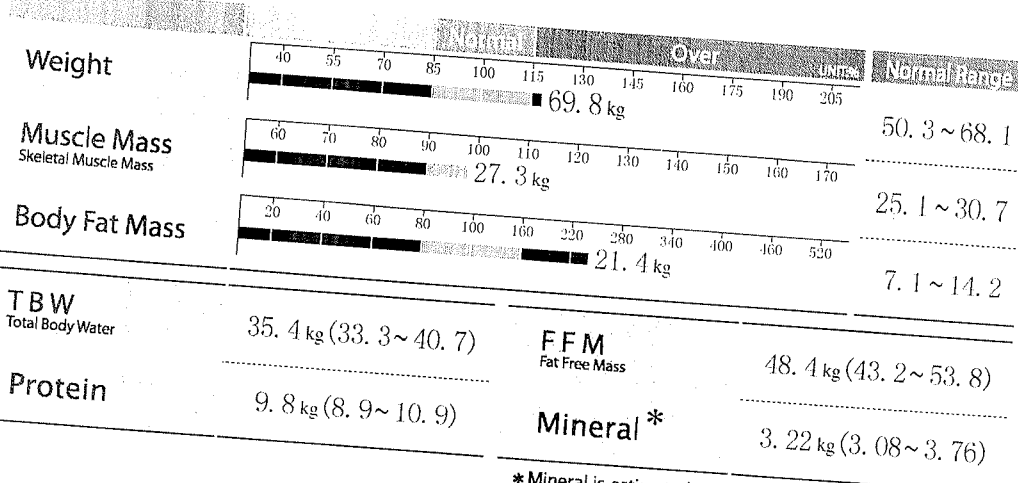
# InBody

ID 0 Nihal Icothari

Age 22 | Height 164cm | Date 24.8.2024  
 Gender Male | Time 09:14:53

APOLLO SPECTRA HOSPITAL

## Body Composition



Segmental Lean		Lean Mass Evaluation
Left	2.8 kg	2.8 kg Normal
Right	2.8 kg	2.8 kg Normal
Trunk		
Left	23.6 kg	Normal
Right	23.6 kg	Normal
Left	7.3 kg	Under
Right	7.4 kg	Normal

## Obesity Diagnosis

BMI (kg/m <sup>2</sup> )	26.0	Normal Range: 18.5 ~ 25.0
PBF (%)	30.7	Normal Range: 10.0 ~ 20.0
WHR	0.98	Normal Range: 0.80 ~ 0.90
BMR (kcal)	1415	Normal Range: 1523 ~ 1780

Nutritional Evaluation	
Protein	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive
Weight Management	
Weight	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
Obesity Diagnosis	
BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over <input type="checkbox"/> Extremely Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
WHR	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over

Segmental Fat		PBF Fat Mass Evaluation
Left	31.1%	30.4% Over
Right	1.3 kg	1.3 kg Over
Left	Over	
Right	Over	
Trunk		
Left	32.0%	11.7 kg Over
Right	11.7 kg	Over
Left	27.2%	27.1%
Right	2.9 kg	2.9 kg Over
Left	Over	Over
Right	Over	Over

## Muscle-Fat Control

Muscle Control + 1.9 kg | Fat Control - 12.5 kg | Fitness Score 66

Impedance					
Z	RA	LA	TR	RL	LL
20kHz	347.0	345.7	29.7	324.9	329.5
100kHz	302.6	305.9	24.4	279.8	283.2

\* Use your results as reference when consulting with your physician or fitness trainer.

## Exercise Planner Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 69.8 kg / Duration: 30min. / unit: kcal)											
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton
140	244	209	244	228	244	158	209	244	349	133	158
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	349	349	349	209	244	123
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats	development of upper body	abdominal muscle training	backache prevention	muscle strength	muscle strength	maintenance of lower body muscle

- How to do**
  - Choose practicable and preferable activities from the left.
  - Choose exercises that you are going to do for 7 days.
  - Calculate the total energy expenditure for a week.
  - Estimate expected total weight loss for a month using the formula shown below.
- Recommended calorie intake per day**

\*Calculation for expected total weight loss for 4 weeks:  $\frac{\text{Total energy expenditure (kcal/week)} \times 4 \text{ weeks}}{7700}$

1500 kcal

<b>Patient Name</b>	: Mr. NIHAL NIKHIL KOTHARI	<b>Age/Gender</b>	: 22 Y/M
<b>UHID/MR No.</b>	: STAR.0000064943	<b>OP Visit No</b>	: STAROPV72644
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-08-2024 11:21
<b>LRN#</b>	: RAD2407353	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9920144559		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. VINOD SHETTY**  
Radiology