

Patient Name : Mr.VISHAL VIDYADHAR KELASKAR  
Age/Gender : 31 Y 4 M 17 D/M  
UHID/MR No : CVIM.0000246336  
Visit ID : CVIMOPV636829  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E36870

Collected : 26/Oct/2024 09:28AM  
Received : 26/Oct/2024 01:46PM  
Reported : 26/Oct/2024 02:17PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:VIR241003196

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



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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.4	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.09	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.9	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,410	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	61.8	%	40-80	Electrical Impedance
LYMPHOCYTES	26.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5197.38	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2211.83	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	260.71	Cells/cu.mm	20-500	Calculated
MONOCYTES	714.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.23	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.35		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	213000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	5	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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



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



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**DEPARTMENT OF HAEMATOLOGY**

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



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Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 01:46PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 02:56PM
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

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Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 09:28AM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 01:05PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 02:07PM
Visit ID : CVIMOPV636829	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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	82	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.



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Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 12:01PM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 03:28PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 05:15PM
Visit ID : CVIMOPV636829	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	83	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.



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SIN No:VIR241003302

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Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 09:28AM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 01:49PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 03:56PM
Visit ID : CVIMOPV636829	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. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	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)

  
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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. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	192	mg/dL	<200	CHO-POD
TRIGLYCERIDES	96	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>149</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>129.77</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.12	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**

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

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



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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. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.10	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.88	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39.38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.2	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	71.14	U/L	30-120	IFCC
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Patten:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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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. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.82	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	23.59	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.03	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.33	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.02	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated



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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. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.99	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>16.75</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.291	µIU/mL	0.34-5.60	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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



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**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0 - 1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based 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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Age/Gender : 31 Y 4 M 17 D/M  
UHID/MR No : CVIM.0000246336  
Visit ID : CVIMOPV636829  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E36870

Collected : 26/Oct/2024 09:28AM  
Received : 26/Oct/2024 03:54PM  
Reported : 26/Oct/2024 04:26PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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



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

SIN No:VIR241003195

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



Patient Name : Mr.VISHAL VIDYADHAR KELASKAR  
 Age/Gender : 31 Y 4 M 17 D/M  
 UHID/MR No : CVIM.0000246336  
 Visit ID : CVIMOPV636829  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E36870

Collected : 26/Oct/2024 09:28AM  
 Received : 26/Oct/2024 03:31PM  
 Reported : 26/Oct/2024 03:57PM  
 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. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

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

SIN No:VIR241003191

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





Patient Name : Mr.VISHAL VIDYADHAR KELASKAR  
Age/Gender : 31 Y 4 M 17 D/M  
UHID/MR No : CVIM.0000246336  
Visit ID : CVIMOPV636829  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E36870

Collected : 26/Oct/2024 09:28AM  
Received : 26/Oct/2024 03:31PM  
Reported : 26/Oct/2024 03:57PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: VIR241003191

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



---

Patient Name	: Mr. VISHAL VIDYADHAR KELASKAR	Age	: 31Yrs 4Mths 18Days
UHID	: CVIM.0000246336	OP Visit No.	: CVIMOPV636829
Printed On	: 26-10-2024 06:22 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E36870		

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## DEPARTMENT OF RADIOLOGY

---

### ULTRASOUND ABDOMEN AND PELVIS

**Liver** appears normal in size and bright in echotexture. No focal lesion is seen. PV and CBD normal No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on right side. Left kidney upper and mid pole shows calcular concretions.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder mass detected.

**Prostate** is normal in size and echo texture. No evidence of necrosis/calcification seen.

**Bowel loops and Retroperitoneum** appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

**IMPRESSION:-**

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**Grade I fatty liver.**

**Left kidney upper and mid pole shows calcular concretions.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---



Dr. PREETI P KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology

Patient Name	: Mr. VISHAL VIDYADHAR KELASKAR	Age	: 31Yrs 4Mths 18Days
UHID	: CVIM.0000246336	OP Visit No.	: CVIMOPV636829
Printed On	: 26-10-2024 05:46 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E36870		

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

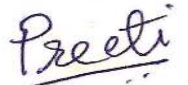
Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology



T-23

Name : Mr. VISHAL VIDYADHAR KELASKAR

Age : 31Y 4M 17D

UHID : CVIM.0000246336

Address : Soveli Ratnagiri Maharashtra INDIA 415203

sex : Male



CVIM.0000246336

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT  
PAN INDIA OP AGREEMENT

OP No: CVIMOPV636829

Bill No: CVIM-OCR-68294

Date: Oct 26th, 2024, 9:13 AM

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

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CR) esay

*(Handwritten initials)*  
TMS

**Apollo Health and Lifestyle Limited**

(CIN - U05110TG2000PLC115819)  
Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad 500038, Telangana.  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Rashtreeya) | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Anna Nagar | Kotturpuram | T Nagar | Velasaraivakkam) | Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowle | Kharadi) | Uttar Pradesh: Ghaziabad (Indrapuram)

Online appointments: www.apollohl.com

GSTIN: 27AADCA0733E1Z7

Address: Shop No 1, Ground, Nyati Millennium Premises, Survey no 209, Hissa 2, Viramnagar, Maharashtra

1860 500 7788

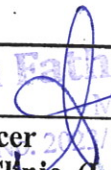
## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Vishal Kelaskar on 26/10/24

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>	✓
<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. <u>Chilbaltz, Getynoid hypertension</u></p> <p>2. ....</p> <p>3. ....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

  
**Dr. Alla Fatima**  
 M.B.B.S.  
 Medical Officer  
 Registration No. 250/11/9050  
 The Apollo Clinic, (Location)

*This certificate is not meant for medico-legal purposes*

Date : 10/26/2024 Department : General Practice  
 Patient Name : Mr. VISHAL VIDYADHAR Doctor : Dr. ALIA FATHIMA  
 KELASKAR  
 UHID : CVIM.0000246336 Registration No. : 9050  
 Age / Gender : 31 Yrs 4Mths 17Days / Male Qualification : MBBS  
 Consultation Timing : 9:16 AM

Height : 171 cm	Weight : 68.5	BMI : 22	Waist Circum : 90
Temp : 97.7	Pulse : 74	Resp : 18	B.P : 110/70

General Examination / Allergies  
History

PIE : conscious  
oriented

RS

CVS

P/a

CNS

NAD

Clinical Diagnosis & Management Plan

NO C/O at present

Pst h/o : nil

Sx h/o : nil

Fam h/o : nil

no addl. other

no allergies

Diet : non  
veg

**Dr. Alia Fathima**  
M.B.B.S.  
Registration No. 2023/1/9050

Follow up date:

Doctor Signature

EYE EXAMINATION

DATE:- 26/10/20

NAME:- Nabeel Azeem Khan

AGE:-

CORPORATE:- Arifan

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Nabeel Khan

Impression – Normal Eye Check Up.



(Ophthalmology)



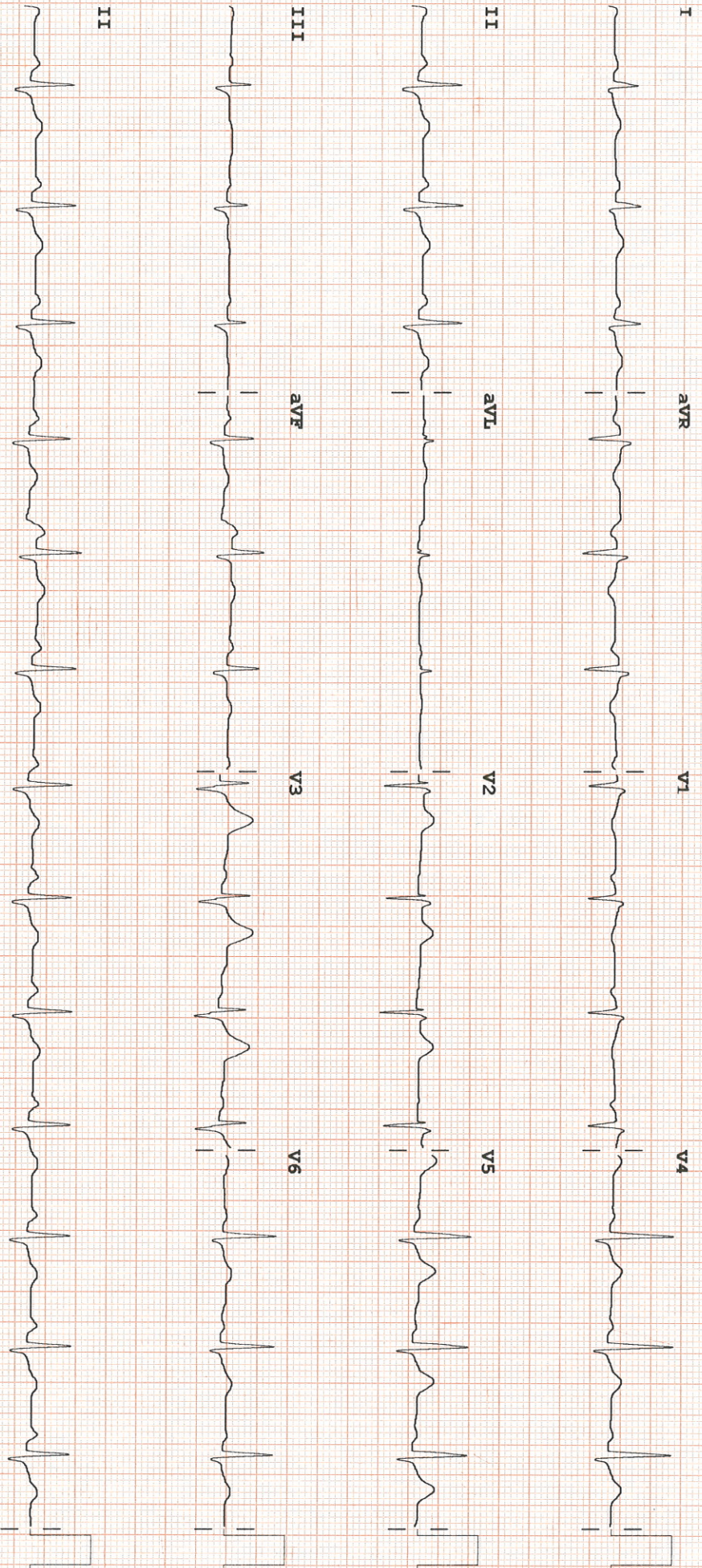
31 Years

Male

Rate 80 . Sinus rhythm . . . . . Normal P axis, V-rate 50-99  
 . Probable left atrial enlargement . . . . . P >50ms, <-0.10mV V1  
 PR 165 . RSR' in V1 or V2, right VCD or RVH . . . . . QRS area positive & R' V1/V2  
 QRSd 90 . ST elev, probable normal early repol pattern . . . . . ST elevation, age<55  
 QT 366  
 QTc 423

--AXIS--  
 P 52  
 QRS 34  
 T 37  
 12 Lead, Standard Placement

- BORDERLINE ECG -  
 Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50- 40 Hz W PH100B CL P?

PHILIPS

REORDER M3708A



Patient Name : Mr.VISHAL VIDYADHAR KELASKAR  
Age/Gender : 31 Y 4 M 17 D/M  
UHID/MR No : CVIM.0000246336  
Visit ID : CVIMOPV636829  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E36870

Collected : 26/Oct/2024 09:28AM  
Received : 26/Oct/2024 01:46PM  
Reported : 26/Oct/2024 02:17PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:VIR241003196

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











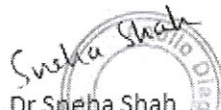
Certificate No: MC-5697

Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 09:28AM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 01:46PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 02:56PM
Visit ID : CVIMOPV636829	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36870	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

*Sheha Shah*  
  
 Dr Sheha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:VIR241003196

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



Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 09:28AM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 01:05PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 02:07PM
Visit ID : CVIMOPV636829	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36870	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	HEXOKINASE

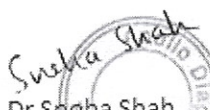
**Comment:**

**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: VIR241003194

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



Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 12:01PM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 03:28PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 05:15PM
Visit ID : CVIMOPV636829	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36870	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	83	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:VIR241003302

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







Certificate No: MC-5697

Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 09:28AM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 01:49PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 03:56PM
Visit ID : CVIMOPV636829	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36870	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	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)



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

SIN No:VIR241003193

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



Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 09:28AM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 01:08PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 02:16PM
Visit ID : CVIMOPV636829	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36870	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	192	mg/dL	<200	CHO-POD
TRIGLYCERIDES	96	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>149</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>129.77</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.12	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**

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

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



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

SIN No: VIR241003192

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



Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 09:28AM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 01:08PM
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Emp/Auth/TPA ID : 22E36870	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.10	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.88	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39.38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.2	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	71.14	U/L	30-120	IFCC
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

SIN No:VIR241003192

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







Certificate No: MC-5697

Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 09:28AM
Age/Gender : 31 Y 4 M 17 D/M	Received : 26/Oct/2024 01:08PM
UHID/MR No : CVIM.0000246336	Reported : 26/Oct/2024 02:16PM
Visit ID : CVIMOPV636829	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36870	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.82	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	23.59	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.03	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.33	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.02	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

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

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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. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.99	U/L	<55	IFCC

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DR.Sanjay Ingle  
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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Hyati Millenium Premises, Cooperative Society  
Limited, Shop No.S1 & Stilt Floor, Building "C",  
Viman Nagar, Pune, Maharashtra, India - 411014



**1860 500 7788**

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Patient Name : Mr.VISHAL VIDYADHAR KELASKAR	Collected : 26/Oct/2024 09:28AM
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>16.75</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.291	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



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

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Certificate No: MC-5697

Patient Name	: Mr.VISHAL VIDYADHAR KELASKAR	Collected	: 26/Oct/2024 09:28AM
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UHID/MR No	: CVIM.0000246336	Reported	: 26/Oct/2024 02:17PM
Visit ID	: CVIMOPV636829	Status	: Final Report
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**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.Sanjay Ingle  
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Consultant Pathologist

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Patient Name	: Mr.VISHAL VIDYADHAR KELASKAR	Collected	: 26/Oct/2024 09:28AM
Age/Gender	: 31 Y 4 M 17 D/M	Received	: 26/Oct/2024 03:54PM
UHID/MR No	: CVIM.0000246336	Reported	: 26/Oct/2024 04:26PM
Visit ID	: CVIMOPV636829	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E36870		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0 - 1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based 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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DR. Sanjay Ingle  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: VIR241003195

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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



DR.Sanjay Ingle  
M.B.B.S.,M.D(Pathology)  
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SIN No:VIR241003195

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Patient Name	: Mr.VISHAL VIDYADHAR KELASKAR	Collected	: 26/Oct/2024 09:28AM
Age/Gender	: 31 Y 4 M 17 D/M	Received	: 26/Oct/2024 03:31PM
UHID/MR No	: CVIM.0000246336	Reported	: 26/Oct/2024 03:57PM
Visit ID	: CVIMOPV636829	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E36870		

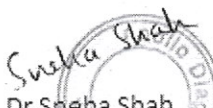
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

*Sneha Shah*  
  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No: VIR241003191


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



Patient Name	: Mr.VISHAL VIDYADHAR KELASKAR	Collected	: 26/Oct/2024 09:28AM
Age/Gender	: 31 Y 4 M 17 D/M	Received	: 26/Oct/2024 03:31PM
UHID/MR No	: CVIM.0000246336	Reported	: 26/Oct/2024 03:57PM
Visit ID	: CVIMOPV636829	Status	: Final Report
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## TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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

SIN No: VIR241003191

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





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Patient Name	: Mr. VISHAL VIDYADHAR KELASKAR	Age	: 31Yrs 4Mths 18Days
UHID	: CVIM.0000246336	OP Visit No.	: CVIMOPV636829
Printed On	: 26-10-2024 06:22 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E36870		

---

**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND ABDOMEN AND PELVIS**

**Liver** appears normal in size and bright in echotexture. No focal lesion is seen.  
PV and CBD normal No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal.  
No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification.  
No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and  
CM differentiation are maintained. No calculus / hydronephrosis seen on right side.  
Left kidney upper and mid pole shows calcular concretions.

**Urinary Bladder** is well distended and appears normal. No evidence of any  
wall thickening or abnormality. No evidence of any intrinsic or extrinsic  
bladder mass detected.

**Prostate** is normal in size and echo texture. No evidence of necrosis/calcification seen.

**Bowel loops and Retroperitoneum** appear normal. Aorta and IVC appear normal.  
No abnormal lymphadenopathy noted.

**IMPRESSION:-**

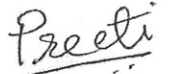
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Grade I fatty liver.

Left kidney upper and mid pole shows calcular concretions.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---



Dr. PREETI P KATHE

DMRE, MD, DNB

2003/04/1886

Radiology

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Patient Name	: Mr. VISHAL VIDYADHAR KELASKAR	Age	: 31Yrs 4Mths 18Days
UHID	: CVIM.0000246336	OP Visit No.	: CVIMOPV636829
Printed On	: 26-10-2024 05:46 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E36870		

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**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

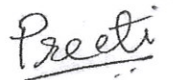
Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology

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## 2D ECHO/COLOUR DOPPLER

<b>NAME</b>	VISHAL KELASKAR
<b>AGE &amp; SEX</b>	31 /MALE
<b>DATE</b>	26/10/2024
<b>REF:</b>	

AO-25mm; LA-30 mm; IVS- 10mm; LVIDd-39 mm; PW-09 mm; LVIDS: 26mm; LVEF-60%.

**MITRAL VALVE:** Normal leaflets.No MR

**AORTIC VALVE:** Normal leaflets.

**TRICUSPID VALVE:** Normal tricuspid leaflets. No tricuspid regurgitation.

**PULMONARY VALVE:** Normal leaflets. Normal gradients. No Pulmonary Regurgitation.

**LEFT VENTRICLE:** : Normal LV size & normal wall thickness.Uniform contractility.Normal LV Systolic Function,LVEF-60%.

**PERICARDIUM:** Normal


**RA & RV:** Normal .

**IVS & IAS:** Intact IAS. No flow seen across it.

### IMPRESSION:

NORMAL LV SYSTOLICFUNCTION..LVEF-60%.

NO PAH

  
DR. PRAMOD NARKHEDE

CONSULTANT INTERVENTIONAL CARDIOLOGIST

MBBS, DNB (MEDICINE). DNB (CARDIOLOGY),F.S.C.A.I, F,I,S,H.

MMC NO 2004/ 09 / 3195

### **Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

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