

Customer Pending Tests- Dental consultation will be done on 26/03/2024

Name : Mr. Nilesh Shyam Borate

Age: 41 Y

Sex: M

UHID:SPUN.0000046963



OP Number:SPUNOPV62356

Bill No :SPUN-OCR-10555

Date : 23.03.2024 10:41

Address : Wai

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATE SPECIFIC ANTIGEN (PSA TOTAL)	
2	2D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE , FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL) 1.40pm	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE /RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE , POST PRANDIAL (PP), 2 HOURS (POST MEAL) 1.40pm	
15	URINE GLUCOSE (FASTING)	
16	HbA1c , GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN *	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Nitesh Borate on 23/03/2024

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 MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Specialty Hospital

Date : 23/03/24
MRNO :
Name : Nilesh Borate
Age/Gender :
Mobile No : 411m

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

502-994

Pulse: 71/min	B.P: 133/78	Resp: 18/m	Temp: 98.2
Weight: 87kg	Height: 169cm	BMI: 30.4	Waist Circum: -

General Examination / Allergies History

Clinical Diagnosis & Management Plan

1/10 Icomi - slp p/c a 20M
→ T. Rowday Gold A 20 OD
T. Mat 25 OD
Et: uc/.

Adv

→ TMT Test

found fit to join duty

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Spectra Hospital
Doctor's Signature

Date : 28/3/24
MRNO : 46963
Name :
Age/Gender : Nilesh Borate
Mobile No : 417 1M

Department : ENT
Consultant :
Reg. No : Dr. Mehta.
Qualification :
Consultation Timing :

Pulse :	B.P :	Resp :	Temp :
Weight : 5	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT - NAB

fm

Dr. Shiv Mehta
MBBS, MS (ENT), Head & Neck Surgeon
Reg. No. 2010030364 (MMC)
Mob.: 9890250205

Follow up date:

Doctor Signature

Patient Name	Mr NILESH SHYAM BORATE	Collected	23/Mar/2024 10:52AM
Age/Gender	41 Y 7 M 28 D/M	Received	23/Mar/2024 12:27PM
UHID/MR No	SPUN.0000046963	Reported	23/Mar/2024 01:40PM
Visit ID	SPUNOPV62356	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	158755		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.1	g/dL	13-17	Spectrophotometer
PCV	38.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	72.7	fL	83-101	Calculated
MCH	24.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	17	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,690	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46.7	%	40-80	Electrical Impedance
LYMPHOCYTES	37.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.4	%	1-6	Electrical Impedance
MONOCYTES	9.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2190.23	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1777.51	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	253.26	Cells/cu.mm	20-500	Calculated
MONOCYTES	440.86	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.14	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.23		0.78- 3.53	Calculated
PLATELET COUNT	205000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

Page 1 of 15




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

SIN No: BED240080322

This test has been performed at Apollo Health and Lifestyle Ltd - Godshiv Path Pans, Diagnostics Lab

Patient Name	: Mr. NILESH SHYAM BORATE	Collected	: 23/Mar/2024 10:52AM
Age/Gender	: 41 Y 7 M 28 D/M	Received	: 23/Mar/2024 12:27PM
UHID/MR No	: SPUN.0000046963	Reported	: 23/Mar/2024 01:40PM
Visit ID	: SPUNOPV62356	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158755		

DEPARTMENT OF HAEMATOLOGY

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



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

STN No: BED240089322

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



Patient Name	: Mr.NILESH SHYAM BORATE	Collected	: 23/Mar/2024 10:52AM
Age/Gender	: 41 Y 7 M 28 D/M	Received	: 23/Mar/2024 12:27PM
UHID/MR No	: SPUN.0000046963	Reported	: 23/Mar/2024 05:00PM
Visit ID	: SPUNOPV62356	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158755		

DEPARTMENT OF HAEMATOLOGY

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

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

Result is rechecked. Kindly correlate clinically



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: BED240080322

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

Patient Name : Mr NILESH SHYAM BORATE
 Age/Gender : 41 Y 7 M 28 D/M
 UHID/MR No : SPUN.0000046963
 Visit ID : SPUNOPV62356
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 158755

Collected : 23/Mar/2024 10:52AM
 Received : 23/Mar/2024 12:45PM
 Reported : 23/Mar/2024 01:11PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

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



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

SIN No:PLP02132246

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



Patient Name	: Mr NILESH SHYAM BORATE	Collected	: 23/Mar/2024 02:04PM
Age/Gender	: 41 Y 7 M 28 D/M	Received	: 23/Mar/2024 02:39PM
UHID/MR No	: SPUN.0000046963	Reported	: 23/Mar/2024 04:45PM
Visit ID	: SPUNOPV62356	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158755		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	109	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: PLP1436600

This test has been performed at Apollo Health and Lifestyle Ltd - Sreeshiv Perip Pinnu, Diagnostics Lab



Patient Name	Mr NILESH SHYAM BORATE	Collected	23/Mar/2024 10:52AM
Age/Gender	41 Y 7 M 28 D/M	Received	23/Mar/2024 12:27PM
UHID/MR No	SPUN 0000046963	Reported	23/Mar/2024 03:30PM
Visit ID	SPUNOPV62356	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	158755		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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: EDT240036923

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

Patient Name	: Mr.NILESH SHYAM BORATE	Collected	: 23/Mar/2024 10:52AM
Age/Gender	: 41 Y 7 M 28 D/M	Received	: 23/Mar/2024 12:43PM
UHID/MR No	: SPUN.0000046963	Reported	: 23/Mar/2024 02:04PM
Visit ID	: SPUNOPV62356	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158755		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	134	mg/dL	<200	CHO-POD
TRIGLYCERIDES	63	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	86	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.64	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.81		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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 7 of 15



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

SIN No. SE04673457

This test has been performed at Apollo Health and Lifestyle - Med - Godavari Pech Pusa, Diagnostics Lab



Patient Name	: Mr.NILESH SHYAM BORATE	Collected	: 23/Mar/2024 10:52AM
Age/Gender	: 41 Y 7 M 28 D/M	Received	: 23/Mar/2024 12:43PM
UHID/MR No	: SPUN 0000046963	Reported	: 23/Mar/2024 02:04PM
Visit ID	: SPUNOPV82356	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158755		

DEPARTMENT OF BIOCHEMISTRY

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

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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

SIN No:SE04673457

This test has been performed at Apollo Health and Lifestyle Ltd., Solachiv Posh Pune, Diagnostics Lab.



Patient Name	: Mr.NILESH SHYAM BORATE	Collected	: 23/Mar/2024 10:52AM
Age/Gender	: 41 Y 7 M 28 DM	Received	: 23/Mar/2024 12:43PM
UHID/MR No	: SPUN 0000046963	Reported	: 23/Mar/2024 02:04PM
Visit ID	: SPUNOPV62366	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 156755		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.71	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.46	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	67.5	U/L	<50	IFCC
ALKALINE PHOSPHATASE	85.31	U/L	30-120	IFCC
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		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: SE04673457

This test has been performed at Apollo Health and Lifestyle Ltd - Soin Shiv Puri Pune, Diagnostics Lab



Patient Name : Mr.NILESH SHYAM BORATE
 Age/Gender : 41 Y 7 M 28 D/M
 UHID/MR No : SPUN.0000046963
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 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 158755

Collected : 23/Mar/2024 10:52AM
 Received : 23/Mar/2024 12:43PM
 Reported : 23/Mar/2024 02:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.06	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.86	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.49	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.79	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		0.9-2.0	Calculated



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

SIN No:SE04673457

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



Patient Name	Mr.NILESH SHYAM BORATE	Collected	23/Mar/2024 10:52AM
Age/Gender	41 Y 7 M 28 D/M	Received	23/Mar/2024 12:43PM
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Visit ID	: SPUNOPV62356	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158755		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT), SERUM	17.84	U/L	<55	IFCC



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

SIN No:SE04673457

This test has been performed at Apollo Health and Lifestyle Ltd, Sadashiv Bath Dune, Diagnostics Lab



Patient Name	Mr.NILESH SHYAM BORATE	Collected	23/Mar/2024 10:52AM
Age/Gender	41 Y 7 M 28 D/M	Received	23/Mar/2024 12:43PM
UHID/MR No	SPUN 0000046963	Reported	23/Mar/2024 01:49PM
Visit ID	SPUNOPV62356	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	158755		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.003	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No.SPL24051974

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



Patient Name	: Mr NILESH SHYAM BORATE	Collected	: 23/Mar/2024 10:52AM
Age/Gender	: 41 Y 7 M 28 D/M	Received	: 23/Mar/2024 12:43PM
UHID/MR No	: SPUN 0000046963	Reported	: 23/Mar/2024 01:35PM
Visit ID	: SPUNOPV82356	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158755		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , <i>SERUM</i>	0.400	ng/mL	0-4	CLIA



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

SIN No: SPL24053974

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



Patient Name : Mr.NILESH SHYAM BORATE
Age/Gender : 41 Y 7 M 28 D/M
UHID/MR No : SPUN 0000046963
Visit ID : SPUNOPV82356
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 158755

Collected : 23/Mar/2024 10:52AM
Received : 23/Mar/2024 12:36PM
Reported : 23/Mar/2024 12:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 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 14 of 15



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:UR2314641



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

Patient Name	: Mr.NILESH SHYAM BORATE	Collected	: 23/Mar/2024 10:52AM
Age/Gender	: 41 Y 7 M 28 D/M	Received	: 23/Mar/2024 12:38PM
UHID/MR No	: SPUN.0000046983	Reported	: 23/Mar/2024 01:01PM
Visit ID	: SPUNOPV62356	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158755		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mr. Nilesh Borate

Date: 23/02/24

Age / Sex: 41 Y / M

Ref No.:

Complaint: No complaints

Examination

No DM

No HTN

Spectacle Rx

Uncided Vision
 R 6/6 N8
 L 6/6 N8

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-0.25	—	—	6/6	-0.25	—	—
Add Read	+1.00	—	—	N6	+1.00	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R
 L

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 Yrs

Consultant:



Name	Mr Nilesh Sham Borate	Age	42 Years
Patient ID	DD/233/2023-2024/1609	Gender	MALE
Ref By	Dr. Apollo Spectra Hospital	Date	23/03/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture.

The spleen appears normal in size and echotexture.

The right kidney measures 10.4x4.2cms and **the left kidney** measures 9.9x4.0cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.


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

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

There is no free fluid or paraaortic lymphadenopathy seen.

IMPRESSION:

No significant abnormality is seen.


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

Gender: M
Image Count: 1
Arrival Time: 23-Mar-2024 11:56

MR No:
Location:
Physician:
Date of Exam:
Date of Report:

SPUN.000046963
Apollo Spectra Hospital Pune
(Swargate)
SELF
23-Mar-2024
23-Mar-2024 12:11

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.
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. Nilesh Shyam Borate
Ref by : HEALTH CHECKUP

Age : 41YRS / M
Date : 23/03/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 45 %

Normal LV size with Mild inferio posterior hypokinesia with EF 45%.
Type 1 diastolic dysfunction
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 :

**Mild inferio posterior hypokinesia with EF 45%.
Type 1 diastolic dysfunction
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS**



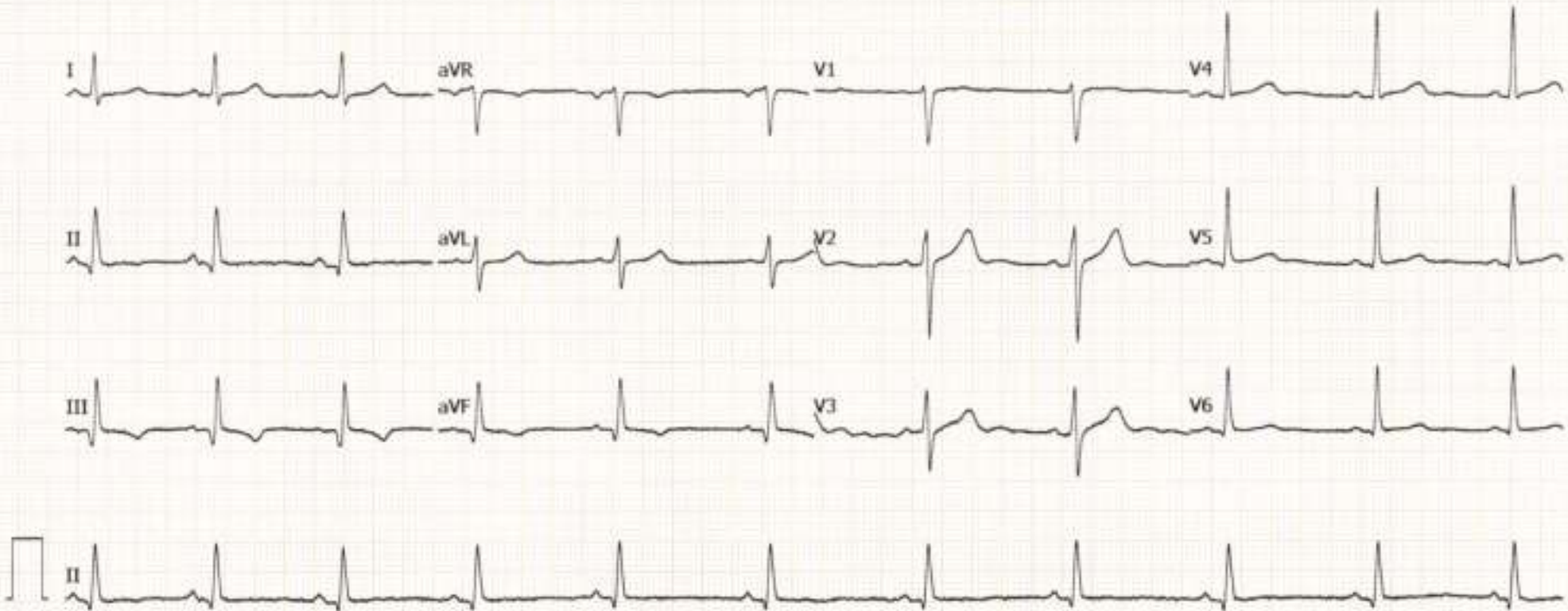
DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 96 ms
QT / QTcBaz : 422 / 431 ms
PR : 142 ms
P : 86 ms
RR / PP : 948 / 952 ms
P / QRS / T : 26 / 61 / -15 degrees

Normal sinus rhythm with sinus arrhythmia
Possible Inferior infarct , age undetermined
Abnormal ECG



Appointment id	Corporate Name	Name	Email id	Mobile	Agreem	Action
115966	ARCOFEMI HEALTHCARE LIMITED	Ajay Vijay Wadate	rupali.pagare@bankofbaroda.com	8605484770	ARCOFEMI MEDIWHEI	  
114664	BURCKHARDT COMPRESSION INDIA P.	Mr. Jitesh Singh	Mayura.Kodolkar@burckhardtcompression.com	9119839306	BURCKHARDT COMPRI	
114413	ARCOFEMI HEALTHCARE LIMITED	KIMAYA BORATE	boratenilesh@yahoo.co.in	9822862605	ARCOFEMI MEDIWHEI	
✓ 114512	ARCOFEMI HEALTHCARE LIMITED	MR. BORATE NILESH	boratenilesh@yahoo.co.in	9822862605	ARCOFEMI MEDIWHEI	
111370	ACCENTURE SOLUTIONS PRIVATE LI	VISHAKA KOCHHAR	v.surendra.kochhar@accenture.com	09870433793	ACCENTURE SOLUTIK	
110524	ACCENTURE SOLUTIONS PRIVATE LI	kaivalya Joshi	kaivalya.r.joshi@accenture.com	9403289963	ACCENTURE SOLUTIK	
109465	CONNECT AND HEAL PRIMARY CARE	Bipin Bhaskar Sonale	reports@connectandheal.com	9075019350	CONNECT AND HEAL C	  

 **सरकार भारत**
Government of India

 **निश सायन बटले**
Nish-Sayan Bhatle
एन आईडी/DOB: 26/07/1982
पुंर MALE

5160 5274 8875



भारत आधार, भारत आँकड़ा

 **एन आईडी प्राधिकरण**
Unique Identification Authority of India

पता:
अनुराग गणेश होस्टल, वसंत नगर, वडोदा,
गुजरात - 412803

Address:
ANURAG GANESH HOUSING SOCIETY,
YASHWANT NAGAR, wak. Wak. Satara,
Maharashtra - 412803

5160 5274 8875



Patient Name : Mr.NILESH SHYAM BORATE	Collected : 23/Mar/2024 10:52AM
Age/Gender : 41 Y 7 M 28 D/M	Received : 23/Mar/2024 12:27PM
UHID/MR No : SPUN.0000046963	Reported : 23/Mar/2024 01:40PM
Visit ID : SPUNOPV62356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158755	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.1	g/dL	13-17	Spectrophotometer
PCV	38.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	72.7	fL	83-101	Calculated
MCH	24.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	17	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,690	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46.7	%	40-80	Electrical Impedance
LYMPHOCYTES	37.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.4	%	1-6	Electrical Impedance
MONOCYTES	9.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2190.23	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1777.51	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	253.26	Cells/cu.mm	20-500	Calculated
MONOCYTES	440.86	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.14	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.23		0.78- 3.53	Calculated
PLATELET COUNT	205000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
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: BED240080322

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.NILESH SHYAM BORATE
Age/Gender : 41 Y 7 M 28 D/M
UHID/MR No : SPUN.0000046963
Visit ID : SPUNOPV62356
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 158755

Collected : 23/Mar/2024 10:52AM
Received : 23/Mar/2024 12:27PM
Reported : 23/Mar/2024 01:40PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



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



SIN No: BED240080322

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

Patient Name : Mr.NILESH SHYAM BORATE	Collected : 23/Mar/2024 10:52AM
Age/Gender : 41 Y 7 M 28 D/M	Received : 23/Mar/2024 12:27PM
UHID/MR No : SPUN.0000046963	Reported : 23/Mar/2024 05:00PM
Visit ID : SPUNOPV62356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158755	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
Result is rechecked. Kindly correlate clinically				



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:BED240080322

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

Patient Name : Mr.NILESH SHYAM BORATE	Collected : 23/Mar/2024 10:52AM
Age/Gender : 41 Y 7 M 28 D/M	Received : 23/Mar/2024 12:45PM
UHID/MR No : SPUN.0000046963	Reported : 23/Mar/2024 01:11PM
Visit ID : SPUNOPV62356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158755	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



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



SIN No: PLF02132246

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

Patient Name : Mr.NILESH SHYAM BORATE
 Age/Gender : 41 Y 7 M 28 D/M
 UHID/MR No : SPUN.0000046963
 Visit ID : SPUNOPV62356
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 158755

Collected : 23/Mar/2024 02:04PM
 Received : 23/Mar/2024 02:39PM
 Reported : 23/Mar/2024 04:45PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	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: PLP1436600

This test has been performed at Apollo Health and Lifestyle Ltd- 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.NILESH SHYAM BORATE	Collected : 23/Mar/2024 10:52AM
Age/Gender : 41 Y 7 M 28 D/M	Received : 23/Mar/2024 12:27PM
UHID/MR No : SPUN.0000046963	Reported : 23/Mar/2024 03:30PM
Visit ID : SPUNOPV62356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158755	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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:EDT240036923

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.NILESH SHYAM BORATE	Collected : 23/Mar/2024 10:52AM
Age/Gender : 41 Y 7 M 28 D/M	Received : 23/Mar/2024 12:43PM
UHID/MR No : SPUN.0000046963	Reported : 23/Mar/2024 02:04PM
Visit ID : SPUNOPV62356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158755	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	134	mg/dL	<200	CHO-POD
TRIGLYCERIDES	63	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	86	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.64	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.81		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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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



SIN No:SE04673457

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

Apollo Speciality Hospitals Private Limited
(Formerly known as Nova 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.NILESH SHYAM BORATE
 Age/Gender : 41 Y 7 M 28 D/M
 UHID/MR No : SPUN.0000046963
 Visit ID : SPUNOPV62356
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 158755

Collected : 23/Mar/2024 10:52AM
 Received : 23/Mar/2024 12:43PM
 Reported : 23/Mar/2024 02:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.71	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.46	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	67.5	U/L	<50	IFCC
ALKALINE PHOSPHATASE	85.31	U/L	30-120	IFCC
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.06	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.86	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.49	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106.79	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.84	U/L	<55	IFCC



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Consultant Pathologist



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.003	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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



SIN No:SPL24053974

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.400	ng/mL	0-4	CLIA



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 M.B.B.S, M.D(Pathology)
 Consultant Pathologist



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Patient Name : Mr.NILESH SHYAM BORATE	Collected : 23/Mar/2024 10:52AM
Age/Gender : 41 Y 7 M 28 D/M	Received : 23/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046963	Reported : 23/Mar/2024 12:58PM
Visit ID : SPUNOPV62356	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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	1.020		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 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
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:UR2314641

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF011392

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