





Patient Name

: Mr.MILIND HARDIKAR

Age/Gender

: 54 Y 3 M 4 D/M

UHID/MR No

: CVIM.0000242658

Visit ID Ref Doctor : CVIMOPV618697

Emp/Auth/TPA ID

: Dr.SELF

: 35E6897

Collected

: 27/Jul/2024 08:43AM

Received : 27/Jul/2024 12:53PM

Reported

: 27/Jul/2024 01:19PM

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

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

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

Page 1 of 19



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

SIN No:BED240196557

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad. Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









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Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	48.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.46	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.3	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,120	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	47	%	40-80	Electrical Impedance
LYMPHOCYTES	43.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3816.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3564.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	194.88	Cells/cu.mm	20-500	Calculated
MONOCYTES	487.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.07		0.78- 3.53	Calculated
PLATELET COUNT	183000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,

WBC's are normal in number and morphology

Platelets are Adequate

Page 2 of 19



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

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

No Abnormal cells seen.

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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA	À		
BLOOD GROUP TYPE	А			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 4 of 19



Consultant Pathologist SIN No:BED240196557

MBBS, MD (Pathology)

Dr Sneha Shah









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: 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	122	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.

Page 5 of 19



Consultant Pathologist SIN No:PLF02194308

MBBS, MD (Pathology)

Dr Sneha Shah









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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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	129	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

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.

Page 6 of 19



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

SIN No:PLP1477470

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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
HBA1C (GLYCATED HEMOGLOBIN), W	HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- 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)

Page 7 of 19



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:EDT240081104

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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
L IPID PROFILE , <i>SERUM</i>				
TOTAL CHOLESTEROL	218	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	169	mg/dL	<130	Calculated
LDL CHOLESTEROL	147.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.11	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.44		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Page 8 of 19



Consultant Pathologist SIN No:SE04793066

MBBS, MD (Pathology)

Dr Sneha Shah

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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	1.45	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.26	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.19	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.28	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.3	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	35.92	U/L	30-120	IFCC
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for injuries. 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP - Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age *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.

Page 9 of 19



Consultant Pathologist SIN No:SE04793066

MBBS, MD (Pathology)

Dr Sneha Shah

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

Page 10 of 19



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.73	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	24.12	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.97	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.76	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.24	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	99.15	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04793066

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.97	U/L	<55	IFCC

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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	<u>'</u>		1
TRI-IODOTHYRONINE (T3, TOTAL)	0.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	5.99	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.333	μIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As pe 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

Page 13 of 19



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

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Visit ID Ref Doctor : CVIMOPV618697

Emp/Auth/TPA ID

: Dr.SELF

: 35E6897

Collected

: 27/Jul/2024 08:43AM

Received : 27/Jul/2024 01:31PM

Reported

: 27/Jul/2024 02:33PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 14 of 19



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

SIN No:SPL24123856

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad. Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744







Patient Name

: Mr.MILIND HARDIKAR

Age/Gender

: 54 Y 3 M 4 D/M

UHID/MR No

: CVIM.0000242658

Visit ID Ref Doctor : CVIMOPV618697

Emp/Auth/TPA ID

: Dr.SELF : 35E6897 Collected

: 27/Jul/2024 08:43AM

Received

: 27/Jul/2024 01:31PM

Reported

: 27/Jul/2024 02:20PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	0.410	ng/mL	0-4	CLIA
ANTIGEN (tPSA) . SERUM				

Page 15 of 19



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

SIN No:SPL24123856

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Nyati Millenium Premises, Cooperative

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Patient Name

: Mr.MILIND HARDIKAR

Age/Gender

: 54 Y 3 M 4 D/M

UHID/MR No

: CVIM.0000242658

Visit ID Ref Doctor : CVIMOPV618697

Emp/Auth/TPA ID

: Dr.SELF

: 35E6897

Collected Received : 27/Jul/2024 08:43AM

: 27/Jul/2024 01:30PM

Reported Status

: 27/Jul/2024 02:23PM

Sponsor Name

: Final Report

: 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	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
рH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION	.			
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
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.

Page 16 of 19



SIN No:UR2394384

MBBS, MD (Pathology) Consultant Pathologist

Dr Sneha Shah

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



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Patient Name

: Mr.MILIND HARDIKAR

Age/Gender

: 54 Y 3 M 4 D/M

UHID/MR No Visit ID

: CVIM.0000242658

Ref Doctor

: CVIMOPV618697

Emp/Auth/TPA ID

: Dr.SELF : 35E6897 Collected

: 27/Jul/2024 08:43AM

Received

: 27/Jul/2024 01:30PM

Reported

: 27/Jul/2024 02:23PM

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

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UR2394384

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744



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

Page 17 of 19







Patient Name

: Mr.MILIND HARDIKAR

Age/Gender

: 54 Y 3 M 4 D/M

UHID/MR No Visit ID

: CVIM.0000242658

Ref Doctor

: CVIMOPV618697

Emp/Auth/TPA ID

: Dr.SELF

: 35E6897

Collected Received

: 27/Jul/2024 11:27AM

: 27/Jul/2024 04:41PM

Reported

: 27/Jul/2024 05:05PM

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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
Result is rechecked. Kindly correlate clinical	allv			

Page 18 of 19



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

SIN No:UPP017766

This test has been performed at Apollo Health and Lifestyle Itd- Sadashiv Peth Pune, Diagnostics Lab Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Nyati Millenium Premises, Cooperative

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad. Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









Patient Name

: Mr.MILIND HARDIKAR

Age/Gender

: 54 Y 3 M 4 D/M

UHID/MR No

: CVIM.0000242658

Visit ID Ref Doctor : CVIMOPV618697

Emp/Auth/TPA ID

: 35E6897

: Dr.SELF

Collected

: 27/Jul/2024 08:43AM

Received : 27/Jul/2024 01:30PM

: 27/Jul/2024 02:03PM

Reported 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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Page 19 of 19



SIN No:UF011946

Dr Sneha Shah

MBBS, MD (Pathology) Consultant Pathologist





Patient Name : Mr. MILIND HARDIKAR Age/Gender : 54 Y/M

UHID/MR No. : CVIM.0000242658 **OP Visit No** : CVIMOPV618697

Sample Collected on : Reported on : 27-07-2024 10:52

Ref Doctor : SELF **Emp/Auth/TPA ID** : 35E6897

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.

Dr. PREETI P KATHE
DMRE, MD, DNB

Presti

Radiology



Patient Name : Mr. MILIND HARDIKAR Age/Gender : 54 Y/M

UHID/MR No. : CVIM.0000242658 **OP Visit No** : CVIMOPV618697

Sample Collected on : Reported on : 27-07-2024 10:28

Ref Doctor : SELF **Emp/Auth/TPA ID** : 35E6897

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows Grade I increased echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size,flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflective calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear joined at lower poles in midline with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflective calculus or soft tissue mass noted.

Prostate appears normal. No focal lesion.

No e/o any free fluid noted.

Visualized bowel loops appear normal. No abnormal bowel wall thickening or bowel dilatation noted.

no probe tenderness / inflammatory changes / collection in RIF at present.

IMPRESSION:

Fatty infiltration of liver Horseshoe kidney.

Suggest: clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

Dr. BHUSHANA SURYAWANSHI MBBS, DMRE

Radiology

Your appointment is confirmed

noreply@apolloclinics.info < noreply@apolloclinics.info >

Wed 2023-12-27 12:53

To:milind.bhopatkar@kantar.com <milind.bhopatkar@kantar.com> Cc:Vimannagar Apolloclinic <vimannagar@apolloclinic.com>

Dear Milind Ravindra Bhopatkar,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at VIMAN NAGAR clinic on 2024-01-02 at 08:15-08:30.

Payment Mode	
Corporate Name	APOLLO HEALTHCO LIMITED
Agreement Name	[APOLLO HEALTHCO URLIFE KANTAR GDC INDIA AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[APOLLO HEALTHCO - URLIFE - KANTAR GDC INDIA - AHC - PAN INDIA - FY2324]

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

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

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

Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

 Pregnant women or those suspecting are advised not to undergo any X-Ray test.

