

Patient Name	: Mr.MANOJ KUMAR	Collected	: 09/Nov/2024 09:41AM
Age/Gender	: 41 Y 1 M 5 D/M	Received	: 09/Nov/2024 10:06AM
UHID/MR No	: SCHI.0000025217	Reported	: 09/Nov/2024 01:46PM
Visit ID	: SCHIOPV38932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DHFDFDFH		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240245665



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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>	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.1	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	<b>31.1</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,590	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.7	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3281.33	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1844.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	55.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	357.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	50.31	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.78		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	170000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	3	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:BED240245665



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**DEPARTMENT OF HAEMATOLOGY**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:BED240245665



Patient Name	: Mr.MANOJ KUMAR	Collected	: 09/Nov/2024 09:41AM
Age/Gender	: 41 Y 1 M 5 D/M	Received	: 09/Nov/2024 10:06AM
UHID/MR No	: SCHI.0000025217	Reported	: 09/Nov/2024 01:51PM
Visit ID	: SCHIOPV38932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DHFDFDFH		

**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	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
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SIN No:BED240245665



Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 01:49PM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 02:55PM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 04:41PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

**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	103	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	mg/dL	70-140	GOD - POD

**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. SHWETA GUPTA  
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SIN No:PLP1488009



Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 12:56PM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 04:56PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

**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	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)



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:EDT240094070





Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 10:01AM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 01:22PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

**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	185	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	95	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>137</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>118</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<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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SIN No:SE04843255



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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	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>54</b>	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	95.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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 > 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 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.



Dr. SHWETA GUPTA  
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Consultant Pathology

SIN No:SE04843255





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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	1.00	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	37.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	17.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5-8.5	Uricase
CALCIUM	10.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>112</b>	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:SE04843255



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UHID/MR No	: SCHI.0000025217	Reported	: 09/Nov/2024 10:44AM
Visit ID	: SCHIOPV38932	Status	: Final Report
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Emp/Auth/TPA ID	: DHFDFDFH		

**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>	43.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
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Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 01:00PM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 05:01PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

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)	1.36	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.153	µIU/mL	0.38-5.33	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 Treatment.
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 Nidhi Sachdev  
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SIN No:SPL24146228



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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 Nidhi Sachdev  
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Consultant Pathologist

SIN No:SPL24146228



Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 01:45PM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 01:54PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

**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	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

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

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Dr. SHWETA GUPTA  
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SIN No:UR2419311



Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
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Visit ID : SCHIOPV38932	Status : Final Report
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Emp/Auth/TPA ID : DHFDFDFH	

**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 \*\*\*



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012153





Patient Name : Mr.MANOJ KUMAR  
Age/Gender : 41 Y 1 M 5 D/M  
UHID/MR No : SCHI.0000025217  
Visit ID : SCHIOPV38932  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : DHFDFDFH

Collected : 09/Nov/2024 09:42AM  
Received : 09/Nov/2024 01:45PM  
Reported : 09/Nov/2024 01:54PM  
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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012153



N1

Name : Mr. MANOJ KUMAR

Age: 41 Y

UHID: SCHI.0000025217

Sex: M

\*SCHI.0000025217\*

Address : DAKSHINPURI

OP Number: SCHIOPV38932

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

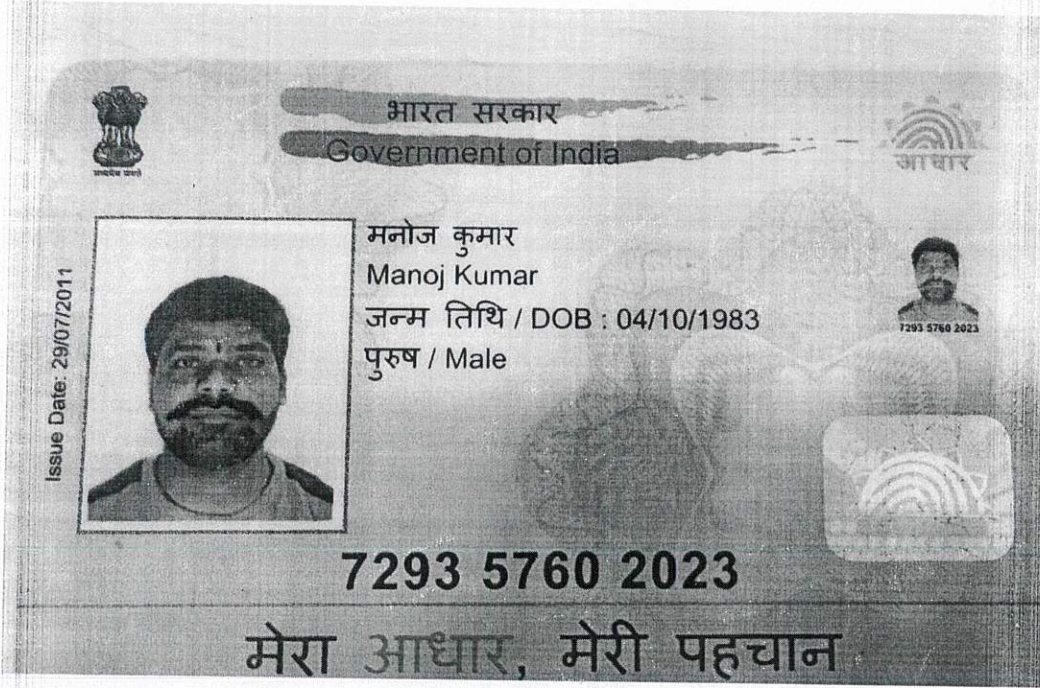
Bill No : SCHI-OCR-12906

Date : 09.11.2024 09:31

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
	3 LIVER FUNCTION TEST (LFT)	
	4 GLUCOSE, FASTING	
	5 HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION <i>After report</i>	
	7 COMPLETE URINE EXAMINATION	
	8 URINE GLUCOSE (POST PRANDIAL)	
	9 PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>1:30 PM</i>	
14	URINE GLUCOSE (FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	DENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Height: 167  
 Weight: 70.7 kg  
 B.P.: 130/80  
 Pulse: 98  
 SP02: 98%





1 of 4

1 of 4



**PHC\_Desk**

**From:** noreply@apolloclinics.info  
**Sent:** 08 November 2024 15:02  
**To:** manojmahamna105@gmail.com  
**Cc:** phc.klc@apollospectra.com; syamsunder.m@apollohl.com; cc.klc@apollospectra.com  
**Subject:** Your appointment is confirmed



**Dear MR. KUMAR MANOJ,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA NEHRU ENCLAVE clinic** on **2024-11-09 at 09:15-09:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b>

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

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

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

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

# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Manoj on 9/11

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.....</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. Review after _____ recommended</li> <li>• Unfit</li> </ul>	

Dr. Manoj  
**Medical Officer**  
**The Apollo Clinic, Uppal**

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



## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Manoj</u>	UHID No : <u>25212</u>
AGE / GENDER :- <u>41yrs</u>	RECEIPT No :-
PANEL : <u>di Anemia</u>	EXAMINED ON :- <u>9/11</u>

Chief Complaints:

dlc

**Past History:**

DM	:	<del>Nil</del>	CVA	:	<del>Nil</del>
Hypertension	:	<del>Nil</del>	Cancer	:	<del>Nil</del>
CAD	:	<del>Nil</del>	Other	:	<u>Nil</u>

**Personal History:**

Alcohol	:	<del>Nil</del>	Activity	:	<u>Active</u>
Smoking	:	<u>Nil</u>	Allergies	:	<u>Nil</u>

**Family History:**

**General Physical Examination:**

Height	<u>167</u>	:	cms	Pulse	<u>98/3</u>	bpm
Weight	<u>70.7</u>	:	Kgs	BP	<u>130/80</u>	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	<del>Normal</del>
Respiratory system	:	<del>Normal</del>
Abdominal system	:	<del>Normal</del>
CNS	:	<del>Normal</del>
Others	:	Normal



## PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Menon	UHID No :	
AGE :-		SEX :	
PANEL :		RECEIPT No :-	
		EXAMINED ON :-	

### Investigations:

- All the reports of tests and investigations are attached herewith

WML

### Recommendation:

Cap Advantage 50 102 x 12  
My vite D<sub>3</sub> 60 k once a week  
2 may



<b>NAME :</b>	<b>MANOJ KUMAR</b>	<b>AGE/SEX:</b>	<b>41</b>	<b>YRS./M</b>
<b>UHID :</b>	<b>25217</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>09.11.2024</b>	

### **ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is minimally distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Prostate:** normal in size, weight 12 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

### **IMPRESSION: FATTY CHANGES IN LIVER GRADE I**

**Please correlate clinically and with lab. Investigations.**

  
DR. DEEPIKA AGARWAL  
Consultant Radiologist

**Dr. DEEPIKA AGARWAL**  
Consultant Radiologist  
DMC No. 56777  
Apollo Speciality Hospitals (P) Ltd.  
A-2, Chirag Enclave, Greater Kailash-1  
New Delhi-110048

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash - 1, New Delhi - 110048  
Ph.: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospitals Pvt. Ltd.**

CIN - U85100TG2009PTC099414

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Ph No: 040-4904 7777 | www.apollohl.com

Mr. Manoj Kumar 9/11/24  
U/M

Eye checkup

no H/o wing glass

no ~~Acceptance~~ H/o systemic disease

V.A.  $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

UCV  $\left\{ \begin{array}{l} 13 \\ 15 \end{array} \right.$  unity colour  $\left\{ \begin{array}{l} \text{normal} \\ \text{B/C} \end{array} \right.$

BCV  $\left\{ \begin{array}{l} \text{no Acceptance } 6/6 \text{ B/C} \\ \text{Add +1.25 DS} \end{array} \right.$

Slit Lamp exam<sup>2</sup>

AFs normal B/C

pupil reaction normal B/C

Fundus  $\left\{ \begin{array}{l} \text{wml} \\ \text{B/C} \end{array} \right.$

Adv

Colours

Damodar  
9/11/24



**DR. (Pof.) Ameet Kishore**

**SENIOR CONSULTANT SURGEON**

MBBS, (AFMC), FRCS(Glass), FRCS(Edin), FRCS-ORL(UK)  
Ear, Nose, Throat & Neuro-Otology

For Appointment: +91 1140465555  
M: +91 9910995018

Manoj Kumar



Specialists in Surgery

09-11-24

**DR. Sharad Nair**

MBBS, MS, (ENT), FHNORS

**CONSULTANT SURGEON**

Ear, Nose, & Throat Head, Neck & Cancer Surgery

For Appointment: +91 1140465555  
M: +91 9910995018

g. Routine check up

**DR. Ashwani Kumar**

MBBS, DNB, MNAMS

**CONSULTANT SURGEON**

Ear, Nose, & Throat Surgery  
Allergy Specialist

For Appointment: +91 1140465555  
M: +91 9910995018

g/e R/L TM intact

Dryness @ EAC

— ITH @

Dr

Soluax A/O 20-20/wk

*[Handwritten signature]*

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Ph No: 040-4904 7777 | www.apollohl.com

## DIGITAL X-RAY REPORT

NAME: MANOJ KUMAR	DATE: 09.11.2024
UHID NO : 25217	AGE: 41YRS/ SEX: M

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY**

Please correlate clinically and with lab investigations

  
**DR. DEEPIKA AGARWAL**  
Consultant Radiologist

**Dr. DEEPIKA AGARWAL**  
Consultant Radiologist  
DMC No. 56777  
Apollo Speciality Hospitals (P) Ltd.  
A-2, Chirag Enclave, Greater Kailash-1  
New Delhi-110048

09.11.2024

Mr. Manoj Kumar  
41 yrs / Male

C/C - Patient complains of broken tooth few years  
back in lower back tooth region.

D/H - NRH

M/H - NRH

O/G - Stains<sup>+</sup>, Calculus<sup>+</sup>

Advised . Oral Prophylaxis Full Mouth .  
• Extract ist  $\frac{7}{7}$

↑  
Dr. Pramitha



ID: 25217

Manoj Kumar

Female 41 Years

Req. No. :

09-11-2024 14:09:55

HR : 90 bpm

P : 103 ms

PR : 152 ms

QRS : 90 ms

QT/QTcBz : 346/424 ms

P/QRS/T : 55/51/7 °

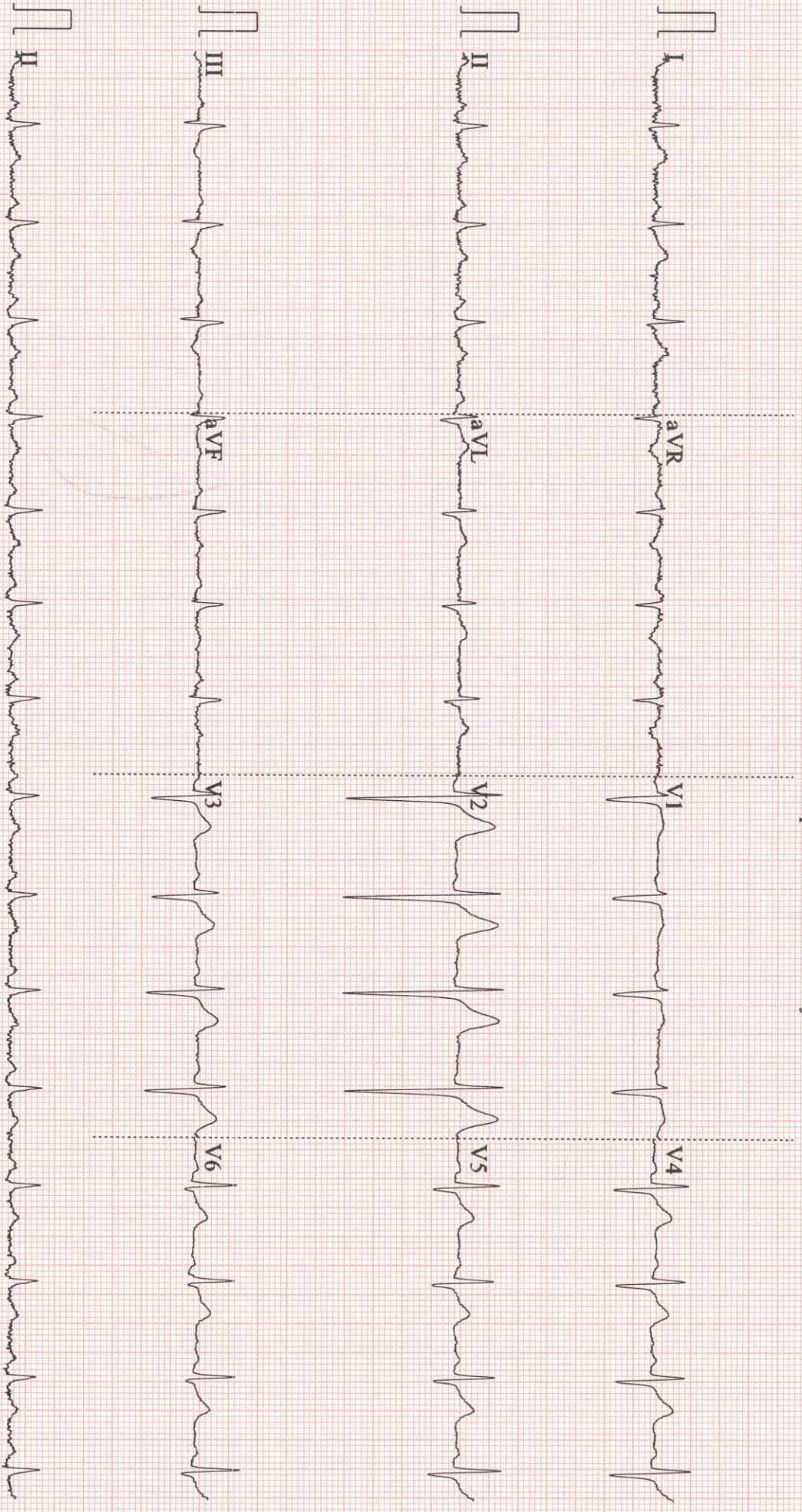
RV5/SV1 : 0.765/0.840 mV

Diagnosis Information:

Sinus Rhythm

\*\*\*Normal ECG\*\*\*

Report Confirmed by:





Patient Name : Mr. MANOJ KUMAR Age : 41 Y/M  
 UHID : SCHI.0000025217 OP Visit No : SCHIOPV38932  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-11-2024 17:06  
 Referred By : SELF

#### MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal **E>A** **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg MVA \_\_\_\_\_cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

#### TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_msec.  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_msec. Pred. RVSP=RAP+ \_\_\_\_\_mmHg

#### PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.  
 Doppler **Normal**/Abnormal.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Pulmonary annulus \_\_\_\_\_mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_mmHg. End diastolic gradient mmHg

#### AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/3/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Aortic annulus \_\_\_\_\_mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements	Normal Values	Measurements	Normal values
Aorta	2.7 (2.0 – 3.7cm)	LA es	2.8 (1.9 – 4.0cm)
LV es	2.5 (2.2 – 4.0cm)	LV ed	4.3 (3.7 – 5.6cm)
IVS ed	0.9 (0.6 – 1.1cm)	PW (LV)	0.8 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	65% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical

#### CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced  
 Regional wall motion abnormality **Absent**  
 LA **Normal**/Enlarged/**Clear**/Thrombus  
 RA **Normal**/Enlarged/**Clear**/Thrombus  
 RV **Normal**/Enlarged/**Clear**/Thrombus

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## PERICARDIUM

### COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

*Dr. M K Gupta*  
*M.B.B.S, MD,FIACM*  
*Senior Consultant Cardiologist*



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Ph No: 040-4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Patient Name	: Mr.MANOJ KUMAR	Collected	: 09/Nov/2024 09:41AM
Age/Gender	: 41 Y 1 M 5 D/M	Received	: 09/Nov/2024 10:06AM
UHID/MR No	: SCHI.0000025217	Reported	: 09/Nov/2024 01:46PM
Visit ID	: SCHIOPV38932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DHFDFDFH		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

-----



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240245665



Patient Name	: Mr.MANOJ KUMAR	Collected	: 09/Nov/2024 09:41AM
Age/Gender	: 41 Y 1 M 5 D/M	Received	: 09/Nov/2024 10:06AM
UHID/MR No	: SCHI.0000025217	Reported	: 09/Nov/2024 01:46PM
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Emp/Auth/TPA ID	: DHFDFDFH		

**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>	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.1	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	<b>31.1</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,590	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.7	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3281.33	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1844.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	55.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	357.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	50.31	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.78		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	170000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	3	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240245665



Patient Name : Mr.MANOJ KUMAR  
Age/Gender : 41 Y 1 M 5 D/M  
UHID/MR No : SCHI.0000025217  
Visit ID : SCHIOPV38932  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : DHFDFDFH

Collected : 09/Nov/2024 09:41AM  
Received : 09/Nov/2024 10:06AM  
Reported : 09/Nov/2024 01:46PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240245665





Patient Name	: Mr.MANOJ KUMAR	Collected	: 09/Nov/2024 09:41AM
Age/Gender	: 41 Y 1 M 5 D/M	Received	: 09/Nov/2024 10:06AM
UHID/MR No	: SCHI.0000025217	Reported	: 09/Nov/2024 01:51PM
Visit ID	: SCHIOPV38932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DHFDFDFH		

**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	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240245665



Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 01:49PM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 02:55PM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 04:41PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

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	103	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	mg/dL	70-140	GOD - POD

**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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:PLP1488009



Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 12:56PM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 04:56PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

**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	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)



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:EDT240094070



Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 10:01AM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 01:22PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

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	185	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	95	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>137</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>118</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04843255



Patient Name	: Mr.MANOJ KUMAR	Collected	: 09/Nov/2024 09:42AM
Age/Gender	: 41 Y 1 M 5 D/M	Received	: 09/Nov/2024 10:01AM
UHID/MR No	: SCHI.0000025217	Reported	: 09/Nov/2024 01:22PM
Visit ID	: SCHIOPV38932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DHFDFDFH		

**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	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>54</b>	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	95.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04843255



Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 10:01AM
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Visit ID : SCHIOPV38932	Status : Final Report
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Emp/Auth/TPA ID : DHFDFDFH	

**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	1.00	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	37.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	17.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5-8.5	Uricase
CALCIUM	10.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>112</b>	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04843255





Patient Name	: Mr.MANOJ KUMAR	Collected	: 09/Nov/2024 09:42AM
Age/Gender	: 41 Y 1 M 5 D/M	Received	: 09/Nov/2024 10:01AM
UHID/MR No	: SCHI.0000025217	Reported	: 09/Nov/2024 10:44AM
Visit ID	: SCHIOPV38932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DHFDFDFH		

**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>	43.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
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Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 01:00PM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 05:01PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

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)	1.36	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.153	µIU/mL	0.38-5.33	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 Treatment.
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 Nidhi Sachdev  
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SIN No:SPL24146228



Patient Name	: Mr.MANOJ KUMAR	Collected	: 09/Nov/2024 09:42AM
Age/Gender	: 41 Y 1 M 5 D/M	Received	: 09/Nov/2024 01:00PM
UHID/MR No	: SCHI.0000025217	Reported	: 09/Nov/2024 05:01PM
Visit ID	: SCHIOPV38932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DHFDFDFH		

**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 Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:SPL24146228





Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 01:45PM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 01:54PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

**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	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

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

Page 13 of 14



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:UR2419311



Patient Name : Mr.MANOJ KUMAR	Collected : 09/Nov/2024 09:42AM
Age/Gender : 41 Y 1 M 5 D/M	Received : 09/Nov/2024 01:45PM
UHID/MR No : SCHI.0000025217	Reported : 09/Nov/2024 01:54PM
Visit ID : SCHIOPV38932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DHFDFDFH	

**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 \*\*\*



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012153



Patient Name : Mr.MANOJ KUMAR  
Age/Gender : 41 Y 1 M 5 D/M  
UHID/MR No : SCHI.0000025217  
Visit ID : SCHIOPV38932  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : DHFDFDFH

Collected : 09/Nov/2024 09:42AM  
Received : 09/Nov/2024 01:45PM  
Reported : 09/Nov/2024 01:54PM  
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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012153





Patient Name : Mr. MANOJ KUMAR Age : 41 Y/M  
 UHID : SCHI.0000025217 OP Visit No : SCHIOPV38932  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-11-2024 17:06  
 Referred By : SELF

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**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal **E>A** **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_ msec.  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_ msec. Pred. RVSP=RAP+ \_\_\_\_\_ mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.  
 Doppler **Normal**/Abnormal.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_ mmHg. End diastolic gradient \_\_\_\_\_ mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/**3**/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**Measurements**      **Normal Values**                      **Measurements**                      **Normal values**

Patient Name : Mr. MANOJ KUMAR Age : 41 Y/M  
 UHID : SCHI.0000025217 OP Visit No : SCHIOPV38932  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-11-2024 17:06  
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Aorta	2.7	(2.0 – 3.7cm)	LA es	2.8	(1.9 – 4.0cm)
LV es	2.5	(2.2 – 4.0cm)	LV ed	4.3	(3.7 – 5.6cm)
IVS ed	0.9	(0.6 – 1.1cm)	PW (LV)	0.8	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVs (ml)		
EF	65%	(54%-76%)	IVS motion		<b><u>Normal</u></b> /Flat/Paradoxical

### **CHAMBERS :**

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced

Regional wall motion abnormality **Absent**

LA **Normal**/Enlarged/**Clear**/Thrombus

RA **Normal**/Enlarged/**Clear**/Thrombus

RV **Normal**/Enlarged/**Clear**/Thrombus

## PERICARDIUM

### **COMMENTS & SUMMARY**

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

Patient Name : Mr. MANOJ KUMAR Age : 41 Y/M  
UHID : SCHI.0000025217 OP Visit No : SCHIOPV38932  
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-11-2024 17:06  
Referred By : SELF

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*Dr. M K Gupta*  
*M.B.B.S, MD,FIACM*  
*Senior Consultant Cardiologist*



Patient Name : Mr. MANOJ KUMAR

UHID : SCHI.0000025217

Conducted By: :

Referred By : SELF

Patient Name : Mr. MANOJ KUMAR

UHID : SCHI.0000025217

Conducted By :

Referred By : SELF

Age : 41 Y/M

OP Visit No : SCHIOPV38932

Conducted Date :

Age : 41 Y/M

OP Visit No : SCHIOPV38932

Conducted Date :