

Patient Name	: Mr.ANUJ KUMAR RAJAN	Collected	: 08/Nov/2024 09:12AM
Age/Gender	: 40 Y 11 M 2 D/M	Received	: 08/Nov/2024 09:50AM
UHID/MR No	: CMYS.0000062536	Reported	: 08/Nov/2024 01:45PM
Visit ID	: CMYSOPV131253	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7733		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.7	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.2	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,030	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4569.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1687.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	210.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	492.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	70.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.71		0.78- 3.53	Calculated
PLATELET COUNT	190000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.

W.B.C: normal in number with normal morphology and distribution.

Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

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Consultant Pathologist

SIN No: MYS241100272

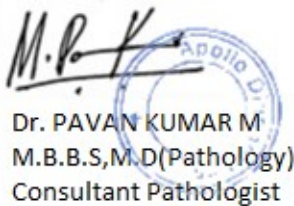


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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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



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Patient Name : Mr.ANUJ KUMAR RAJAN	Collected : 08/Nov/2024 10:51AM
Age/Gender : 40 Y 11 M 2 D/M	Received : 08/Nov/2024 11:56AM
UHID/MR No : CMYS.0000062536	Reported : 08/Nov/2024 12:38PM
Visit ID : CMYSOPV131253	Status : Final Report
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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	86	mg/dl	74-106	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

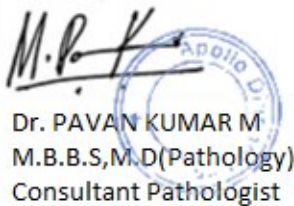
Note:

- 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)	97	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.



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Age/Gender : 40 Y 11 M 2 D/M	Received : 08/Nov/2024 02:31PM
UHID/MR No : CMYS.0000062536	Reported : 08/Nov/2024 02:59PM
Visit ID : CMYSOPV131253	Status : Final Report
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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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dl	0-200	CHOD
TRIGLYCERIDES	86	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	41	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.05	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.3	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.82	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/l	0-35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	101.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.80	g/dl	6.4-8.3	Biuret
ALBUMIN	4.20	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

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

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

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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.75	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	22.67	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.20	mg/dL	3.5-7.2	Uricase
CALCIUM	8.90	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	2.86	mg/dl	2.7-4.5	Molybdate
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dl	6.4-8.3	Biuret
ALBUMIN	4.20	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/l	0-55	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. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.06	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.87	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.600	µIU/mL	0.38-5.33	CLIA

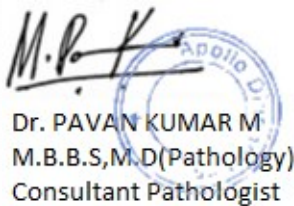
Comment:

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

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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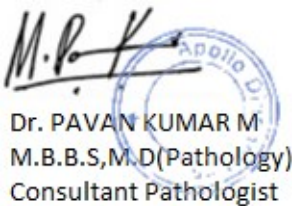


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Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.640	ng/mL	0-4	CLIA



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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. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.015		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	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	5 - 7	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

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



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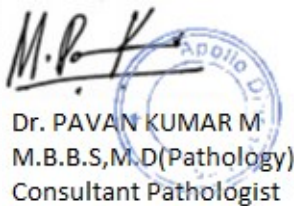
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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

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

*** End Of Report ***



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

SIN No:MYS241100275




Patient Name : Mr.ANUJ KUMAR RAJAN
Age/Gender : 40 Y 11 M 2 D/M
UHID/MR No : CMYS.0000062536
Visit ID : CMYSOPV131253
Ref Doctor : Self
Emp/Auth/TPA ID : 35E7733

Collected : 08/Nov/2024 09:12AM
Received : 08/Nov/2024 11:24AM
Reported : 08/Nov/2024 12:08PM
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. PAVAN KUMAR M
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: MYS241100275

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

GSTIN: 29AADCA0733E1Z3

Address: 22, 23, 24, 25/101/3, Sree Rama Layout, BNR Complex,
OPP.RBI Layout, JP Nagar, 7th Phase, Bengaluru, Karnataka



 **1860 500 7788**
www.apolloclinic.com

Patient Name	: Mr. ANUJ KUMAR RAJAN	Age	: 40Yrs 11Mths 3Days
UHID	: CMYS.0000062536	OP Visit No.	: CMYSOPV131253
Printed On	: 08-11-2024 10:24 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 35E7733		

DEPARTMENT OF RADIOLOGY

LIVER: It is mild enlarged in size, outline and is increased in echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal. **A tiny hemangioma measuring~ 1.5x0.9 cm is noted in segment VI of right lobe of liver**

GALL BLADDER: It is distended and normal. No evidence of calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It measures 10.1cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.0 cm with parenchymal thickness of 1.5 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

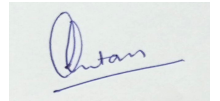
PROSTATE: It is normal in size, outline with few foci of parenchymal calcifications seen within

No e/o free fluid in the abdomen.

IMPRESSION:

-MILD GRADE I FATTY LIVER .

---End Of The Report---



Dr.CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
90037
Radiology

Patient Name	: Mr. ANUJ KUMAR RAJAN	Age	: 40Yrs 11Mths 9Days
UHID	: CMYS.0000062536	OP Visit No.	: CMYSOPV131253
Printed On	: 14-11-2024 07:36 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7733		

DEPARTMENT OF CARDIOLOGY

2D ECHOCARDIOGRAPHY STUDY

Impression:

Normal chambers and valves
No regional wall motion abnormality
Normal left ventricular systolic function. EF 62 %
No clots. No pericardial effusion

??????

Findings

Left Ventricle: No RWMA
Right Ventricle Normal
Left Atrium Normal
Right Atrium Normal
Aorta Normal
Pulmonary Artery Normal
IAS Intact
IVS Intact
Valves Normal
Pericardium Normal
Doppler Normal

Patient's Name : Mrs. Anuj Kumar Rajan Age & Sex; 40Yrs /Male

Date : 09.11.2024

UHID No: 62536

Measurements

AO:2.7 cm

LA :2.5 cm

RV :2.7 cm

LVIDd 4.57 cm

LVIDs :3.05 cm

IVSd :0.79 cm

IVSs :1.14 cm

PWd :0.95 cm

PWs :1.33 cm

EF :62.0 %

FS :33.0 %

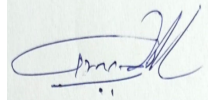
Doppler

MV TV AV PV

E :0.77 m/sE --- m/sV max m/sV max0.94 m/s

A: 0.46m/sA --- m/s

---End Of The Report---



Dr. GURU PRASAD B V
MBBS, PGDCC
69949
Cardiology

Patient Name	: Mr. ANUJ KUMAR RAJAN	Age	: 40Yrs 11Mths 3Days
UHID	: CMYS.0000062536	OP Visit No.	: CMYSOPV131253
Printed On	: 08-11-2024 11:32 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7733		

DEPARTMENT OF RADIOLOGY

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

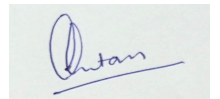
Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION: NORMAL STUDY .

---End Of The Report---



Dr.CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
90037
Radiology


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr Anuj Kumar on 09/01/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<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. Review after _____ recommended • Unfit 	

Dr. 
Medical Officer

This certificate is not meant for medico-legal purposes

Apollo Clinic
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Anuj Kumar Rajan
40 H/m

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse : 70/4	Resp : 20/4	B.P : 138/90/8

General Examination /
Allergies History

Cv3
15
10/10/10

Clinical Diagnosis & Management Plan

Adv

Regular Exercise

T Monoclar 625 — (15)
HT

T Pantocid - L 107 318 (10)

T Bentamine plus 870 (30)

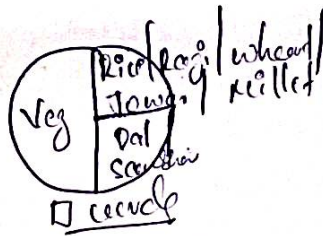
T ALT-D₃ 80k once (5)
a week

T Evalust AM 007 (5)

Follow up date :


Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41



Date : 11/8/2024 Department : Nutrition & Dietetics
 Patient Name : Mr. ANUJ KUMAR RAJAN Doctor : Miss.MADHURA B P
 UHID : CMYS.0000062536 Registration No. : A104102
 Age / Gender : 40Yrs 11Mths 2Days/ Male Qualification : M.Sc. Nutrition and Dietetics
 Consultation Timing : 9:11 AM **PhD^r**

IBW - 71kg

Height : 177cm	Weight : 71.9kg	BMI : 23 kg/m ²	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

ESK - 22

Clinical Diagnosis & Management Plan

- dx** - Grade 5 fatty liver.
- ⇒ Advise low fat diet with fiber rich foods.
 - ⇒ Take small frequent meals, do not skip meals.
 - ⇒ Include all variety of seasonal fruits, vegetables and green leafy vegetables.
 - ⇒ Include nuts like Almonds, walnuts & dry-fruits like dried dates & raisins.
 - ⇒ Include seeds like flaxseed, pumpkin seeds, sunflower seeds, sesame seeds & watermelon seeds - 1 teaspoon each, dry roasted.
 - ⇒ Avoid alcohol, sugar, too much of salt, baked soda & creams.
 - ⇒ Avoid bakery products, chips, junk foods, deep fried foods, packed & processed foods.
- Follow up date : **Regular physical exercise is compulsory.**

Doctor Signature

 9/11/2024

Date : 11/8/2024 Department : ENT
 Patient Name : Mr. ANUJ KUMAR RAJAN Doctor : Dr. PRAVEEN KUMAR R.
 UHID : CMYS.0000062536 Registration No. : 66012
 Age / Gender : 40Yrs 11Mths 2Days/ Male Qualification : MBBS, MS (ENT)
 Consultation Timing : 9:11 AM

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

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

Came for regular health check

Ear - Bilateral TM - Normal

Nose - Normal mucosa (a)

Oral cavity in oropharynx - (a)

neck - (a)

As examined

PK

Follow up date :

Doctor Signature

Patient's Name : Mrs. Anuj Kumar Rajan	Age & Sex; 40Yrs /Male
Date : 09.11.2024	UHID No: 62536

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 62 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115819)

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. Anuj Kumar Rajan	Age & Sex; 40Yrs /Male
Date : 09.11.2024	UHID No: 62536

Measurements

AO : 2.7 cm
LA : 2.5 cm

RV : 2.7 cm
LVIDd 4.57 cm
LVIDs : 3.05 cm
IVSd : 0.79 cm
IVSs : 1.14 cm
PWd : 0.95 cm
PWs : 1.33 cm
EF : 62.0 %
FS : 33.0 %

Doppler
MV TV AV PV
E 0.77 m/s E --- m/s V max m/s V max 0.94 m/s
:
A: 0.46 m/s A --- m/s

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Apollo Health and Lifestyle Limited

(CIN U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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

APOLLO CLINICS NETWORK KARNATAKA

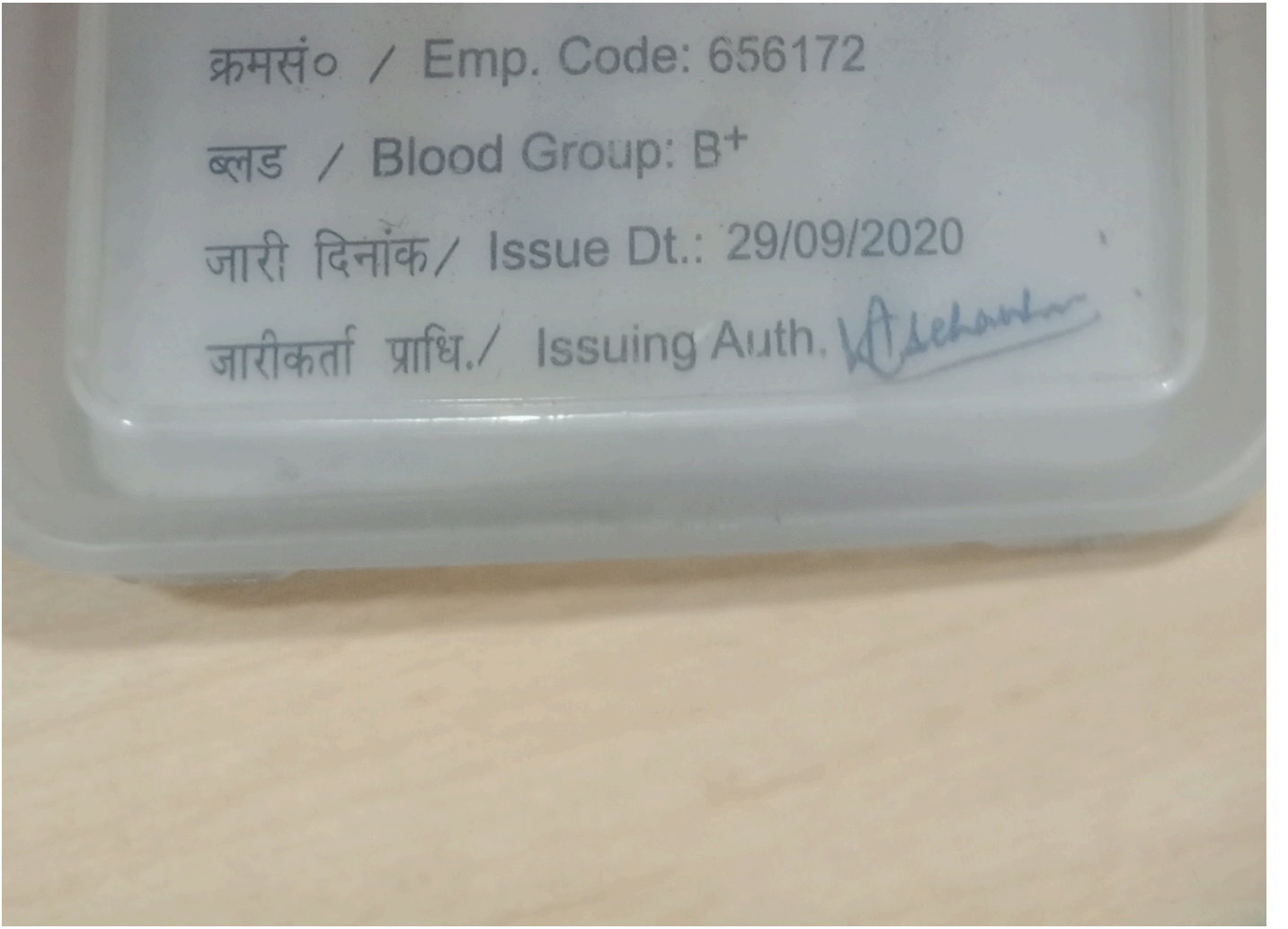
Bangalore (Basavanagudi) | Bellandur | Electronic City | Fraser Town | MSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla)

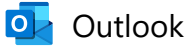
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788







Your appointment is confirmed

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

Date Thu 07-11-2024 10:56

To rajananuj@gmail.com <rajananuj@gmail.com>

Cc Mysore Apolloclinic <mysore@apolloclinic.com>; Yogeesh KV <mkt.mysore@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear ANUJ KUMAR RAJAN,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-11-08** at **08:00-08:15**.

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

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

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

Clinic Address: 23, KALIDASA ROAD, VV MOHLLA, MYSORE.

Contact No: (0821) 400 6040 - 41.

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

Warm Regards,
Apollo Clinic

Patient Name	: Mr.ANUJ KUMAR RAJAN	Collected	: 08/Nov/2024 09:12AM
Age/Gender	: 40 Y 11 M 2 D/M	Received	: 08/Nov/2024 09:50AM
UHID/MR No	: CMYS.0000062536	Reported	: 08/Nov/2024 01:45PM
Visit ID	: CMYSOPV131253	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7733		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.7	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.2	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,030	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4569.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1687.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	210.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	492.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	70.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.71		0.78- 3.53	Calculated
PLATELET COUNT	190000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.
W.B.C: normal in number with normal morphology and distribution.
Platelets: normal in number and are seen in singles and clumps.
Hemoparasites: Not seen.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No: MYS241100272



Patient Name	: Mr.ANUJ KUMAR RAJAN	Collected	: 08/Nov/2024 09:12AM
Age/Gender	: 40 Y 11 M 2 D/M	Received	: 08/Nov/2024 09:50AM
UHID/MR No	: CMYS.0000062536	Reported	: 08/Nov/2024 01:45PM
Visit ID	: CMYSOPV131253	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7733		

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:MYS241100272



Patient Name	: Mr.ANUJ KUMAR RAJAN	Collected	: 08/Nov/2024 09:12AM
Age/Gender	: 40 Y 11 M 2 D/M	Received	: 08/Nov/2024 09:50AM
UHID/MR No	: CMYS.0000062536	Reported	: 08/Nov/2024 01:45PM
Visit ID	: CMYSOPV131253	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7733		

DEPARTMENT OF HAEMATOLOGY

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

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



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No: MYS241100272



Patient Name : Mr.ANUJ KUMAR RAJAN	Collected : 08/Nov/2024 10:51AM
Age/Gender : 40 Y 11 M 2 D/M	Received : 08/Nov/2024 11:56AM
UHID/MR No : CMYS.0000062536	Reported : 08/Nov/2024 12:38PM
Visit ID : CMYSOPV131253	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7733	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	86	mg/dl	74-106	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)	97	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. PAVAN KUMAR M
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Consultant Pathologist

SIN No:MYS241100279



Patient Name : Mr.ANUJ KUMAR RAJAN	Collected : 08/Nov/2024 09:12AM
Age/Gender : 40 Y 11 M 2 D/M	Received : 08/Nov/2024 02:31PM
UHID/MR No : CMYS.0000062536	Reported : 08/Nov/2024 02:59PM
Visit ID : CMYSOPV131253	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7733	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:MYS241100276



Patient Name : Mr.ANUJ KUMAR RAJAN	Collected : 08/Nov/2024 09:12AM
Age/Gender : 40 Y 11 M 2 D/M	Received : 08/Nov/2024 09:50AM
UHID/MR No : CMYS.0000062536	Reported : 08/Nov/2024 12:16PM
Visit ID : CMYSOPV131253	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7733	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dl	0-200	CHOD
TRIGLYCERIDES	86	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	41	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.05	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.3	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	Calculated

Comment:

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.82	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/l	0-35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	101.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.80	g/dl	6.4-8.3	Biuret
ALBUMIN	4.20	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

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

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

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



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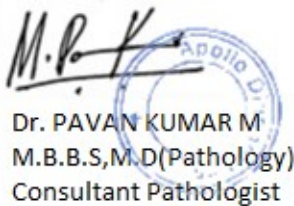


Patient Name : Mr.ANUJ KUMAR RAJAN	Collected : 08/Nov/2024 09:12AM
Age/Gender : 40 Y 11 M 2 D/M	Received : 08/Nov/2024 09:50AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.75	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	22.67	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.20	mg/dL	3.5-7.2	Uricase
CALCIUM	8.90	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	2.86	mg/dl	2.7-4.5	Molybdate
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dl	6.4-8.3	Biuret
ALBUMIN	4.20	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated



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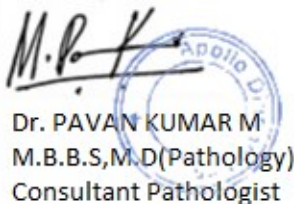


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Visit ID	: CMYSOPV131253	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/l	0-55	IFCC



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Age/Gender	: 40 Y 11 M 2 D/M	Received	: 08/Nov/2024 09:50AM
UHID/MR No	: CMYS.0000062536	Reported	: 08/Nov/2024 12:28PM
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Emp/Auth/TPA ID	: 35E7733		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.06	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.87	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.600	µIU/mL	0.38-5.33	CLIA

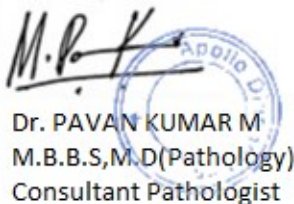
Comment:

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

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Dr. PAVAN KUMAR M
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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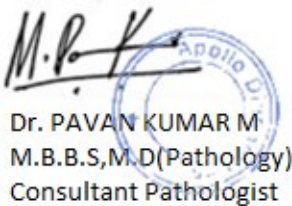


Patient Name	: Mr.ANUJ KUMAR RAJAN	Collected	: 08/Nov/2024 09:12AM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.640	ng/mL	0-4	CLIA



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Age/Gender : 40 Y 11 M 2 D/M	Received : 08/Nov/2024 11:24AM
UHID/MR No : CMYS.0000062536	Reported : 08/Nov/2024 12:08PM
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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. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.015		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	5 - 7	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

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



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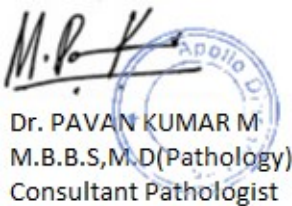
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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 ***



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TERMS AND CONDITIONS GOVERNING THIS REPORT

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



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

APOLLO CLINICS NETWORK

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