

Patient Name : Mr.NAWAL KISHOR SINGH	Collected : 22/Oct/2024 08:56AM
Age/Gender : 59 Y 9 M 17 D/M	Received : 22/Oct/2024 12:55PM
UHID/MR No : CVIM.0000246223	Reported : 22/Oct/2024 01:45PM
Visit ID : CVIMOPV636157	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7706	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Predominantly Normocytic Normochromic with Macrocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR241002687

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	13-17	Spectrophotometer
PCV	40.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.49	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	16.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,890	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	31.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3996.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2197.91	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	117.13	Cells/cu.mm	20-500	Calculated
MONOCYTES	558.09	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.67	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.82		0.78- 3.53	Calculated
PLATELET COUNT	158000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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No hemoparasite seen.

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DEPARTMENT OF HAEMATOLOGY

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


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DEPARTMENT OF HAEMATOLOGY

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



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Patient Name : Mr.NAWAL KISHOR SINGH	Collected : 22/Oct/2024 12:59PM
Age/Gender : 59 Y 9 M 17 D/M	Received : 22/Oct/2024 03:03PM
UHID/MR No : CVIM.0000246223	Reported : 22/Oct/2024 03:41PM
Visit ID : CVIMOPV636157	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	145	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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

SIN No:VIR241002750

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UHID/MR No : CVIM.0000246223	Reported : 22/Oct/2024 02:50PM
Visit ID : CVIMOPV636157	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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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UHID/MR No : CVIM.0000246223	Reported : 22/Oct/2024 02:44PM
Visit ID : CVIMOPV636157	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHO-POD
TRIGLYCERIDES	112	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.57	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.46	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.99	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.7	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	67.71	U/L	30-120	IFCC
PROTEIN, TOTAL	7.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.19	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.1		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

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

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

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.91	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.88	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.62	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.19	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.1		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	67.71	U/L	30-120	IFCC



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.80	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.89	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.319	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

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M.B.B.S,M.D(Pathology)
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	14.7	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	110	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.580	ng/mL	0-4	CLIA



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

SIN No:VIR241002689

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



Patient Name : Mr.NAWAL KISHOR SINGH
Age/Gender : 59 Y 9 M 17 D/M
UHID/MR No : CVIM.0000246223
Visit ID : CVIMOPV636157
Ref Doctor : Self
Emp/Auth/TPA ID : 35E7706

Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 01:16PM
Reported : 22/Oct/2024 01:36PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

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

Page 16 of 18



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



SIN No:VIR241002691

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DEPARTMENT OF CLINICAL PATHOLOGY

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



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

SIN No:VIR241002691

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



Patient Name : Mr.NAWAL KISHOR SINGH	Collected : 22/Oct/2024 08:56AM
Age/Gender : 59 Y 9 M 17 D/M	Received : 22/Oct/2024 01:18PM
UHID/MR No : CVIM.0000246223	Reported : 22/Oct/2024 01:38PM
Visit ID : CVIMOPV636157	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7706	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE



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

SIN No:VIR241002692

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



Patient Name : Mr.NAWAL KISHOR SINGH
Age/Gender : 59 Y 9 M 17 D/M
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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.



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



SIN No: VIR241002692

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK

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

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

Patient Name	: Mr. NAWAL KISHOR SINGH	Age	: 59Yrs 9Mths 18Days
UHID	: CVIM.0000246223	OP Visit No.	: CVIMOPV636157
Printed On	: 22-10-2024 05:44 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7706		

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

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

Gall bladder is well distended and shows a 6.2 mm calculus. Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen.

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

Pancreas appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder mass detected. Pre-void- 494 cc. Post-void- 53 cc (significant)

Prostate is enlarged (volume - 26 cc) in size and echo texture. No evidence of necrosis seen. Central 8 mm calcification seen.

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

IMPRESSION:-

Grade II fatty liver.

Cholelithiasis without signs of cholecystitis.

Benign prostatic hypertrophy with significant post-void urinary residue.

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

---End Of The Report---



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

Patient Name	: Mr. NAWAL KISHOR SINGH	Age	: 59Yrs 9Mths 18Days
UHID	: CVIM.0000246223	OP Visit No.	: CVIMOPV636157
Printed On	: 22-10-2024 09:17 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7706		

DEPARTMENT OF CARDIOLOGY

ECG Report

Observation :-

1. Sinus Rhythm.
2. Heart rate is 76 beats per minutes.

Impression:

T. DOWNSLOPING V4-V6 BORDERLINE ECG.

---End Of The Report---



Dr.PRAMOD NARKHEDE
MBBS, DNB Medicine, DNB Cardiology
2004/09/3195
Cardiology

Patient Name : Mr. NAWAL KISHOR SINGH Age : 59Yrs 9Mths 21Days
UHID : CVIM.0000246223 OP Visit No. : CVIMOPV636157
Printed On : 25-10-2024 08:14 AM Advised/Pres Doctor : --
Department : Cardiology Qualification : --
Referred By : Self Registration No. : --
Employer Id : 35E7706

DEPARTMENT OF CARDIOLOGY

LV SIZE - NORMAL
NORMAL WALL THICKNESS
RWMA - ABSENT
LV SYSTOLIC FUNCTION - NORMAL
DIASTOLIC VELOCITIES NORMAL .
NORMAL CARDIAC VALVES ALTERED
PULMONARY PRESSURES - NORMAL
IAS IVS INTACT
IVC NORMAL
PERICARDIAL EFFUSION/ CLOT/ VEGETATION ABSENT

MEASUREMENTS

AOMMLAMMIVSD MMLVIDD MMPWD MMLVIDS MMEF %
32 36 11 50 11 26 60

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION
NORMAL CARDIAC VALVES
NO PULMONARY HYPERTENSION

---End Of The Report---



Dr.PRAMOD NARKHEDE
MBBS, DNB Medicine, DNB Cardiology
2004/09/3195
Cardiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Navul Kishor Singh on 22/10/2024

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Vit D, B12 def</u></p> <p>2. <u>Aspirin, BPHT, Cholesterol</u></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>	<input type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. Alia Fatima
Dr. _____
M.B.B.S.
Medical Officer 2023/11/9050
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Date : 10/25/2024 Department : General Practice
Patient Name : Mr. NAWAL KISHOR SINGH Doctor : Dr. ALIA FATHIMA
UHID : CVIM.0000246223 Registration No. : 9050
Age / Gender : 59Yrs 9Mths 20Days / Male Qualification : MBBS
Consultation Timing : 12:03 PM

Height : 162	Weight : 83	BMI :	Waist Circum :
Temp :	Pulse : 87	Resp :	B.P : 120/80

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Post report consultation.

Dr. Alia Fathima
M.B.B.S.
Registration No. 2023/11/9050

Follow up date:

Doctor Signature

Apollo Clinic, Viman Nagar

Nyati Millenium Premises, Cooperative Society Limited, Shop No. S1 & Stilt Floor,
Building "C", Viman Nagar, Pin: 411014 | Phone: (020) 2663 4331/32/34

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Toll Number : 1860 500 7788

Website : www.apolloclinic.com

246223
59 Years

NAWALKISHOR SINGH (VN)
Male

22-Oct-24 9:29:42 AM

Rate 77 Sinus rhythm
 PR 154 Nonspecific T abnormalities, diffuse leads
 QRSD 80 Baseline wander in lead(s) V6
 QT 355
 QTc 402

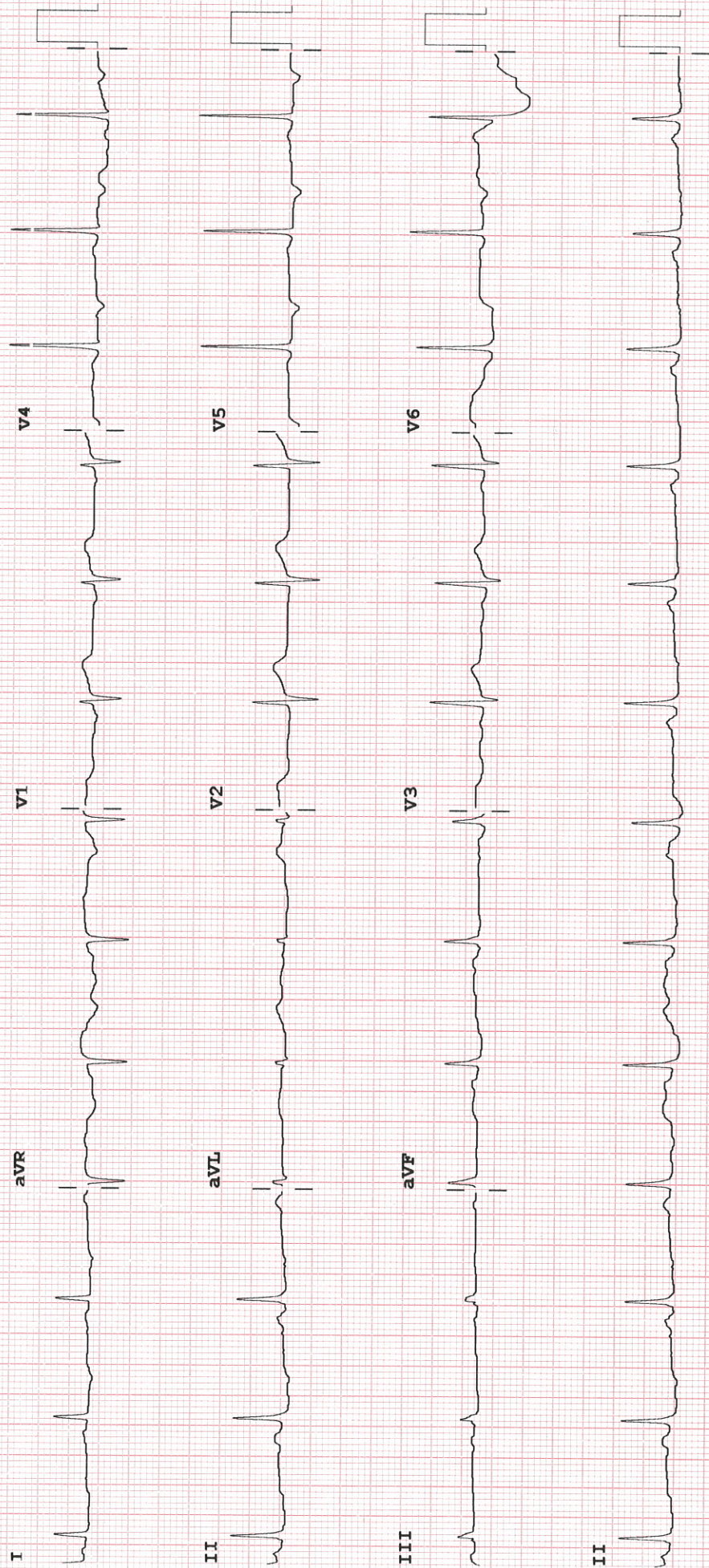
--AXIS--

P 48
 QRS 55
 T 171

12 Lead; Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50- 40 Hz W

PH100B CL

P?

Patient Name : Mr. NAWAL KISHOR SINGH Age : 59Yrs 9Mths 20Days
UHID : CVIM.0000246223 OP Visit No. : CVIMOPV636157
Printed On : 25-10-2024 01:44 PM Advised/Pres Doctor : --
Department : Cardiology Qualification : --
Referred By : Self Registration No. : --
Employee Id : 35E7706

DEPARTMENT OF CARDIOLOGY

LV SIZE - NORMAL
NORMAL WALL THICKNESS
RWMA - ABSENT
LV SYSTOLIC FUNCTION - NORMAL
DIASTOLIC VELOCITIES NORMAL .
NORMAL CARDIAC VALVES ALTERED
PULMONARY PRESSURES - NORMAL
IAS IVS INTACT
IVC NORMAL
PERICARDIAL EFFUSION/ CLOT/ VEGETATION ABSENT

MEASUREMENTS

AOMMLAMMIVSD MMLVIDD MMPWD MMLVIDS MMEF %
32 36 11 50 11 26 60

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION
NORMAL CARDIAC VALVES
NO PULMONARY HYPERTENSION

---End Of The Report---



Dr.PRAMOD NARKEDE
MBBS, DNB Medicine, DNB Cardiology
2004/09/3195
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

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Mr. Nawal Singh

22/10/24.

Consultation done.



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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TO BOOK AN APPOINTMENT



1860 500 7788

Patient Name : Mr. NAWAL KISHOR SINGH Age : 59Yrs 9Mths 18Days
UHID : CVIM.0000246223 OP Visit No. : CVIMOPV636157
Printed On : 22-10-2024 09:17 AM Advised/Pres Doctor : --
Department : Cardiology Qualification : --
Reffered By : Self Registration No. : --
Employee Id : 35E7706

DEPARTMENT OF CARDIOLOGY

ECG Report

Observation :-

1. Sinus Rhythm.
2. Heart rate is 76 beats per minutes.

Impression:

T. DOWNSLOPING V4-V6 BORDERLINE ECG.

---End Of The Report---



Dr. PRAMOD NARKHEDE
MBBS, DNB Medicine, DNB Cardiology
2004/09/3195
Cardiology

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

EYE EXAMINATION

DATE:- 25/10/20

NAME:- NAVAZ KHAN SINGH

AGE:- 59

CORPORATE:-

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

CCP - Both eyes corrected by Spectacles.

Impression - Normal Eye Check Up.

Needs further evaluation and regular OP.

(Ophthalmology)

Dr. Nave

Patient Name	: Mr. NAWAL KISHOR SINGH	Age	: 59Yrs 9Mths 18Days
UHID	: CVIM.0000246223	OP Visit No.	: CVIMOPV636157
Printed On	: 22-10-2024 05:44 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 35E7706		

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

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

Gall bladder is well distended and shows a 6.2 mm calculus. Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen.

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder mass detected. Pre-void- 494 cc. Post-void- 53 cc (significant)

Prostate is enlarged (volume - 26 cc) in size and echo texture. No evidence of necrosis seen. Central 8 mm calcification seen.

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

IMPRESSION:-

Grade II fatty liver.

Cholelithiasis without signs of cholecystitis.

Benign prostatic hypertrophy with significant post-void urinary residue.

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

---End Of The Report---

Preeti

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



Patient Name	: Mr.NAWAL KISHOR SINGH	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 59 Y 9 M 17 D/M	Received	: 22/Oct/2024 12:55PM
UHID/MR No	: CVIM.0000246223	Reported	: 22/Oct/2024 01:45PM
Visit ID	: CVIMOPV636157	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7706		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Predominantly Normocytic Normochromic with Macrocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



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

Apollo Health and Lifestyle Limited

SIN No: VIR241002689
(CIN : U85110TG2000PLC115819)
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
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TO BOOK AN APPOINTMENT

1860 500 7788



Patient Name : Mr.NAWAL KISHOR SINGH Collected : 22/Oct/2024 08:56AM
 Age/Gender : 59 Y 9 M 17 D/M Received : 22/Oct/2024 12:55PM
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 Emp/Auth/TPA ID : 35E7706

DEPARTMENT OF HAEMATOLOGY

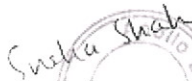
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	13-17	Spectrophotometer
PCV	40.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.49	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	16.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,890	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	31.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3996.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2197.91	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	117.13	Cells/cu.mm	20-500	Calculated
MONOCYTES	558.09	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.67	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.82		0.78- 3.53	Calculated
PLATELET COUNT	158000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's Predominantly Normocytic Normochromic with Macrocytes+
 WBC's are normal in number and morphology
 Platelets are Adequate
 No hemoparasite seen.




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

APOLLO HEALTH AND LIFESTYLE LIMITED

APOLLO HEALTH AND LIFESTYLE LIMITED | Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Certificate No: IAC-5687

Patient Name	: Mr.NAWAL KISHOR SINGH	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 59 Y 9 M 17 D/M	Received	: 22/Oct/2024 12:55PM
UHID/MR No	: CVIM.0000246223	Reported	: 22/Oct/2024 01:45PM
Visit ID	: CVIMOPV636157	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7706		

DEPARTMENT OF HAEMATOLOGY

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

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



Apollo Health and Lifestyle Limited

SIN No: VIK241002687
(CIN: U85110TG2000PLC115819)
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
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 MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



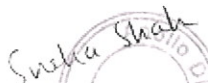
Patient Name	: Mr.NAWAL KISHOR SINGH	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 59 Y 9 M 17 D/M	Received	: 22/Oct/2024 12:55PM
UHID/MR No	: CVIM.0000246223	Reported	: 22/Oct/2024 01:55PM
Visit ID	: CVIMOPV636157	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7706		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name	: Mr.NAWAL KISHOR SINGH	Collected	: 22/Oct/2024 12:59PM
Age/Gender	: 59 Y 9 M 17 D/M	Received	: 22/Oct/2024 03:03PM
UHID/MR No	: CVIM.0000246223	Reported	: 22/Oct/2024 03:41PM
Visit ID	: CVIMOPV636157	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7706		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > 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)	145	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

Consultant Pathologist
Apollo Health and Lifestyle Limited

SINGN: UPR24TG2009PLC115819
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Patient Name	: Mr.NAWAL KISHOR SINGH	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 59 Y 9 M 17 D/M	Received	: 22/Oct/2024 12:55PM
UHID/MR No	: CVIM.0000246223	Reported	: 22/Oct/2024 02:50PM
Visit ID	: CVIMOPV636157	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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APOLLO CLINICS NETWORK MAHARASHTRA

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Patient Name	: Mr.NAWAL KISHOR SINGH	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 59 Y 9 M 17 D/M	Received	: 22/Oct/2024 01:34PM
UHID/MR No	: CVIM.0000246223	Reported	: 22/Oct/2024 02:44PM
Visit ID	: CVIMOPV636157	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7706		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHO-POD
TRIGLYCERIDES	112	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.57	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.46	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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



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

Apollo Health and Lifestyle Limited

SIN No: VIR241002686

(CIN : U8510TG2000PLC115819)

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

APOLLO CLINICS NETWORK MAHARASHTRA

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TO BOOK AN APPOINTMENT

1860 500 7788



Patient Name	: Mr.NAWAL KISHOR SINGH	Collected	: 22/Oct/2024 08:56AM
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UHID/MR No	: CVIM.0000246223	Reported	: 22/Oct/2024 02:44PM
Visit ID	: CVIMOPV636157	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7706		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.99	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.7	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	67.71	U/L	30-120	IFCC
PROTEIN, TOTAL	7.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.19	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.1		0.9-2.0	Calculated

Comment:

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

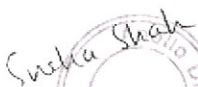
1. Hepatocellular Injury:

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

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

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

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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



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SIN No: V1R241002080
 (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 MAHARASHTRA

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



Certificate No: MC-5697

Patient Name	: Mr.NAWAL KISHOR SINGH	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 59 Y 9 M 17 D/M	Received	: 22/Oct/2024 01:34PM
UHID/MR No	: CVIM.0000246223	Reported	: 22/Oct/2024 02:44PM
Visit ID	: CVIMOPV636157	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7706		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.91	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.88	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.62	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.19	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.1		0.9-2.0	Calculated



Sheha Shah
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	67.71	U/L	30-120	IFCC

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

Apollo Health and Lifestyle Limited

SIN No: UBR 120001 (C115819)

Regd. Office: 1A-90/92, Asoka Road, 1st Chamber, 5th Floor, Begus Road, Hyderabad, Telangana-500036.
Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	19.80	U/L	<55	IFCC



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Collected : 22/Oct/2024 08:56AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.89	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.319	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

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

Consultant Pathologist
Apollo Health and Lifestyle Limited

SIN: U85110792002RC15819

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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR. Sanjay Ingle
M.B.B.S., M.D. (Pathology)

Consultant Pathologist
Apollo Health and Lifestyle Limited

SIN No. U51101G00001115819

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	14.7	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.



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

Apollo Health and Lifestyle Limited

SIN NO: YR241002089
 (CIN - U8510TG2000PC115819)
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
 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 MAHARASHTRA
Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



Certificate No: MC-5697

Patient Name : Mr.NAWAL KISHOR SINGH
Age/Gender : 59 Y 9 M 17 D/M
UHID/MR No : CVIM.0000246223
Visit ID : CVIMOPV636157
Ref Doctor : Self
Emp/Auth/TPA ID : 35E7706

Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 01:33PM
Reported : 22/Oct/2024 02:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	110	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.580	ng/mL	0-4	CLIA

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

Apollo Health and Lifestyle Limited

(CIN: U85102G2009PLC115819)

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

APOLLO CLINICS NETWORK MAHARASHTRA

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

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



DR. Sanjay Ingle
 M.B.B.S.M.D(Pathology)

Consultant Pathologist
Apollo Health and Lifestyle Limited

(SIN/US/19/12/2000/0115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana-500016 Lab
 Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

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Emp/Auth/TPA ID	: 35E7706		

DEPARTMENT OF CLINICAL PATHOLOGY

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



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

Consultant Pathologist
Apollo Health and Lifestyle Limited

SIN N 001102400000115819

Read. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana, 500 016. Lab
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
 GLUCOSE (POST PRANDIAL) - URINE



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

Apollo Health and Lifestyle Limited

SONNUS TRUST (0000002115819)

Head Office: 15/10-60/62, Ashoka Raghunathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana 500 016, Lab
 Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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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.



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



Apollo Health and Lifestyle Limited

SIN No: VIR241002092
(CIN : U85110TG2000PLC115819)
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Regd. Office: 1-10/60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
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