

Patient Name : Mr.MEENA NAVEEN KUMAR  
Age/Gender : 47 Y 1 M 11 D/M  
UHID/MR No : SCHI.0000024831  
Visit ID : SCHIOPV38184  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 84935

Collected : 19/Oct/2024 10:04AM  
Received : 19/Oct/2024 11:04AM  
Reported : 19/Oct/2024 05:09PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240239659



Patient Name	: Mr.MEENA NAVEEN KUMAR	Collected	: 19/Oct/2024 10:04AM
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Emp/Auth/TPA ID	: 84935		

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.99	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.3	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,470	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.5	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>40.4</b>	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	4.4	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2871.75	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2209.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	92.99	Cells/cu.mm	20-500	Calculated
MONOCYTES	240.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.3		0.78- 3.53	Calculated
PLATELET COUNT	163000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	07	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:BED240239659



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**DEPARTMENT OF HAEMATOLOGY**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240239659



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UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 05:45PM
Visit ID : SCHIOPV38184	Status : Final Report
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**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:BED240239659



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 01:33PM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 01:51PM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:23PM
Visit ID : SCHIOPV38184	Status : Final Report
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Emp/Auth/TPA ID : 84935	

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	96	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	81	mg/dL	70-140	GOD - POD

**Comment:**

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

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



Dr. SHWETA GUPTA  
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SIN No:PLP1487245



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 02:06PM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:42PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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

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

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

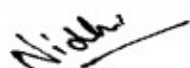
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240093051





Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 11:25AM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:21PM
Visit ID : SCHIOPV38184	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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>206</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	135	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>165</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>138</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.02</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.16</b>		<0.11	Calculated

**Comment:**

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

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



Dr. SHWETA GUPTA  
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SIN No:SE04837098



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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.40</b>	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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. SHWETA GUPTA  
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Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 09:47PM
UHID/MR No : SCHI.0000024831	Reported : 20/Oct/2024 09:40AM
Visit ID : SCHIOPV38184	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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.90	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	24.70	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.4	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated



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

SIN No:BI22306611



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
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UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 12:25PM
Visit ID : SCHIOPV38184	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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:SE04837098



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Visit ID : SCHIOPV38184	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

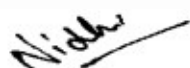
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.364	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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



Dr Nidhi Sachdev  
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Consultant Pathologist

SIN No:SPL24144110



Patient Name	: Mr.MEENA NAVEEN KUMAR	Collected	: 19/Oct/2024 10:04AM
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UHID/MR No	: SCHI.0000024831	Reported	: 19/Oct/2024 03:06PM
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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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Dr Nidhi Sachdev  
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SIN No:SPL24144110



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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	0.290	ng/mL	0-4	CLIA



Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: SPL24144110



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Visit ID : SCHIOPV38184  
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Collected : 19/Oct/2024 10:04AM  
Received : 19/Oct/2024 01:35PM  
Reported : 19/Oct/2024 03:27PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UR2417022





Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 01:34PM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:27PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

**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	Dipstick

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

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012135



Patient Name : Mr.MEENA NAVEEN KUMAR  
Age/Gender : 47 Y 1 M 11 D/M  
UHID/MR No : SCHI.0000024831  
Visit ID : SCHIOPV38184  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 84935

Collected : 19/Oct/2024 10:04AM  
Received : 19/Oct/2024 01:34PM  
Reported : 19/Oct/2024 03:27PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012135



Name : Mr. MEENA NAVEEN KUMAR

Age: 47 Y

UHID: SCHI.0000024831



OP Number: SCHIOPV38184

Address : B 169 DAYANAND COLONY

Sex: M

Bill No : SCHI-OCR-12725

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Date : 19.10.2024 09:48

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO ✓ 1 PM ✓	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL) ←	
10	PERIPHERAL SMEAR	
11	ECG ✓	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION ✓	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ← 1.15 PM ✓	
15	URINE GLUCOSE (FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA ✓	
18	MENT CONSULTATION ✓ BY NAYEN	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN ✓	
24	ULTRASOUND - WHOLE ABDOMEN ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Height: 179 cm  
 Weight: 76.9 kg  
 B.P: 130/70 mm  
 Pulse: 62 bpm  
 SP02: 98%



भारत सरकार  
Government of India



Naveen Kumar Meena  
DOB : 08/09/1977  
Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।  
Aadhaar is a proof of identity, not of citizenship.



**3368 7984 0113**

मेरा आधार, मेरी पहचान

Issue Date: 12/01/2012

Client Name

ARCOFEMI HEALTHCARE LIMITED

Patient Name

MR. MEENA NAVEEN  
KUMAR

Email

Naveen.kum  
armeena@b  
arkofbaroda.  
com

Agreement Name

AGREEMENT

Package Name

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



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Meena Naveen on 19/10

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	

Dr. Meena  
 Medical Officer  
 The Apollo Clinic, Uppal



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



PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Meeni	UHID No :	24837
AGE / GENDER :-	47y M	RECEIPT No :-	
PANEL :	Arcofemp	EXAMINED ON :-	19/10

Chief Complaints:

C/o warden in throat

Appendicectomy

Past History:

DM	: Nil	CVA	: Nil
Hypertension	: Nil	Cancer	: Nil
CAD	: Nil	Other	: Nil

Personal History:

Alcohol	: Nil	Activity	: Active
Smoking	: Nil	Allergies	: Nil

Family History:

CAD Bylan

General Physical Examination:

Height	179	: cms	Pulse	62/m	bpm
Weight	76.9	: Kgs	BP	130/70	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	: Normal
Respiratory system	: Normal
Abdominal system	: Normal
CNS	: Normal
Others	: Normal

## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Meenu</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

### Investigations:

- All the reports of tests and investigations are attached herewith

*Dyslipidemia*

### Recommendation:

- low fat diet  
Cap Miced DSR 102 x 2 weeks  
Cap Q Achivee 102 x 2 months  
My vite 1/3 60 once a week  
2 months

Dr. Navneet Kaur  
Consultant Physician



Mr. Meena Naveen Kumar  
47/M

19/10/24

Eye checkup

H/o using glasses

no H/o systemic disease

V < 6/9<sup>Ⓟ</sup>  
6/9<sup>Ⓟ</sup>

NIU < 16 ] mmHg down / abnormal B/A

BCVA < -1.00 DC X 40' 6/6  
-1.00 DC X 150' 6/6  
Add +1.75 DS N6 B/A

Slit lamp exam =

AS normal B/A

pupil reaction Normal B/A

Fundus < wnl B/A

Adv  
Glasses

Damaskin  
19/10/24

19/10/24

Pt Name - MR. Meera Navin Kumar

Age - 47 / Male

Co - Routine dental checkup.

M/H - N.R.M

D/H - N.R.M

O/E - stain ++  
calculus ++

Advice - complete oral prophylaxis,  
scaling & polishing.

↓

  
Apollo Spectra  
9800252265



**Dr. Nayeem Ahmad**

MBBS (Patna), DLOMS (Patna)

DNB (I) New Delhi

Consultant ENT Surgeon



Specialists in Surgery

For Appointment : +91 11 40465555

Mob.: +91 9910995018

9891740801

Mr. Meena Naveen Kumar  
47y/M

9E

B/L ITH TM

Throat - normal

Ear - B/L TM intact

! Allergic Rhinitis

~ NCCT PNS (Aryoid + coronal)

~ 9555454433 (Rahul)

Rx

Fluticare FT NS 2puff BID  
in both nostrils

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

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

<b>Name :</b>	<b>MEENA NAVEEN KUMAR</b>	<b>Age/Sex:</b>	47 Yrs./M
<b>UHID :</b>	<b>24831</b>		
<b>Ref By :</b>	<b>APOLLO SPECTRA</b>	<b>Date:-</b>	<b>19.10.2024</b>

### ULTRASOUND WHOLE ABDOMEN

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

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

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

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

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

**Prostate:** normal in size, weight 11 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

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

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

  
 DR. DEEPIKA AGARWAL  
 Consultant Radiologist

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



Patient Name : Mr. MEENA NAVEEN KUMAR Age : 47 Y/M  
 UHID : SCHI.0000024831 OP Visit No : SCHIOPV38184  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 20-10-2024 15:07  
 Referred By : SELF

**MITRAL VALVE**

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

**TRICUSPID VALVE**

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

**PULMONARY VALVE**

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

**AORTIC VALVE**

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

Measurements	Normal Values	Measurements	Normal values
Aorta	2.8 (2.0 – 3.7cm)	LA es	3.2 (1.9 – 4.0cm)
LV es	2.5 (2.2 – 4.0cm)	LV ed	4.5 (3.7 – 5.6cm)
IVS ed	1.0 (0.6 – 1.1cm)	PW (LV)	0.9 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	65% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical

**CHAMBERS :**

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

	Contraction	<u>Normal</u> /Reduced
Regional wall motion abnormality		<u>Absent</u>
LA		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus
RA		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus
RV		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus

## PERICARDIUM

### COMMENTS & SUMMARY

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



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

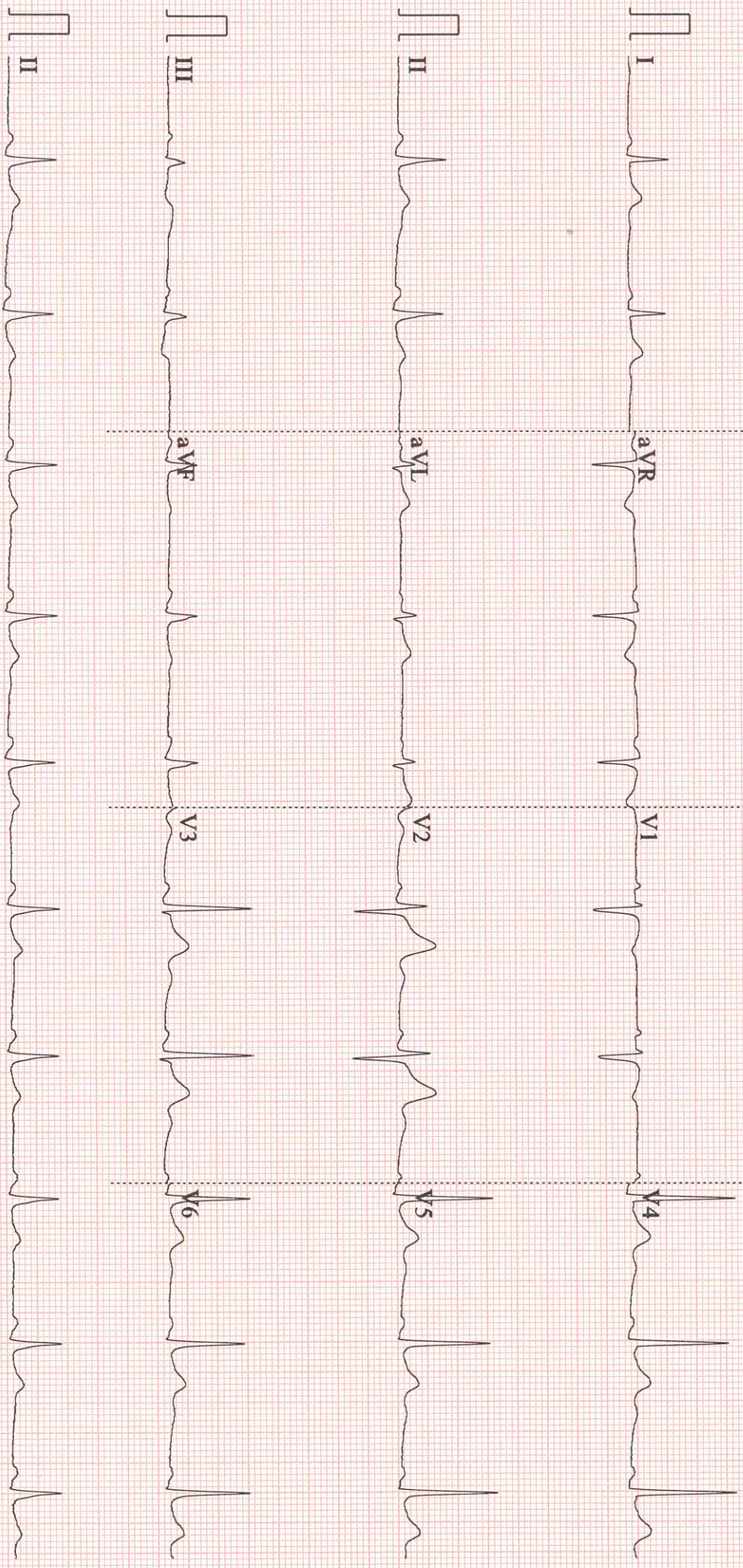


ID: 24831  
MEENA NAVEEN KUMAR  
Male 47Years  
Req. No. :

19-10-2024 11:44:48  
HR : 60 bpm  
P : 102 ms  
PR : 141 ms  
QRS : 103 ms  
QT/QTcBz : 397/400 ms  
P/QRS/T : 57/49/13 °  
RV5/SV1 : 1.566/0.642 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:





**DIGITAL X-RAY REPORT**

NAME: MEENA	DATE: 19.10.2024
UHID NO : 24831	AGE: 47YRS/ SEX: F

**X-RAY CHEST PA VIEW**

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY**

Please correlate clinically and with lab investigations



**DR. DEEPIKA AGARWAL**  
Consultant Radiologist

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

Patient Name : Mr.MEENA NAVEEN KUMAR  
Age/Gender : 47 Y 1 M 11 D/M  
UHID/MR No : SCHI.0000024831  
Visit ID : SCHIOPV38184  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 84935

Collected : 19/Oct/2024 10:04AM  
Received : 19/Oct/2024 11:04AM  
Reported : 19/Oct/2024 05:09PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

-----

Page 1 of 15



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240239659



Patient Name : Mr.MEENA NAVEEN KUMAR  
Age/Gender : 47 Y 1 M 11 D/M  
UHID/MR No : SCHI.0000024831  
Visit ID : SCHIOPV38184  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.99	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.3	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,470	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.5	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>40.4</b>	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	4.4	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2871.75	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2209.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	92.99	Cells/cu.mm	20-500	Calculated
MONOCYTES	240.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.3		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	163000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	07	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

Page 2 of 15



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240239659





Patient Name : Mr.MEENA NAVEEN KUMAR  
Age/Gender : 47 Y 1 M 11 D/M  
UHID/MR No : SCHI.0000024831  
Visit ID : SCHIOPV38184  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 84935

Collected : 19/Oct/2024 10:04AM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240239659



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 11:04AM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 05:45PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240239659



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 01:33PM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 01:51PM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:23PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

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	96	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	81	mg/dL	70-140	GOD - POD

**Comment:**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:PLP1487245



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 02:06PM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:42PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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

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

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

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

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240093051



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 11:25AM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:21PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>206</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	135	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>165</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>138</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.02</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.16</b>		<0.11	Calculated

**Comment:**

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

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04837098



Patient Name	: Mr.MEENA NAVEEN KUMAR	Collected	: 19/Oct/2024 10:04AM
Age/Gender	: 47 Y 1 M 11 D/M	Received	: 19/Oct/2024 11:25AM
UHID/MR No	: SCHI.0000024831	Reported	: 19/Oct/2024 03:21PM
Visit ID	: SCHIOPV38184	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 84935		

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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.40</b>	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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.



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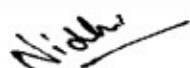


Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 09:47PM
UHID/MR No : SCHI.0000024831	Reported : 20/Oct/2024 09:40AM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.90	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	24.70	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.4	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated



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

SIN No:BI22306611



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 11:25AM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 12:25PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04837098



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 02:15PM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:06PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.364	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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



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

SIN No:SPL24144110



Patient Name	: Mr.MEENA NAVEEN KUMAR	Collected	: 19/Oct/2024 10:04AM
Age/Gender	: 47 Y 1 M 11 D/M	Received	: 19/Oct/2024 02:15PM
UHID/MR No	: SCHI.0000024831	Reported	: 19/Oct/2024 03:06PM
Visit ID	: SCHIOPV38184	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 84935		

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

SIN No:SPL24144110



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 02:15PM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:04PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

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	0.290	ng/mL	0-4	CLIA



Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: SPL24144110





Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 01:35PM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:27PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

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

Page 14 of 15



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UR2417022



Patient Name : Mr.MEENA NAVEEN KUMAR	Collected : 19/Oct/2024 10:04AM
Age/Gender : 47 Y 1 M 11 D/M	Received : 19/Oct/2024 01:34PM
UHID/MR No : SCHI.0000024831	Reported : 19/Oct/2024 03:27PM
Visit ID : SCHIOPV38184	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84935	

**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	Dipstick

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

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012135



Patient Name	: Mr.MEENA NAVEEN KUMAR	Collected	: 19/Oct/2024 10:04AM
Age/Gender	: 47 Y 1 M 11 D/M	Received	: 19/Oct/2024 01:34PM
UHID/MR No	: SCHI.0000024831	Reported	: 19/Oct/2024 03:27PM
Visit ID	: SCHIOPV38184	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 84935		

### TERMS AND CONDITIONS GOVERNING THIS REPORT

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012135



Patient Name : Mr. MEENA NAVEEN KUMAR Age : 47 Y/M  
 UHID : SCHI.0000024831 OP Visit No : SCHIOPV38184  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 20-10-2024 15:09  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_

Doppler Normal/Abnormal E>A **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

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

**PULMONARY VALVE**

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

**AORTIC VALVE**

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

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

Patient Name : Mr. MEENA NAVEEN KUMAR Age : 47 Y/M  
 UHID : SCHI.0000024831 OP Visit No : SCHIOPV38184  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 20-10-2024 15:09  
 Referred By : SELF

Aorta	2.8	(2.0 – 3.7cm)	LA es	3.2	(1.9 – 4.0cm)
LV es	2.5	(2.2 – 4.0cm)	LV ed	4.5	(3.7 – 5.6cm)
IVS ed	1.0	(0.6 – 1.1cm)	PW (LV)	0.9	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVs (ml)		
EF	65%	(54%-76%)	IVS motion		<b><u>Normal</u></b> /Flat/Paradoxical

**CHAMBERS :**

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

Regional wall motion abnormality **Absent**

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

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

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

**PERICARDIUM**

**COMMENTS & SUMMARY**

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



Patient Name : Mr. MEENA NAVEEN KUMAR Age : 47 Y/M  
UHID : SCHI.0000024831 OP Visit No : SCHIOPV38184  
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 20-10-2024 15:09  
Referred By : SELF

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

Patient Name : Mr. MEENA NAVEEN KUMAR

UHID : SCHI.0000024831

Conducted By: :

Referred By : SELF

Age : 47 Y/M

OP Visit No : SCHIOPV38184

Conducted Date :

Patient Name : Mr. MEENA NAVEEN KUMAR

UHID : SCHI.0000024831

Conducted By :

Referred By : SELF

Age : 47 Y/M

OP Visit No : SCHIOPV38184

Conducted Date :

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