

Patient Name	: Mr.ABHISHEK SHUKLA	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 37 Y 1 M 13 D/M	Received	: 22/Oct/2024 11:02AM
UHID/MR No	: SCHE.0000088905	Reported	: 22/Oct/2024 01:20PM
Visit ID	: SCHEOPV107181	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35568		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	Spectrophotometer
PCV	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	95	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	72	%	40-80	Electrical Impedence
LYMPHOCYTES	23	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4536	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1449	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	126	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>189</b>	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.13		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	258000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	04	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS + WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				

Page 1 of 15



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240240534



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**DEPARTMENT OF HAEMATOLOGY**

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

  
**DR. APARNA NAIK**  
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CONSULTANT PATHOLOGIST

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>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. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:BED240240534



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Age/Gender : 37 Y 1 M 13 D/M	Received : 22/Oct/2024 11:02AM
UHID/MR No : SCHE.0000088905	Reported : 22/Oct/2024 11:34AM
Visit ID : SCHEOPV107181	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	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.



**DR. APARNA NAIK**  
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SIN No:PLF02210220



Patient Name : Mr.ABHISHEK SHUKLA	Collected : 26/Oct/2024 12:01PM
Age/Gender : 37 Y 1 M 17 D/M	Received : 26/Oct/2024 01:47PM
UHID/MR No : SCHE.0000088905	Reported : 26/Oct/2024 02:05PM
Visit ID : SCHEOPV107181	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	96	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. APARNA NAIK**  
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CONSULTANT PATHOLOGIST

SIN No:PLP1487533



Patient Name : Mr.ABHISHEK SHUKLA	Collected : 22/Oct/2024 08:56AM
Age/Gender : 37 Y 1 M 13 D/M	Received : 22/Oct/2024 02:05PM
UHID/MR No : SCHE.0000088905	Reported : 22/Oct/2024 03:05PM
Visit ID : SCHEOPV107181	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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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Dr.Sandip Kumar Banerjee  
M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist



SIN No:EDT240093198

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>215</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>160</b>	mg/dL	<150	
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>167</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>135</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>32</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		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. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:SE04837959



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	100.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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 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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**DEPARTMENT OF BIOCHEMISTRY**

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

  
**DR. APARNA NAIK**  
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.82	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>14.12</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	16-73	Glycylglycine Kinetic method



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.161	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 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

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Dr. Akanksha Kanad Vitkar  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: SPL24144386



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**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr. Akanksha Kanad Vitkar  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist

SIN No: SPL24144386



Patient Name	: Mr.ABHISHEK SHUKLA	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 37 Y 1 M 13 D/M	Received	: 22/Oct/2024 01:48PM
UHID/MR No	: SCHE.0000088905	Reported	: 22/Oct/2024 01:56PM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		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	Modifed 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	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

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

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

Page 14 of 15



**DR. APARNA NAIK**  
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Begumpet, Hyderabad, Telangana - 500016

**Address:**

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,  
Deonar, Chembur, Mumbai, Maharashtra  
Ph: 022 4334 4600

Patient Name : Mr.ABHISHEK SHUKLA  
Age/Gender : 37 Y 1 M 13 D/M  
UHID/MR No : SCHE.0000088905  
Visit ID : SCHEOPV107181  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E35568

Collected : 22/Oct/2024 08:56AM  
Received : 22/Oct/2024 01:48PM  
Reported : 22/Oct/2024 01:56PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2417362



Patient Name : Mr.ABHISHEK SHUKLA  
Age/Gender : 37 Y 1 M 13 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. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2417362



#### Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN - U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

#### Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,  
Deonar, Chembur, Mumbai, Maharashtra  
Ph: 022 4334 4600



**Patient Name** : Mr. Abhishek Shukla

**Age/Gender** : 37 Y/M

**UHID/MR No.** : SCHE.0000088905

**OP Visit No** : SCHEOPV107181

**Sample Collected on** :

**Reported on** : 26-10-2024 13:08

**LRN#** : RAD2427926

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 22E35568

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** : Normal in size, shape and **shows increased echogenicity with loss of peri portal echogenicity**. No obvious mass seen. IHBR appear normal.

**Gall Bladder** : Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

**Pancreas**: Normal in size and echopattern.

**Spleen** : Normal in size, echopattern

**Kidneys** : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 9.5 x 4.8 cm.

LK : 10.6 x 5.0cm.

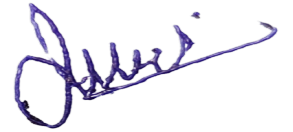
No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

**Urinary bladder**: Well distended with clear contents. Wall thickness is within normal limits.

**Prostate**: appears normal in size and echotexture. (Volume- 16cc ).

**IMPRESSION: GRADE II FATTY LIVER**



**Dr. JAVED SIKANDAR TADVI**  
**MBBS, DMRD, Radiologist**

Radiology



Patient Name : Mr. Abhishek Shukla Age : 37 Y M  
UHID : SCHE.0000088905 OP Visit No : SCHEOPV107181  
Reported on : 26-10-2024 13:08 Printed on : 26-10-2024 14:55  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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**Prostate:** appears normal in size and echotexture. (Volume- 16cc ).

**IMPRESSION: GRADE II FATTY LIVER**

Printed on:26-10-2024 13:08


---End of the Report---

**Dr. JAVED SIKANDAR TADVI**  
MBBS, DMRD, Radiologist  
Radiology

Customer Pending Tests

diet, post glucose , ent, ophthal, usg, dental test pending will come on 26th oct

4

<b>Name</b> : Mr. Abhishek Shukla  <b>Address</b> : wadala mumbai  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 37 Y  <b>Sex</b> : M	<b>UHID</b> :SCHE.0000088905  *SCHE.0000088905* <b>OP Number</b> :SCHEOPV107181 <b>Bill No</b> :SCHE-OCR-25277 <b>Date</b> : 22.10.2024 08:48
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>2D ECHO - 3:40.</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>DIET CONSULTATION - 26th</del>	
<del>7</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>8</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>9</del>	<del>PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ECG</del>	
<del>11</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>12</del>	<del>DENTAL CONSULTATION - 26th</del>	
<del>13</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 26th</del>	
<del>14</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>15</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>16</del>	<del>X-RAY CHEST PA</del>	
<del>17</del>	<del>ENT CONSULTATION - 1:30 - 26th</del>	
<del>18</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>19</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>20</del>	<del>LIPID PROFILE</del>	
<del>21</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>22</del>	<del>OPHTHAL BY GENERAL PHYSICIAN - 11:30 - 26th</del>	
<del>23</del>	<del>ULTRASOUND - WHOLE ABDOMEN - 12:00 - 26th</del>	
<del>24</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

Patient Name : Mr.ABHISHEK SHUKLA  
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**DEPARTMENT OF HAEMATOLOGY**

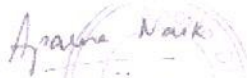
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	Spectrophotometer
PCV	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	72	%	40-80	Electrical Impedance
LYMPHOCYTES	23	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4536	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1449	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	126	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>189</b>	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.13		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	258000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	04	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

RBC NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS +  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN

Page 1 of 14

  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240240534




Patient Name : Mr.ABHISHEK SHUKLA  
Age/Gender : 37 Y 1 M 13 D/M  
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DEPARTMENT OF HAEMATOLOGY

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



DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240240534

Page 2 of 14

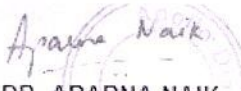


Patient Name	: Mr.ABHISHEK SHUKLA	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 37 Y 1 M 13 D/M	Received	: 22/Oct/2024 11:02AM
UHID/MR No	: SCHE.0000088905	Reported	: 22/Oct/2024 01:22PM
Visit ID	: SCHEOPV107181	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35568		

**DEPARTMENT OF HAEMATOLOGY**

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

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



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:BED240240534



Patient Name : Mr.ABHISHEK SHUKLA  
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Collected : 22/Oct/2024 08:56AM  
Received : 22/Oct/2024 11:02AM  
Reported : 22/Oct/2024 11:34AM  
Status : Final Report  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	GOD - POD

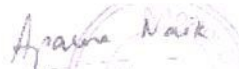
**Comment:**

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.

  
DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:PLF02210220





Patient Name : Mr.ABHISHEK SHUKLA  
Age/Gender : 37 Y 1 M 13 D/M  
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Collected : 22/Oct/2024 08:56AM  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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
  - HbF >25%
  - Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 5 of 14



Dr.Sandip Kumar Banerjee  
M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist

SIN No:EDT240093198



Patient Name : Mr.ABHISHEK SHUKLA  
Age/Gender : 37 Y 1 M 13 D/M  
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**DEPARTMENT OF BIOCHEMISTRY**

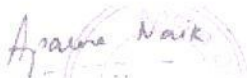
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>215</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>160</b>	mg/dL	<150	
HDL CHOLESTEROL	<b>48</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>167</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>135</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>32</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>4.48</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. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:SE04837959



Patient Name	: Mr.ABHISHEK SHUKLA	Collected	: 22/Oct/2024 08:56AM
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UHID/MR No	: SCHE.0000088905	Reported	: 22/Oct/2024 01:20PM
Visit ID	: SCHEOPV107181	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35568		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	100.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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:

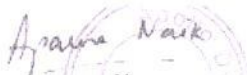
1. Hepatocellular Injury:

\*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. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:SE04837959



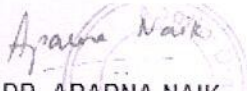
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DEPARTMENT OF BIOCHEMISTRY

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

Page 8 of 14



DR. APARNA NAIK  
MBBS DPM  
CONSULTANT PATHOLOGIST

SIN No:SE04837959



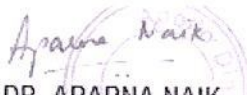
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.82	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>14.12</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



DR. APARNA NAIK  
 MBBS DPB  
 CONSULTANT PATHOLOGIST

SIN No:SE04837959



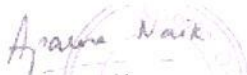
Patient Name : Mr.ABHISHEK SHUKLA  
Age/Gender : 37 Y 1 M 13 D/M  
UHID/MR No : SCHE.0000088905  
Visit ID : SCHEOPV107181  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E35568

Collected : 22/Oct/2024 08:56AM  
Received : 22/Oct/2024 11:02AM  
Reported : 22/Oct/2024 01:20PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	22.00	U/L	16-73	Glycylglycine Kinetic method



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:SE04837959



Patient Name	: Mr.ABHISHEK SHUKLA	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 37 Y 1 M 13 D/M	Received	: 22/Oct/2024 02:05PM
UHID/MR No	: SCHE.0000088905	Reported	: 22/Oct/2024 03:18PM
Visit ID	: SCHEOPV107181	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35568		

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.161	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 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. Akanksha Kanad Vitkar  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: SPL24144386



Patient Name : Mr.ABHISHEK SHUKLA  
 Age/Gender : 37 Y 1 M 13 D/M  
 UHID/MR No : SCHE.0000088905  
 Visit ID : SCHEOPV107181  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 22E35568

Collected : 22/Oct/2024 08:56AM  
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**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr. Akanksha Kanad Vitkar  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist

SIN No: SPL24144386





Patient Name : Mr.ABHISHEK SHUKLA  
Age/Gender : 37 Y 1 M 13 D/M  
UHID/MR No : SCHE.0000088905  
Visit ID : SCHEOPV107181  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E35568

Collected : 22/Oct/2024 08:56AM  
Received : 22/Oct/2024 01:48PM  
Reported : 22/Oct/2024 01:56PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

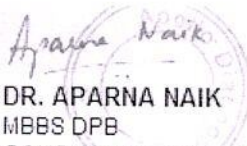
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL 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	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

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

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

Page 13 of 14

  
DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2417362

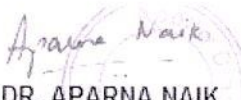


Patient Name : Mr.ABHISHEK SHUKLA  
Age/Gender : 37 Y 1 M 13 D/M  
UHID/MR No : SCHE.0000088905  
Visit ID : SCHEOPV107181  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E35568

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

DEPARTMENT OF CLINICAL PATHOLOGY

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



DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:UR2417362

Page 14 of 14



37Years

Male

Rate: 51 . SINUS RHYTHM  
 RR 1,180 . BASELINE WANDER IN LEAD(S) V1 V2 V3 V4 V5  
 PR 160  
 QRSD 86  
 QT 394  
 QTcB 363

*Sinus Bradycardia*

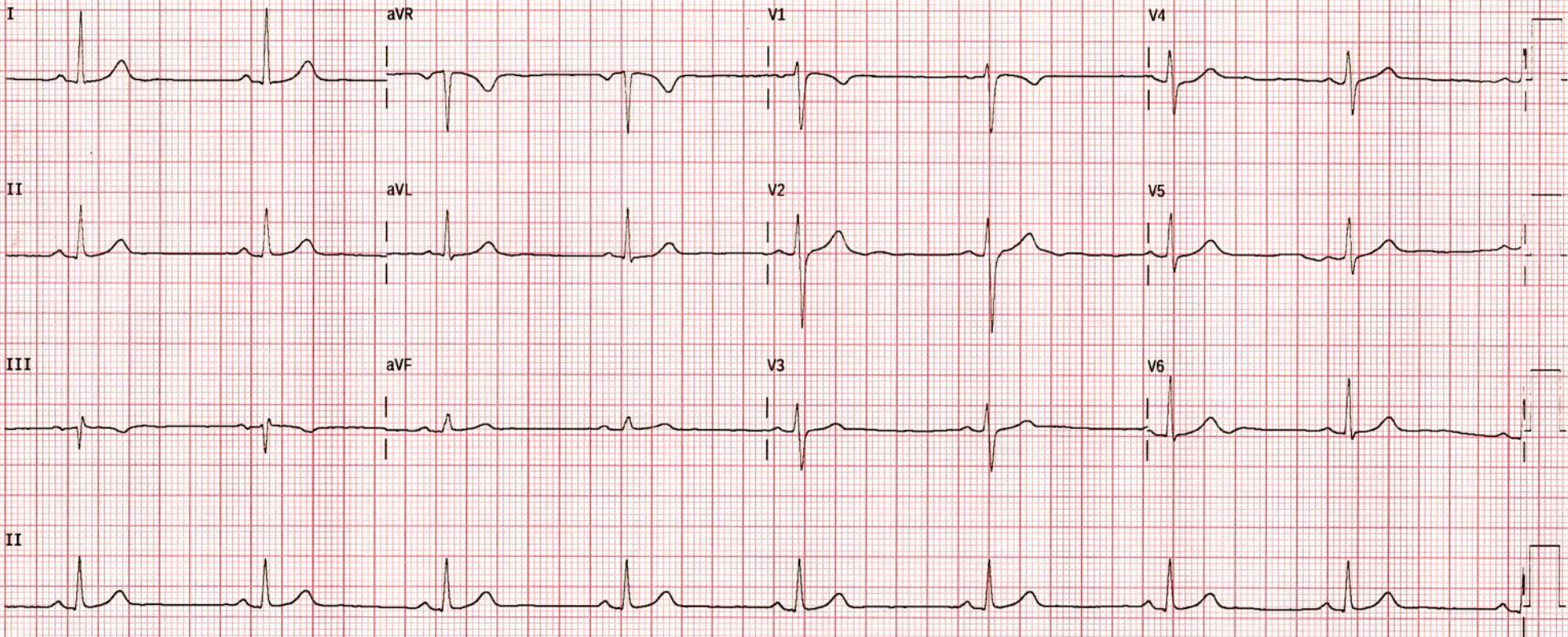
*MML  
Gau*



--AXIS--  
 P 32  
 QRS 20  
 T 13

- NORMAL ECG -

12 Leads; Standard Placement





Patient Name	: Mr. Abhishek Shukla	Age	: 37 Y M
UHID	: SCHE.0000088905	OP Visit No	: SCHEOPV107181
Reported on	: 22-10-2024 13:01	Printed on	: 22-10-2024 13:12
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

### CONCLUSION :

No obvious abnormality seen

Printed on:22-10-2024 13:01

---End of the Report---

**Dr. JAVED SIKANDAR TADVI**  
MBBS, DMRD, Radiologist  
Radiology



Patient Name : Mr. Abhishek Shukla  
Age / Sex : 37yrs / Male.  
Ref Doctor : Health Check

Bill No : SCHE -OCR-25277  
UHID NO : SCHE.0000088905  
Report Date : 22/10/ 2024

## **2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.**

### **Interpretation Summary :**

1. NORMAL LV SYSTOLIC FUNCTION (EF : 60% ). E/O GRADE I DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

### **Left Ventricle.**

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

### **Right Ventricle.**

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

### **Atria.**

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

### **Mitral Valve.**

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

### **Aortic Valve.**

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.



**Pulmonic Valve.**

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

**Great Vessels.**

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

**Pericardium/Pleural.**

There is no Pericardial effusion.

**M MODE/2D MEASUREMENTS & CALCULATIONS.**

AO (mm) : 28  
IVSd (mm) : 8  
IVSs (mm) : 15  
LVPWd (mm) : 10  
EF(Teich)(mm) : 60%

LA (mm) : 27  
LVIDd (mm) : 40  
LVIDs (mm) : 28  
LVPWs (mm) : 15

**Dr. AMIT SHOBHAVAT**  
**M.B.B.S**  
**DNB ( INTERNAL MEDICINE)**



**OUT- PATIENT RECORD**

Date : 22/10/24  
MRNO : 88905  
Name :- Abhishek Shukla  
Age / Gender : 37 (m)  
Mobile No:- \_\_\_\_\_

Department : **M.B.D.N.B.(General Medicine)**  
Consultant **Dr. Amit Shobhavat**  
Reg. No : 2001/09/3124  
Qualification : F.C.C.M, Dip. Diabetology

Pulse : <u>70</u>	B.P : <u>120/170</u>	Resp : <u>16</u>	Temp : <u>97°F</u>
Weight : <u>85.3</u>	Height : <u>174</u>	BMI : <u>28.2</u>	Waist Circum : <u>96/102</u>

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Chest - 95/100  
SpO2 - 98%

No Comorbid Condition

No Surgical, Mx

WNL P

Rx

WNL

Physically fit

2D Echo: WNL

AFABN

Follow up date:

Doctor Signature



\* Abhishek.

- Diet
- Post glucose
- ENT
- Optmal
- USG.
- Dental

Saturday 26/10/24

Abhishek  
24/10/24





भारतीय विशिष्ट पहचान प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

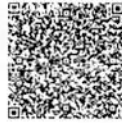
नामांकन क्रम / Enrollment No : 2019/22274/02764

To  
अभिषेक शुक्ला  
Abhishek Shukla  
S/O Anant Ram Shukla  
D-88 Shakarpur  
Vikas Marg  
Shakar Pur Baramad  
Shakararpur  
Gandhi Nagar East Delhi  
Delhi 110092  
8800729006

23/06/2013  
135818126



ML358181287FT



आपका आधार क्रमांक / Your Aadhaar No. :

**6426 5481 0460**

आधार - आम आदमी का अधिकार



भारत सरकार  
Government of India



अभिषेक शुक्ला  
Abhishek Shukla  
जन्म तिथि / DOB : 09/09/1987  
पुरुष / Male



6426 5481 0460

आधार - आम आदमी का अधिकार



Government of India



AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन प्रमाणीकरण द्वारा प्राप्त करें।

INFORMATION

- Aadhaar is proof of identity, not of citizenship .
- To establish identity, authenticate online .

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:  
S/O: अनंत राम शुक्ला, डी-88,  
शकरपुर, विकास मार्ग, शकर पुर  
बरामद, शकरपुर, पूर्वी दिल्ली, दिल्ली,  
110092

Address:  
S/O: Anant Ram Shukla, D-88,  
Shakararpur, Vikas Marg, Shakar  
Pur Baramad, Shakarpur, East  
Delhi, Delhi, 110092

6426 5481 0460

1947  
1800 300 1947

help@uidai.gov.in

www  
www.uidai.gov.in



Outlook

**Health Check up Booking Confirmed Request(22E35568),Package Code-, Beneficiary Code-321687**

From Mediwheel &lt;wellness@mediwheel.in&gt;

Date Wed 10/16/2024 6:17 PM

To Abhishek Shukla &lt;abhishek.shukla4@bankofbaroda.com&gt;

Cc customercare@mediwheel.in &lt;customercare@mediwheel.in&gt;

यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें।  
I: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS

**011-41195959**Dear **MR. SHUKLA ABHISHEK,**

We are pleased to confirm your health checkup booking request with the following details.

**Name of Diagnostic/Hospital** : Apollo Spectra - Chembur

**Address of Diagnostic/Hospital-** Sunder Baug, Ujagar Compound,Opp. Deonar Bus Depot Main Gate, Off Sion Trombay Road, Deonar,Chembur - 400008

**City** : Mumbai

**State** : Maharashtra

**Pincode** : 400008

**Appointment Date** : 22-10-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 08:00 AM - 08:30 AM

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. SHUKLA ABHISHEK	37 year	Male

Note - Please note to not pay any amount at the center.

**Instructions to undergo Health Check:**

**Patient Name** : Mr. Abhishek Shukla

**Age/Gender** : 37 Y/M

**UHID/MR No.** : SCHE.0000088905

**OP Visit No** : SCHEOPV107181

**Sample Collected on** :

**Reported on** : 22-10-2024 13:02

**LRN#** : RAD2427926

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 22E35568

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. JAVED SIKANDAR TADVI**  
**MBBS, DMRD, Radiologist**  
Radiology