

Patient ID	10244388		Ref. By	Self
Patient Name	Mr. Anil Kumar Verma		Booked Date	15/11/2024 10:30:11
Gender/Age	Male /46 Yrs 4 Mon 14 Days		Collected Date	15/11/2024 10:32:57
Mobile No.			Received Date	15/11/2024 10:33:00
Organization	Apollo Clinic		Report Date	15/11/2024 16:17:04
Specimen	WB-EDTA		Print Date	15/11/2024 16:43:28

Test Name	Value	Unit	Biological Ref Interval
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**HAEMATOLOGY**

**Arcofemi Mediwheel- Standard Male**

**Complete Blood Count (CBC)**

**Automation+ Manual**

Hemoglobin (Hb) Colorimetric Method	13.7	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) Flow Cytometry method	6550	cells/uL	4000 - 10000
Erythrocyte Count (RBC Count) Electric Impedance method	4.69	10 <sup>6</sup> /uL	4.50 - 5.50
Packed Cell Volume (PCV) Calculated	42.7	%	40.0 - 50.0
Mean Corpuscular Volume (MCV) Calculated	91.0	fL	83.0 - 101.0
MCH (Mean Corp Hb) Calculated	29.2	pg	27.0 - 32.0
MCHC ( Mean Corp Hb Conc ) Calculated	32.1	gm/dL	31.5 - 34.5
Platelet Count Electric Impedance Method	1.53	10 <sup>5</sup> /uL	1.50 - 4.50
RDW (CV) Calculated	<b>14.9</b>	%	11.5 - 14.0
MPV Calculated	10.7	fL	9.1 - 11.9
PCT calculated	<b>0.16</b>	%	0.18 - 0.39
PDW-SD calculated	<b>19.6</b>	fL	9.0 - 15.0

**Differential Leucocyte Count (DLC)**

**Automation+Manual**

Neutrophil Laser Flow Cytometry & Microscopy	63	%	40 - 70
Lymphocyte Laser Flow Cytometry & Microscopy	26	%	20 - 45
Eosinophil Laser Flow Cytometry & Microscopy	04	%	01 - 07



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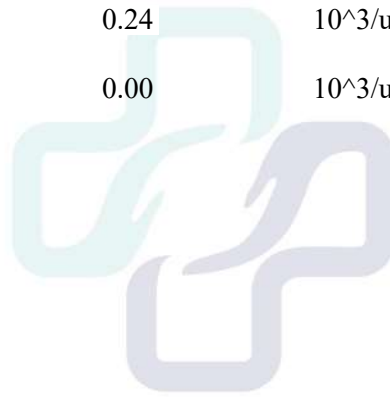
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Specimen	WB-EDTA		Print Date	15/11/2024 16:43:29

Test Name	Value	Unit	Biological Ref Interval
<b>Monocyte</b> Laser Flow Cytometry & Microscopy	07	%	00 - 10
<b>Basophil</b> Laser Flow Cytometry & Microscopy	00	%	00 - 01
<b>Absolute Neutrophils Count (ANC)</b> Calculated	4.15	10 <sup>3</sup> /uL	2.00 - 7.00
<b>Absolute Lymphocytes Count (ALC)</b> Calculated	1.70	10 <sup>3</sup> /uL	1.00 - 3.00
<b>Absolute Monocytes Count (AMC)</b> Calculated	0.44	10 <sup>3</sup> /uL	0.20 - 1.00
<b>Absolute Eosinophil Count (AEC)</b> Calculated	0.24	10 <sup>3</sup> /uL	0.02 - 0.50
<b>Absolute Basophil count (ABC)</b> Calculated	0.00	10 <sup>3</sup> /uL	0.00 - 0.10



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Specimen	WB-EDTA		Print Date	15/11/2024 16:43:29

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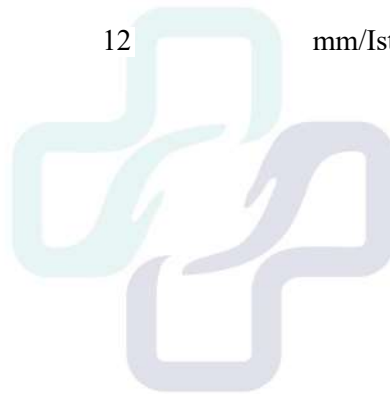
### Peripheral Blood Smear (P/S)

Cell Counter/Microscopy

RBCs	Normocytic normochromic
WBCs	Total and differential leucocyte count are within normal limits
Platelets	Adequate
Haemoparasites	Not seen
Immature cells	Not seen

Impression: Normal Peripheral Smear

Erythrocyte Sedimentation Rate (ESR) 12 mm/1st hr. 00 - 20  
Automated




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Gender/Age	Male /46 Yrs 4 Mon 14 Days		Collected Date	15/11/2024 11:20:28
Mobile No.			Received Date	15/11/2024 11:20:31
Organization	Apollo Clinic		Report Date	15/11/2024 16:43:02
Specimen	Fluoride- F, Fluoride- PP		Print Date	15/11/2024 16:43:31

Test Name	Value	Unit	Biological Ref Interval
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**BIOCHEMISTRY**

Glucose- Fasting Blood <small>Hexokinase</small>	88.0	mg/dl	74.0 - 100.0
Glucose Postprandial Blood <small>Hexokinase</small>	115.6	mg/dl	74.0 - 140.0



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Test Name	Value	Unit	Biological Ref Interval
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### HAEMATOLOGY

#### Glycosylated Hemoglobin (HbA1C)

HbA1C	5.1	%
Estimated average plasma Glucose	100	%

#### Interpretation:

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults $\geq 18$ years	$< 5.7$
At risk (Prediabetes)	5.7-6.4
Diagnosing Diabetes	$\geq 6.5$
Therapeutic goals for glycemic control	Age $> 19$ years: Goal of therapy: $< 7.0$ Age $< 19$ years: Goal of therapy: $< 7.5$

#### Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of  $< 7.0\%$  may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of  $< 7.0\%$  may not be appropriate.

#### Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long-term glycemic control as compared to blood and urinary glucose determinations.

#### ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c (%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298




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Test Name	Value	Unit	Biological Ref Interval
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**Blood Grouping (A,B,O) and Rh Factor**

**Tube method**

Blood Group ABO <small>Tube Agglutination</small>	A		
Rh Typing <small>Tube Agglutination</small>	POSITIVE		



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Organization	Apollo Clinic		Report Date	15/11/2024 16:43:02
Specimen	Serum		Print Date	15/11/2024 16:43:33

Test Name	Value	Unit	Biological Ref Interval
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**BIOCHEMISTRY**

**Liver Function Test (LFT)- 2**

Bilirubin Total Method - Spectro-photometry	0.61	mg/dl	0.00 - 1.20
Bilirubin Direct Method:- Spectro.-photometry	0.20	mg/dl	0.00 - 0.40
Bilirubin Indirect Spectro-photometry	0.41	mg/dl	0.00 - 0.75
Aspartate Aminotransferase (AST/ SGOT) Spectro-photometry	11.8	U/L	0.0 - 35.0
Alanine Transaminase ALT/ SGPT (Method-Spectro-photometry)	15.7	U/L	0.0 - 45.0
Alkaline Phosphatase (ALP) Spectro-photometry	83.0	IU/L	53.0 - 128.0
Protein Total (METHOD:BIURET)	7.1	gm/dl	6.4 - 8.3
Albumin (Method-Spectro-photometry)	4.2	gm/dl	3.5 - 5.2
Globulin (METHOD:BCG)	2.9	g/dl	2.3 - 3.5
A/G Ratio COLORIMETRIC	1.45		1.30 - 2.10
Gamma Glutamyl Transferase (GGT) Method :Glupa C	25.9	U/L	<55.0

  
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Organization	Apollo Clinic		Report Date	15/11/2024 16:43:02
Specimen	Serum		Print Date	15/11/2024 16:43:34

Test Name	Value	Unit	Biological Ref Interval
<b><u>Kidney Function Test/Renal Function Test</u></b>			
Urea (Method :Urease GLDH)	15.6	mg/dl	19.0 - 45.0
Blood Urea Nitrogen (BUN) Urease Endpoint	7.3	mg%	6.0 - 20.0
Creatinine Method:Spectr-photometry	0.83	mg/dl	0.70 - 1.30
Uric Acid (Method:URICASE POD)	5.3	mg/dl	3.5 - 7.2
Sodium Method : ISE	136.90	meq/l.	136.00 - 145.50
Potassium (Done on EasyLite)	4.25	meq/L	3.50 - 5.50
Chloride Method- IS Electrode	102.3	mmol/L	98.0 - 109.0
Calcium Method :Spectro-photometry	8.6	mg/dl	8.6 - 10.2
Phosphorus UV Molybdate	4.2	mg/dl	2.5 - 4.5

  
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Specimen	Serum		Print Date	15/11/2024 16:43:35

Test Name	Value	Unit	Biological Ref Interval
<b>Lipid Profile</b>			
Cholesterol - Total Spectro-photometry	179.0	mg/dl	Desirable = < 200 Borderline = 200-239 High Cholesterol = = 240 Child Desirable = < 170 Borderline = 170-199 High Cholesterol = >199
Triglycerides (TG) Glycerol/Peroxidase	119.8	mg/dl	0.0 - 161.0  High : 161-199 Hypertriglyceridemic : 200-499 Very High : > 499
Cholesterol - HDL Spectro-Photometry	42.6	mg/dl	35.3 - 79.5
Cholesterol - LDL Spectro-photometry	112.4	mg/dl	60.0 - 130.0
VLDL Cholesterol Calculated	<b>24.0</b>	mg/dl	Borderline High : 130 - 159 High : > 160 4.7 - 22.1
Serum Total / HDL Cholesterol Ratio Calculated	<b>4.20</b>		4.50 - 6.00
Serum LDL / HDL Cholesterol Ratio Calculated	2.64		0.00 - 3.50

**CHOLESTEROL**, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values.

**TRIGLYCERIDE** level >250 mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of TRIGLYCERIDE can be seen in obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis.

**HDL-CHOLESTEROL** level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL-cholesterol.

**LDL-CHOLESTEROL & TOTAL CHOLESTEROL** levels can be strikingly altered by thyroid, renal and liver disease as well as



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Organization	Apollo Clinic		Report Date	15/11/2024 16:43:02
Specimen	Serum		Print Date	15/11/2024 16:43:36

Test Name	Value	Unit	Biological Ref Interval
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hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL- cholesterol ratio, patients may be divided into three risk categories:

	<u>CHOLESTEROL</u>	<u>LDL-CHOLESTEROL</u>	<u>CHO/HDL RATIO</u>
<b>Acceptable/Low Risk</b>	<200 mg/dL	<130 mg/dL	< 4.5
<b>Borderline High Risk</b>	200-239 mg/dL	130-159 mg/dL	4.5-6.0
<b>High Risk</b>	> 240 mg /dL	>160 mg/dL	>6.0

**APO A1 & APO B:** Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of coronary artery disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B:Apo A1 is >1 in cases of increased CHD risk.




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Mobile No.			Received Date	15/11/2024 10:33:00
Organization	Apollo Clinic		Report Date	15/11/2024 16:43:20
Specimen	Urine		Print Date	15/11/2024 16:43:36

Test Name	Value	Unit	Biological Ref Interval
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### CLINICAL PATHOLOGY

#### Urine Routine & Microscopy

##### Strip/Microscopy

##### Physical Examination

Volume	30	ml	10
Colour	Light Yellow		Light Yellow
Appearance	Clear		Clear
Deposit	Absent		
Turbidity	Absent		
Reaction	Acidic		
Specific Gravity Refractometric	1.015		1.000 - 1.030

##### Chemical Examination

Urine Protein Protein Error of Indicator	Nil		Nil
Urine Glucose Oxidase Peroxidase Reaction	Nil		Nil
Urine Ketone body Sodium Nitropruside	Nil		Nil
Nitrite	Nil		Nil
<b>Bile Pigment (Urine)</b> Method- FOUCHET	Nil		Nil
Bile Salt (Urine) Method: Sulphur	Nil		Nil
PH Double Indicators test	6.0		4.6 - 8.0
Blood peroxidase reaction	Negative		Negative
Urobilinogen Modified Ehrlich Reaction	Normal		Normal
Urine Bilirubin diazotisation	Negative		Negative
Leukocyte Diazonization Reaction	Negative		Negative

##### Microscopic Examintaion

Pus Cells	1-2	/HPF	2-4
Epithelial Cells	1-2	/HPF	0-3




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Organization	Apollo Clinic		Report Date	15/11/2024 15:54:41
Specimen	Urine		Print Date	15/11/2024 16:43:38

Test Name	Value	Unit	Biological Ref Interval
RBC's	Nil	/HPF	Nil
Casts	Nil		Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Budding yeast cells	Negative		Negative
Others	Nil		Nil



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Specimen	Serum		Print Date	15/11/2024 16:43:39

Test Name	Value	Unit	Biological Ref Interval
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### IMMUNOASSAY

#### Thyroid Profile Total

Triiodothyronine Total (TT3) CLIA	1.25	ng/dL	0.69 - 2.15
Thyroxine - Total (TT4) CLIA	8.69	ug/dl	5.00 - 13.00
Thyroid Stimulating Hormone (TSH) Method:- CLIA	<b>13.70</b>	uIU/ml	0.30 - 4.50

#### COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

PREGNANCY	REFERENCE RANGE for TSH IN uIU / ml (As per American Thyroid Association)
1 <sup>st</sup> Trimester	0.10-2.50 uIU /mL
2 <sup>nd</sup> Trimester	0.20-3.00 uIU /mL
3 <sup>rd</sup> Trimester	0.30-3.00 uIU /ml

\*TSH IS DONE BY ULTRASENSITIVE 4<sup>TH</sup> GENERATION CHEMIFLEX ASSAY\*

#### INTERPRETATIONS:


1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problems in conversion of T4 to T3).
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM.
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM.
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM.
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drug like propranolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism).



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Organization	Apollo Clinic		Report Date	15/11/2024 12:02:38
Specimen			Print Date	15/11/2024 16:43:40

### Digital X-Ray Chest PA View

Performed on high frequency machine MARS 6 (Horizontal Bucky and IITV system).

#### H/O Medical Checkup

#### FINDINGS:

Bilateral lung fields appear grossly clear.  
Cardiac silhouette appears normal.  
Bilateral hilar shadows appear normal.  
Bilateral CP angles appear clear.  
Both domes of diaphragm are normal in position and contours.  
Visualized bony cage appears normal.

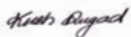
#### IMP:

No obvious abnormality detected

#### ADV:

*Please correlate clinically & with other investigations. This report is for diagnostic use only and is not valid for medicolegal purpose. We are open for reconsideration of the report if required suggested by treating doctor.*

\*\*\* End of Report \*\*\*



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850

Your Apollo order has been confirmed

cc: rahul.rai@apolioclinic.com, priyam.padyai@apolioclinic.com, syamsunder.m@apolioclinic.com, corporate@apolioclinic.com, deepak.gaddam@apolioclinic.com, rani.g@apolioclinic.com, deven.apsara.bagchi@apolioclinic.com, dilip.b@apolioclinic.com

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 15-11-2024 at your SAIMAN HEALTHCARE PVT LTD - DELHI City Center.

Points to note:-

- Collect photocopy of employee ID proof if health check is through an employer.
- Collect photocopy of personal ID proof if health check is for insurance.
- Collect MBI as per package details & mail company's format (already shared).
- By 12 noon of appointment date, share Work order number & visit status (Show/No show).
- Upload reports in Adbhutam portal as per specifications given earlier.

Appointment Booking Details

Corporate/TPA	Agreement Name	Package name	Package Inclusions	Customer Name	Gender	Relation (Self/Spouse)	DOB/Age	Emp ID	Email ID	Mobile No	Date of Appointment	App Time	Ref No/ UHID
ARCOFEMI LIMITED	ARCOFEMI MALE AHC - FULL CREDIT PAN BODY INDIA OP AGREEMENT PLUS MALE - PAN INDIA - FY2324	ARCOFEMI - Urine Routine	Glutamyl Transpeptidase - Serum, Blood Grouping And Typing (Abo And Rh), ECG, Lipid Profile (all Parameters), Renal Function Test, Ophthal by General Physician, GLUCOSE - SERUM / PLASMA (FASTING AND POST PRANDIAL, THYROID PROFILE - I (T3, T4 AND TSH), LIVER FUNCTION TEST (PACKAGE), Fitness by General Physician, Glycosylated Hemoglobin (HbA1C) - Whole Blood, HEMOGRAM (CBC+ESR), X-Ray Chest PA, BMI, PERIPHERAL SMEAR, LIPID PROFILE, HEMOGRAM + PERIPHERAL SMEAR, RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT), LIVER FUNCTION TEST (LFT), GAMMA GLUTAMYL TRANSFERASE (GGT), Doctor, THYROID PROFILE (TOTAL T3, TOTAL T4, T3H), BODY MASS INDEX (BMI), GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL), COMPLETE URINE EXAMINATION, HbA1c, GLYCATED HEMOGLOBIN, BLOOD GROUP ABO AND RH	Anil Kumar Verma	male	Self	01-08-1978	N/A	akverma.ubi@gmail.com	9918700204	2024-11-15	08:30	AHCN-09.00 40714112401000

Blood - F, IPD  
 Urine  
 ECG  
 X Ray  
 MGR

Date: 15.11.2024

Name: ANIL KUMAR VERMA

Age/Gender: 46Y/M

Mobile No.: 918700204

Ref By: AHCN

**Demographics:**

Height	Weight	BP	BMI
183 cm	82kgs	116/78 mmHg	24.5

**Personal History:**

Habits:	Smoking: No
	Alcohol: No
	Drugs/Medicines: No

**Family History:**

Relation	Age	Health Status
Father	82	
Mother	80	Healthy
Brother	56	Healthy
Sister	53,50,48	Healthy

**Past History:**

Hypertension	No
Diabetes	No
Asthma	No
Thyroid	No
Tuberculosis	No
Cancer	No

**Others:**

Allergic History	No
Surgical History	No

**Ophthalmic Examination:**

Distance vision		Near vision		Colour vision	
Right Eye	Left Eye	Right Eye	Left Eye	Right Eye	Left Eye
6/6	6/6	N6	N6	Normal	Normal

**Dr Suneel Kumar Garg**

MD, FNB (Critical Care Medicine), IFCCM, EDIC, FICCM, FCCP (USA), FCCM (USA)  
Senior Critical Care Physician  
DMC-34400

**Dr. SUNEEL KUMAR GARG**  
MD, FNB, IFCCM, EDIC, FICCM, FCCP, FCCM,  
Founder & MD  
Saiman Healthcare Pvt. Ltd.  
DMC Regn. No. 34400

If test results are alarming or unexpected, patients are advised to contact the laboratory immediately for the possible remedial action.

+91-9999 399 344 | +91-11-6138 4456 | dgdlabs@saimanhealthcare.com

For Doctor Consultation & Home Health Care Services contact : +91-9999 500 123





**D.G.D.**<sup>TM</sup>

DR GARG'S DIAGNOSTICS  
(A Division of Saiman Healthcare)

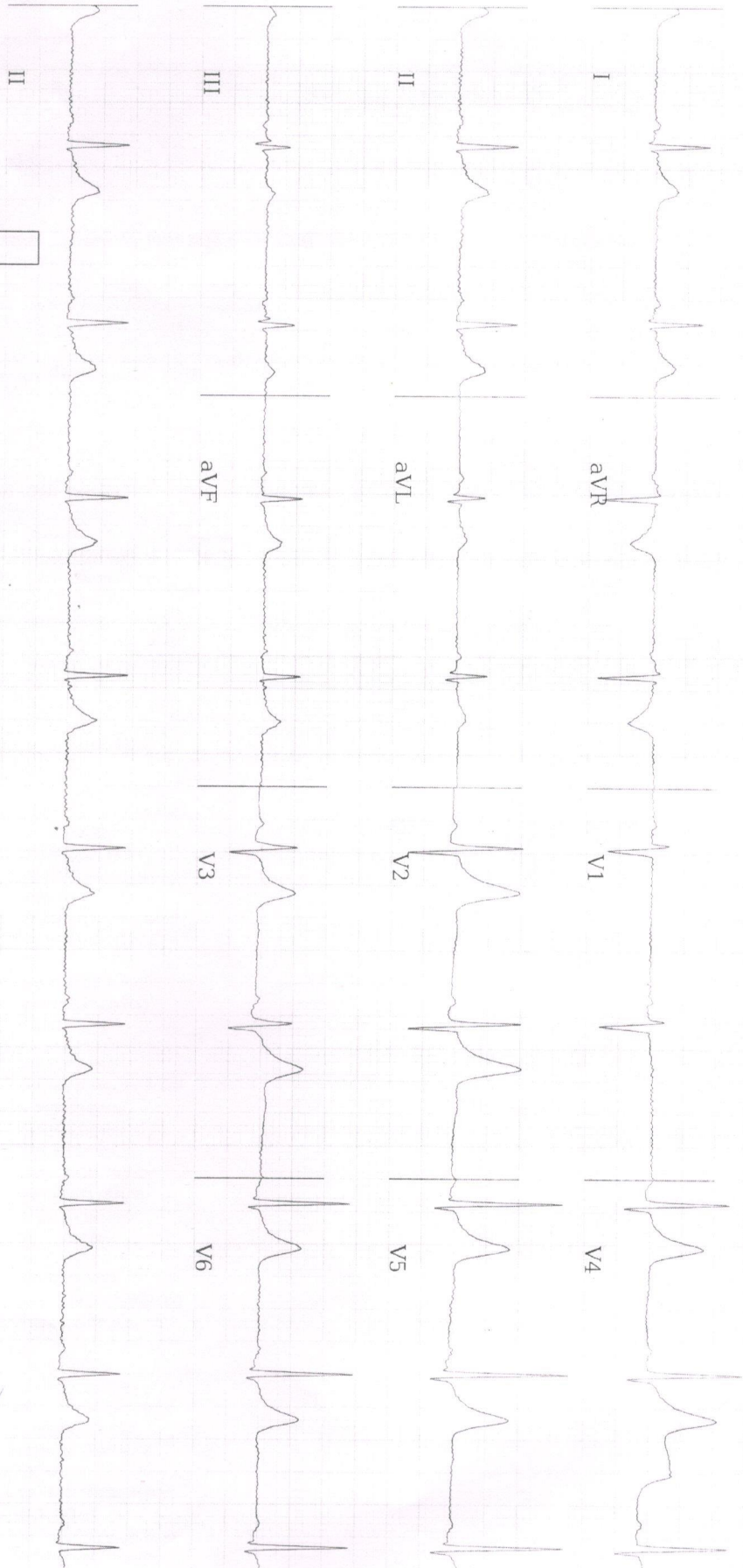
117023, Main GT Road, Shakti Nagar, Delhi- 110007, +91 9999399344, 011-61384456, 011-49989190

Age / Gender: 46/Male

Date and Time: 15th Nov 24 9:27 AM

Patient ID: 33

Patient Name: Anil kumar verma



AR: 56bpm

VR: 56bpm

QRSD: 86ms

QT: 420ms

QTcB: 406ms

PRI: 172ms

P-R-T: 30° 47°

25.0 mm/s 10.0 mm/mV

0-20Hz, 50Hz

*56 bpm*

**DR. SUNEEL S. JIMAR-GARG**  
 MD, FRB, IFCCM, EDIC, FICCM, FCCP, FCCM,  
 Founder & MD  
 Saiman Healthcare Pvt. Ltd.  
 DMC Regn. No. 34400

Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.