

Patient Name	: Mr.LOVEKESH MANGLA	Collected	: 28/Sep/2024 09:30AM
Age/Gender	: 27 Y 2 M 28 D/M	Received	: 28/Sep/2024 11:46AM
UHID/MR No	: SCHE.0000088423	Reported	: 28/Sep/2024 01:52PM
Visit ID	: SCHEOPV106371	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S30722		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.4	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.31	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	64	fL	83-101	Calculated
MCH	19.7	pg	27-32	Calculated
MCHC	30.6	g/dL	31.5-34.5	Calculated
R.D.W	16	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedence
LYMPHOCYTES	36	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3540	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2160	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	120	Cells/cu.mm	20-500	Calculated
MONOCYTES	180	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.64		0.78- 3.53	Calculated
PLATELET COUNT	227000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC-ANISOCYTOSIS +,HYPOCHROMIA +, MICROCYTOSIS + WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				

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SIN No:BED240233212



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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



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Patient Name : Mr.LOVEKESH MANGLA	Collected : 28/Sep/2024 02:47PM
Age/Gender : 27 Y 2 M 28 D/M	Received : 28/Sep/2024 03:30PM
UHID/MR No : SCHE.0000088423	Reported : 28/Sep/2024 04:43PM
Visit ID : SCHEOPV106371	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC 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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	75	mg/dL	70-140	GOD - POD

Comment:

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



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UHID/MR No : SCHE.0000088423	Reported : 28/Sep/2024 04:41PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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SIN No:EDT240091852

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	61	mg/dL	<150	
HDL CHOLESTEROL	29	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	57.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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.



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


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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	23.97	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	7	mg/L	< 5	IMMUNOTURBIMETRY

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.47	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.526	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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

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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.42	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

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

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

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	129	pg/mL	120-914	CLIA

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.270	ng/mL	0-4	CLIA



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SIN No:SPL24141747



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Age/Gender : 27 Y 2 M 28 D/M	Received : 28/Sep/2024 02:42PM
UHID/MR No : SCHE.0000088423	Reported : 28/Sep/2024 04:47PM
Visit ID : SCHEOPV106371	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30722	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/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 15 of 16



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2414404



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:

Megal Complex, Opp. Terasar Bus Depot Main Gate,
Deonar, Chennai, Mumbai, Maharashtra
Ph: 022-4334 4800

Patient Name : Mr.LOVEKESH MANGLA
Age/Gender : 27 Y 2 M 28 D/M
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2414404



Patient Name : Mr.LOVEKESH MANGLA
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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


DR. APARNA NAIK
MBBS DPM
CONSULTANT PATHOLOGIST

SIN No:UR2414404



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Address:

Legal Compound, Opp. Deonar Bus Depot Main Gate,
Deonar, Chembur, Mumbai, Maharashtra
Ph. 022 4534 4600



Name : Mr. Lovekesh Mangla Address : mahim Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 27 Y Sex : M	UHID :SCHE.0000088423  <small>*SCHE.0000088423*</small> OP Number :SCHEOPV106371 Bill No :SCHE-OCR-25032 Date : 28.09.2024 09:19
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	D ECHO	
<input checked="" type="checkbox"/>	CALCIUM, SERUM	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
	PULMONARY FUNCTION TEST - <u>Skip</u>	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	ELECTROLYTES - SERUM	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
<input checked="" type="checkbox"/>	VITAMIN D - 25 HYDROXY (D2+D3)	
<input checked="" type="checkbox"/>	URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	PHOSPHORUS, INORGANIC - SERUM	
<input checked="" type="checkbox"/>	C-REACTIVE PROTEIN CRP (QUANTITATIVE)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	ALKALINE PHOSPHATASE - SERUM/PLASMA	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	ENT CONSULTATION <i>Dr. R. Nambiar</i>	
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	VITAMIN B12	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN <i>Sat. 5th</i>	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mr.LOVEKESH MANGLA
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Collected : 28/Sep/2024 09:30AM
Received : 28/Sep/2024 11:46AM
Reported : 28/Sep/2024 01:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.4	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.31	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	64	fL	83-101	Calculated
MCH	19.7	pg	27-32	Calculated
MCHC	30.6	g/dL	31.5-34.5	Calculated
R.D.W	16	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3540	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2160	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	120	Cells/cu.mm	20-500	Calculated
MONOCYTES	180	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.64		0.78- 3.53	Calculated
PLATELET COUNT	227000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC-ANISOCYTOSIS +,HYPOCHROMIA +, MICROCYTOSIS +
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Page 1 of 16


DR. APARNA NAIK
MBBS DFB
CONSULTANT PATHOLOGIST

SIN No:BED240233212



Patient Name : Mr.LOVEKESH MANGLA
Age/Gender : 27 Y 2 M 28 D/M
UHID/MR No : SCHE.0000088423
Visit ID : SCHEOPV106371
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324




DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240233212

Patient Name : Mr.LOVEKESH MANGLA
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			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:BED240233212



Patient Name : Mr.LOVEKESH MANGLA
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UHID/MR No : SCHE.0000088423
Visit ID : SCHEOPV106371
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Emp/Auth/TPA ID : 22S30722

Collected : 28/Sep/2024 02:47PM
Received : 28/Sep/2024 03:30PM
Reported : 28/Sep/2024 04:43PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC 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:

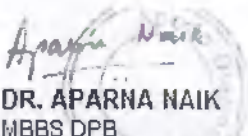
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	75	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
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:PLP1486447



Patient Name : Mr.LOVEKESH MANGLA
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	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.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist

SIN No:EDT240091852



TOUCHING LIVES

Patient Name : Mr.LOVEKESH MANGLA
Age/Gender : 27 Y 2 M 28 D/M
UHID/MR No : SCHE.0000088423
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	61	mg/dL	<150	
HDL CHOLESTEROL	29	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

Comment:

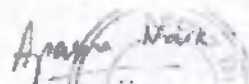
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Page 6 of 16


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04830397



Patient Name : Mr.LOVEKESH MANGLA
Age/Gender : 27 Y 2 M 28 D/M
UHID/MR No : SCHE.0000088423
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	57.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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.

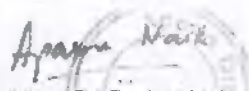
2. Cholestatic Pattern:

*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.

Page 7 of 16


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04830397




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

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



DR. APARNA NAIK
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SIN No:SE04830397

Page 8 of 16



Patient Name : Mr.LOVEKESH MANGLA
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	23.97	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04830397



Patient Name : Mr.LOVEKESH MANGLA
 Age/Gender : 27 Y 2 M 28 D/M
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	7	mg/L	< 5	IMMUNOTURBIDIMETRY

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	16-73	Glycylglycine Kinetic method



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:SE04830397



Patient Name	: Mr.LOVEKESH MANGLA	Collected	: 28/Sep/2024 09:30AM
Age/Gender	: 27 Y 2 M 28 D/M	Received	: 28/Sep/2024 02:14PM
UHID/MR No	: SCHE.0000088423	Reported	: 28/Sep/2024 03:50PM
Visit ID	: SCHEOPV106371	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S30722		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.47	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.526	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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


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



SIN No: SPL24141747


Patient Name : Mr.LOVEKESH MANGLA
 Age/Gender : 27 Y 2 M 28 D/M
 UHiD/MR No : SCHE.0000088423
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL DODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No:SPL24141747



Patient Name : Mr.LOVEKESH MANGLA
Age/Gender : 27 Y 2 M 28 D/M
UHD/MR No : SCHE.0000088423
Visit ID : SCHEOPV106371
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30722

Collected : 28/Sep/2024 09:30AM
Received : 28/Sep/2024 02:14PM
Reported : 28/Sep/2024 03:59PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.42	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

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

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

Decreased Levels:

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

Increased levels:

- Vitamin D intoxication.



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

SIN No:SPL24141747



Patient Name : Mr.LOVEKESH MANGLA
Age/Gender : 27 Y 2 M 28 D/M
UHID/MR No : SCHE.0000088423
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Collected : 28/Sep/2024 09:30AM
Received : 28/Sep/2024 02:14PM
Reported : 28/Sep/2024 03:59PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLDGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

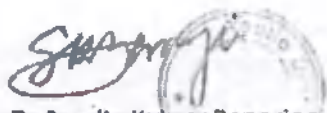
Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	129	pg/mL	120-914	CLIA

Cominent:

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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.270	ng/mL	0-4	CLIA



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

SIN No:SPL24141747



Patient Name : Mr.LOVEKESH MANGLA
Age/Gender : 27 Y 2 M 28 D/M
UHID/MR No : SCHE.0000088423
Visit ID : SCHEOPV106371
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30722

Collected : 28/Sep/2024 09:30AM
Received : 28/Sep/2024 02:42PM
Reported : 28/Sep/2024 04:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATINUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/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 15 of 16



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2414404




Patient Name : Mr.LOVEKESH MANGLA
Age/Gender : 27 Y 2 M 28 D/M
UHID/MR No : SCHE.0000088423
Visit ID : SCHEOPV106371
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30722

Collected : 28/Sep/2024 09:30AM
Received : 28/Sep/2024 02:42PM
Reported : 28/Sep/2024 04:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2414404

Page 16 of 16





Patient Name : Mr. Lovekesh Mangla Age : 27 Y M
UHID : SCHE.0000088423 OP Visit No : SCHEOPV106371
Reported on : 28-09-2024 15:07 Printed on : 28-09-2024 15:08
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.
There are two hemangiomas of approximate size 18 mm and 10 mm seen in right lobe of liver

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 : 9.3 x 4.3 cm.

LK : 9.9 x 4.4 cm.

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- 17cc).

IMPRESSION: TWO SMALL RIGHT LOBE LIVER HEMANGIOMAS

Printed on:28-09-2024 15:07

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mr. Lovekesh Mangla
Age / Sex : 27 yrs / Male.
Ref Doctor : Health Check

Bill No : SCHE –
UHID NO : SCHE.0000088423
Report Date : 28 / 09 / 2024

2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 65%). NO E/O 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/Plenral.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm) : 28	LA (mm) : 29
IVSd (mm) : 10	LVIDd (mm) : 48
IVSs (mm) : 16	LVIDs (mm) : 30
LVPWd (mm) : 10	LVPWs (mm) : 14
EF(Teich)(mm) : 65%	

Dr. AMIT SHOBHAVAT
M.B.B.S
DND (INTERNAL MEDICINE)



Patient Name : Mr. Lovekesh Mangla
UHID : SCHE.0000088423
Reported on : 28-09-2024 12:30
Adm/Consult Doctor :

Age : 27 Y M
OP Visit No : SCHEOPV106371
Printed on : 28-09-2024 13:01
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:28-09-2024 12:30

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

AGE: 27

QRS : 114 ms -90
 QT/QTcB : 408 / 382 ms
 PR : 130 ms aVR aVL
 P : 102 ms 0 I
 RR/PP : 1140 / 1140 ms
 P/QRS/T : 20 / -55 / 25 degrees
 QTd/QTcBd : 72 / 67 ms III +90 II
 Sokolow : 1.8 mV aVF
 NK : 7

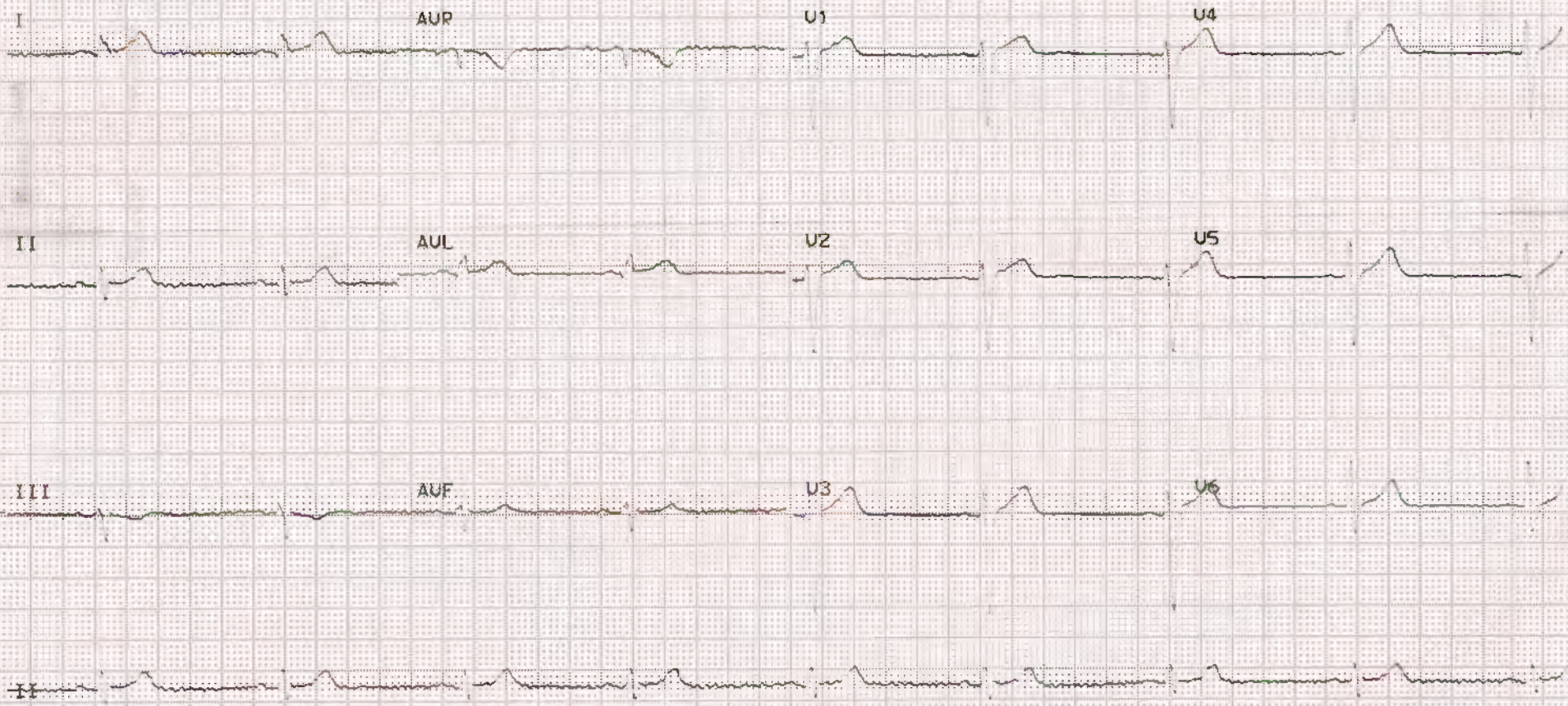
suspected left ventr hypertrophy
 left anterior hemiblock
 left axis deviation
 R/S inversion area between U5 and U6
 probably abnormal ECG

LVH

A



Unconfirmed report.



DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dais, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts, pistachio, can be eaten in mild meals or mornings.
- **Alsi / Jawas (Flaxseeds) 2 tsp- roasted:** whole or powdered to be eaten daily.
- Avoid coconut & groundnut usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar:** Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2 cups of Green tea per day.
- **Fruits:** 1-2 fruits (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- Restrict fruits like mango; grapes, chikoo, Custard apple, jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water Intake per day: 3 liters.**
- **Oil consumption: 3 tsp per day/ ½ kg oil per month per person.**

- Oils to be used for cooking prefer e.g....Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- Avoid Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- Exercise daily 45 mins to 1 hour: Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

VEGETABLE EXCHANGE LIST:

A	B	C
Low Kcal(Consume Liberally)	40 kcal (Less amts)	100 kcal (Restrict)
All Dark green leafy vegetables	Carrot, Onion, Beetroot	Potato, Raw banana
All Gourd Vegetables like Dudhi, turl, Padwal, White Pumpkln etc,	Gawar	Sweet potato
	Papdi	Yam
Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capcicum, Tomato, Cucumber, tindii, kantola etc	Jackfruit (raw)	Tapioca
	Mushroom	Colocasia
	Green Plantain	Sabudana

FRUIT SERVING SIZE:

Fruits allowed	Serving	Fruits restricted	Serving
Amla	4-5 no.	Grapes	10-12no.
Jambu	10 no.	Banana (small), Chickoo	1 no.
Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi	1 no.	Mango	2 slice
Plum	2 no.	Litchi, Jackfruit	3-4 no.
Pomegranate	½ no.	Seetaphal	½ no.
Watermelon, Musk melon	1 thin boat slice	Fruit Juice	NO
Pineapple, Papaya	2 thin boat slice	Sugarcane Juice	NO
Raspberries, Strawberries	150gm	Coconut water	NO
Fresh Figs	1 big/ 2 small		

Susan Thomas

Executive Dietician

E: diet.cbr@apollospectra.com



OUT-PATIENT RECORD

Date : 28/9/20
MRNO : 88423
Name :- Ms. Lovatek.
Age / Gender : 27 (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>60</u>	B.P : <u>120/70</u>	Resp : <u>16</u>	Temp : <u>97.4</u>
Weight <u>70.6</u>	Height : <u>177</u>	BMI : <u>22.5</u>	Waist Circum : <u>86/900</u>

Chest 2 91/96
SB 2 98-1.

General Examination / Allergies History

Clinical Diagnosis & Management Plan

ds converted as
no sequelae
ds admission
MHP
BN
hr 0

primary AC

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

Date : 28-09-2024
 MRNO : _____
 Name :- LOVAKESH MANGLA
 Age / Gender : 27 years MALE
 Mobile No:- _____

Department : **Consultant ENT Surgeon**
 Consultant **Dr. Roshni Nambiar**
 Reg. No : 2006/02/1129
 Qualification : M.B.B.S., DNB. Otorhinolaryngology

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

General Examination / Allergies History

Routine medical
 H/O urtikaria x 2 years
 on $\frac{1}{2}$
 (Cetirizine - 5mg)

Clinical Diagnosis & Management Plan

OK
 Ears (R) (L)
 BL IM intact WNL
 Rinne (+) (+)
 Weber \longleftrightarrow
 Nose / mucosa WNL
 Throat
 Neck exam - NAD
 Clinically normal ENT exam.

Follow up date:

Doctor Signature

Date :- 28/09/24

Phone :-



Apollo Spectra
HOSPITAL
Specialists in Surge

Patient Name :- Lovekesh Mangla

Address :- Mahim

Age :- 27

Chief complaint :-

- patient complains of deposits on lower ant. teeth.

Intraoral Findings :-

- calculus - ++ (lower anterior)

-

Rx advised :-

- Oral prophylaxis.

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088
Ph No: 022 - 4334 4600 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)

Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-517/A, 515 & 515, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

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



Mr. Lovkesh.
→ Opthal → 5/10/24.
Pending

28/9/24,



Apollo Clinic

CONSENT FORM

Patient Name: LOVEKESH MANGILA Age: 27

UHID Number: 88423 Company Name: GIC Re

I Mr/Mrs/Ms Lovelkesh Mangila Employee of GIC

(Company) Want to inform you that I am not interested in getting PFT.

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:

Date: 28.09.2024

Ccf Team

From: noreply@apolloclinics.info
Sent: 21 September 2024 12:24
To: lovekeshm@gicre.in
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;
foincharge.cbr@apoliospectra.com
Subject: Your appointment is confirmed



Dear Lovekesh Mangla Mangla,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR** clinic on **2024-09-28** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324[

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:



भारत सरकार
Government of India



लवकेश मंगला
Lovekesh Mangla
जन्म तिथि / DOB : 30/06/1997
पुरुष / Male



4561 1731 7713

आधार - आम आदमी का अधिकार



विशेष प्राधिकरण
Unique Identification Authority of India

पता:
S/O: रिपन मंगला, हाउस नंबर-213,
वार्ड नंबर-10, मॉडल टाउन, रतिया,
रतिया, रतिया, फतेहाबाद, हरियाणा,
125051

Address:
S/O: Ripan Mangla, HOUSE
NUMBER-213, WARD
NUMBER-10, MOEL TOWN,
RATIA, Ratia, Rattia, Fatehabad,
Haryana, 125051

4561 1731 7713

1947
1800 300 1947

✉
help@uidai.gov.in

UIDAI
www.uidai.gov.in

Customer Pending Tests
PFT SKIPED
OPHTHAL TEST PENDING WILL COME ON 5TH OCT. 24

Patient Name	: Mr. Lovekesh Mangla	Age/Gender	: 27 Y/M
UHID/MR No.	: SCHE.0000088423	OP Visit No	: SCHEOPV106371
Sample Collected on	:	Reported on	: 28-09-2024 15:08
LRN#	: RAD2420863	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S30722		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal. **There are two hemangiomas of approximate size 18 mm and 10 mm seen in right lobe of liver**

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 : 9.3 x 4.3 cm.

LK : 9.9 x 4.4 cm.

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- 17cc).

IMPRESSION: TWO SMALL RIGHT LOBE LIVER HEMANGIOMAS



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Patient Name : Mr. Lovekesh Mangla

Age/Gender : 27 Y/M

UHID/MR No. : SCHE.0000088423

OP Visit No : SCHEOPV106371

Sample Collected on :

Reported on : 28-09-2024 12:30

LRN# : RAD2420863

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S30722

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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



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