

Patient Name	: Mr.DEVENDRA KISHORE	Collected	: 27/Jul/2024 09:53AM
Age/Gender	: 42 Y 6 M 24 D/M	Received	: 27/Jul/2024 10:15AM
UHID/MR No	: RIND.0000016234	Reported	: 27/Jul/2024 01:25PM
Visit ID	: RINDOPV14551	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7157		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240197016



This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

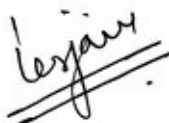
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.79	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	66	%	40-80	Electrical Impedence
LYMPHOCYTES	28	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4554	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1932	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69	Cells/cu.mm	20-500	Calculated
MONOCYTES	345	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.36		0.78- 3.53	Calculated
PLATELET COUNT	191000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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




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Patient Name : Mr.DEVENDRA KISHORE	Collected : 27/Jul/2024 03:06PM
Age/Gender : 42 Y 6 M 24 D/M	Received : 27/Jul/2024 03:30PM
UHID/MR No : RIND.0000016234	Reported : 27/Jul/2024 05:08PM
Visit ID : RINDOPV14551	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7157	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	171	mg/dL	70-100	GOD - POD

Kindly correlate clinically.

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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	262	mg/dl	70-140	GOD, POD

Kindly correlate clinically.

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. Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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Visit ID : RINDOPV14551	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	166	mg/dL		Calculated

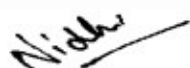
Comment:

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)



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

SIN No:EDT240081362



Patient Name : Mr.DEVENDRA KISHORE	Collected : 27/Jul/2024 09:53AM
Age/Gender : 42 Y 6 M 24 D/M	Received : 27/Jul/2024 10:18AM
UHID/MR No : RIND.0000016234	Reported : 27/Jul/2024 01:57PM
Visit ID : RINDOPV14551	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	268	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	44	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.27	mg/dL	<100	Calculated
VLDL CHOLESTEROL	53.59	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.26		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.43		<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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	48.8	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.8	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	156.42	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.46	g/dL	6.3-8.2	Biuret
ALBUMIN	5.16	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		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. Kritika Jain
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



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Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04793529

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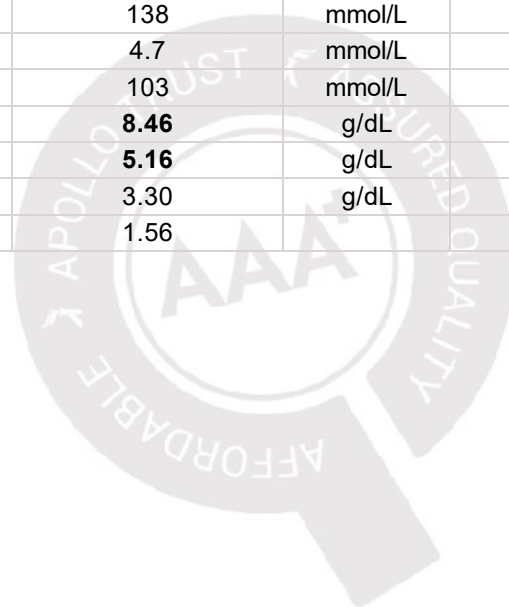


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.75	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	30.92	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	14.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.5-7.2	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.46	g/dL	6.3-8.2	Biuret
ALBUMIN	5.16	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated




Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	104.44	U/L	15-73	Glycylglycine Nitoranalide




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Patient Name : Mr.DEVENDRA KISHORE	Collected : 27/Jul/2024 09:53AM
Age/Gender : 42 Y 6 M 24 D/M	Received : 27/Jul/2024 02:18PM
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Visit ID : RINDOPV14551	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7157	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.15	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.42	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	7.060	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24124198



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
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SIN No: SPL24124198



Patient Name : Mr.DEVENDRA KISHORE	Collected : 27/Jul/2024 11:42AM
Age/Gender : 42 Y 6 M 24 D/M	Received : 27/Jul/2024 12:03PM
UHID/MR No : RIND.0000016234	Reported : 27/Jul/2024 01:58PM
Visit ID : RINDOPV14551	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Dipstick
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)	POSITIVE (+)		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/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 ***

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Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: UR2395204

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

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Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

Patient Name	: Mr.DEVENDRA KISHORE	Collected	: 27/Jul/2024 11:42AM
Age/Gender	: 42 Y 6 M 24 D/M	Received	: 27/Jul/2024 12:03PM
UHID/MR No	: RIND.0000016234	Reported	: 27/Jul/2024 01:58PM
Visit ID	: RINDOPV14551	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7157		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2395204

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



MER- MEDICAL EXAMINATION REPORT



Date of Examination		27/7/24	
NAME:		Moi - Devenchq Kishore	
UHID:		16234	
AGE/ Gender	42y1m	BMI:	24 kg/m ²
HEIGHT(cm)	162 cm	WEIGHT (kg)	63 kg
TEMP:	37.2	PULSE:	83 R/M
B.P:	140/90 mmHg	RESP:	20 R/M
ECG:	Normal		
X Ray:	-		
Vision Checkup	-		
Present Ailments	No DM 12 & 14 th Medico ^l		
Details of Past ailments (If Any)	None u-x-ray.		
Comments / Advice : She /He is Physically Fit	Fit		
Pathology Finding			

Apollo Cradle & Children's Hospital
 NH-1, Shakti Khand-2, Indirapuram,
 Ghaziabad-201014

Signature with Stamp of Medical Examiner

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh – 201014.
 Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.
 Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

KINDLY NOTE: FITNESS BY GENERAL PHYSICIAN PENDINGts



भारत सरकार



आधार



देवेन्द्र किशोर
Devender Kishor
जन्म तिथि/DOB: 03/01/1982
पुरुष/ MALE



9633 7039 1732

मेरा आधार , मेरी पहचान

FO Cradle

From: noreply@apolloclinics.info
Sent: 26 July 2024 12:23
To: devkishore495@gmail.com
Cc: fo.indira@apollocradle.com
Subject: Your appointment is confirmed



Dear DEVENDRA KISHORE,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **Apollo Cradle & Children's Hospital Indirapuram clinic** on **2024-07-27** at **08:00-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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:

ID: 15435

27-07-2024 10:08:58

CR010101

Mr. *Devencha Kishore*

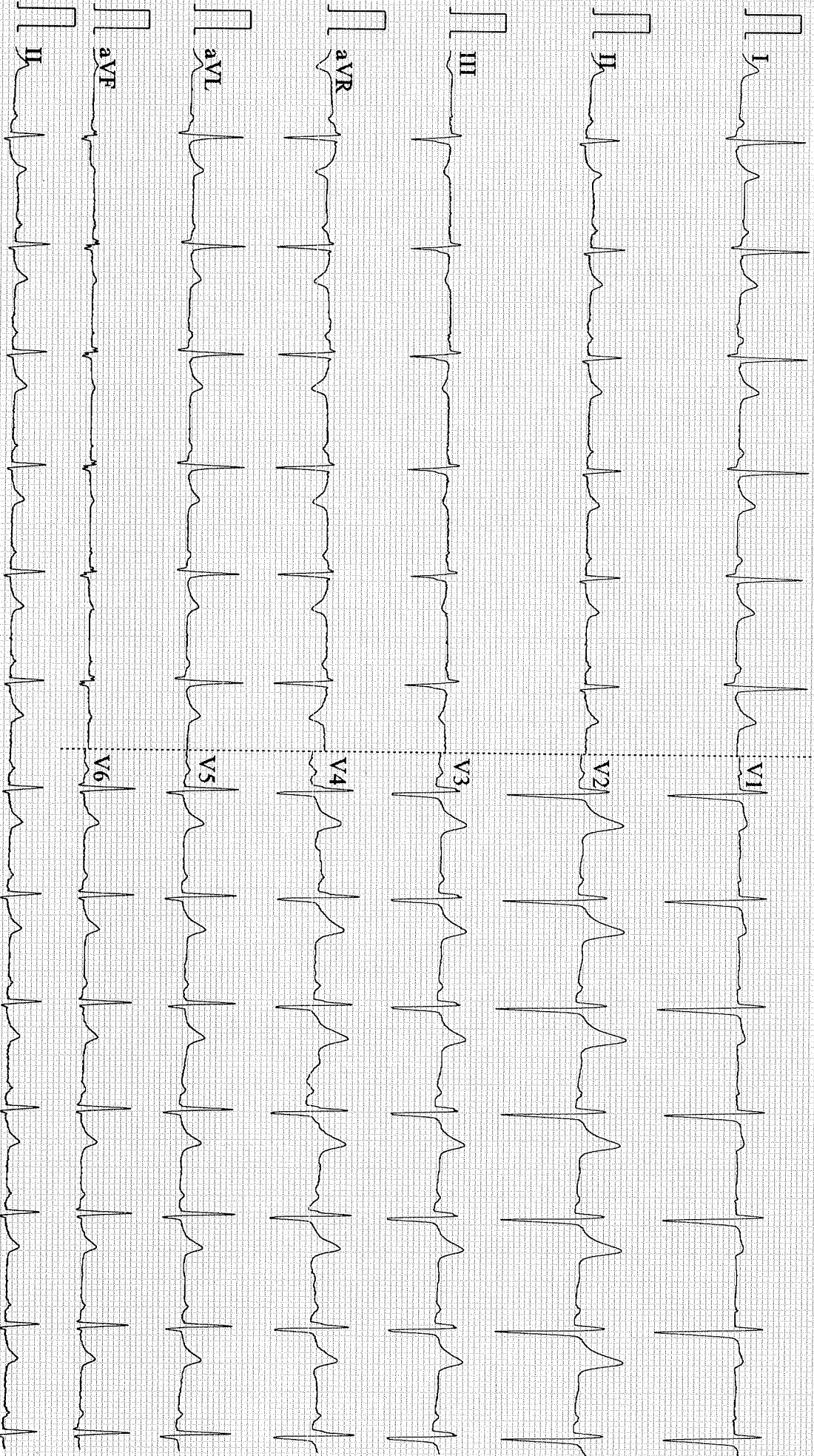
Male 42 Years

Req. No. :

Diagnosis Information:

HR	: 77	bpm
P	: 88	ms
PR	: 141	ms
QRS	: 87	ms
QT/QTcBz	: 351/400	ms
P/QRS/T	: 150/11	°
RV5/SV1	: 0.948/1.335	mV

Unconfirmed Report.



Patient Name : Mr. DEVENDRA KISHORE

Age/Gender : 42 Y/M

UHID/MR No. : RIND.0000016234

OP Visit No : RINDOPV14551

Sample Collected on :

Reported on : 27-07-2024 14:59

LRN# : RAD2389838

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35ES7157

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name : Mrs.RENU	Collected : 27/Jul/2024 09:47AM
Age/Gender : 38 Y 11 M 22 D/F	Received : 27/Jul/2024 10:15AM
UHID/MR No : RIND.0000016233	Reported : 27/Jul/2024 01:28PM
Visit ID : RINDOPV14550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240196979



This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

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Age/Gender : 38 Y 11 M 22 D/F	Received : 27/Jul/2024 10:15AM
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Visit ID : RINDOPV14550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.5	g/dL	12-15	Spectrophotometer
PCV	32.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.88	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	69	%	40-80	Electrical Impedence
LYMPHOCYTES	27	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3588	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1404	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	52	Cells/cu.mm	20-500	Calculated
MONOCYTES	156	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.56		0.78- 3.53	Calculated
PLATELET COUNT	151000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	69	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

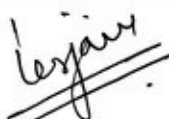


Patient Name : Mrs.RENU	Collected : 27/Jul/2024 09:47AM
Age/Gender : 38 Y 11 M 22 D/F	Received : 27/Jul/2024 10:15AM
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Visit ID : RINDOPV14550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	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. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: BED240196979

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Visit ID : RINDOPV14550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	GOD - POD

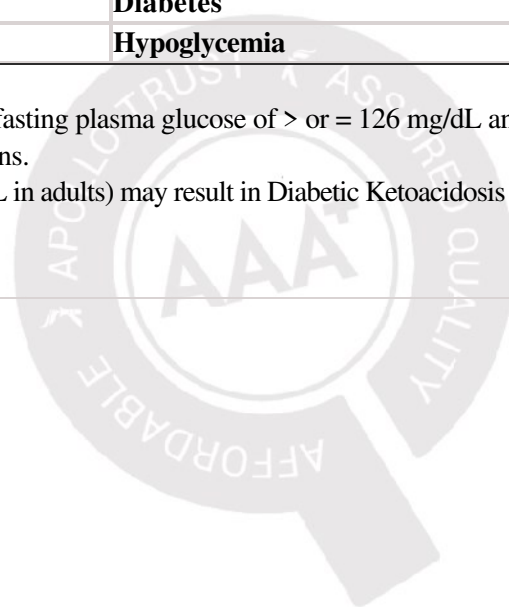
Comment:

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.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Patient Name : Mrs.RENU	Collected : 27/Jul/2024 09:47AM
Age/Gender : 38 Y 11 M 22 D/F	Received : 27/Jul/2024 01:45PM
UHID/MR No : RIND.0000016233	Reported : 27/Jul/2024 03:38PM
Visit ID : RINDOPV14550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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)



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

SIN No:EDT240081345



Patient Name : Mrs.RENU	Collected : 27/Jul/2024 09:47AM
Age/Gender : 38 Y 11 M 22 D/F	Received : 27/Jul/2024 10:17AM
UHID/MR No : RIND.0000016233	Reported : 27/Jul/2024 01:53PM
Visit ID : RINDOPV14550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	222	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	135	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	46	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	176	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.88	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.02	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.84		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<0.11	Calculated

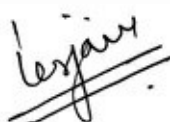
Comment:

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.



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Patient Name : Mrs.RENU	Collected : 27/Jul/2024 09:47AM
Age/Gender : 38 Y 11 M 22 D/F	Received : 27/Jul/2024 10:17AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.59	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14.12	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.2	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	93.95	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.51	g/dL	6.3-8.2	Biuret
ALBUMIN	4.63	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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.

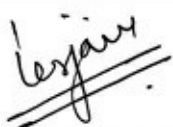
2. Cholestatic Pattern:

*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. Kritika Jain
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



Patient Name : Mrs.RENU	Collected : 27/Jul/2024 09:47AM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: SE04793493

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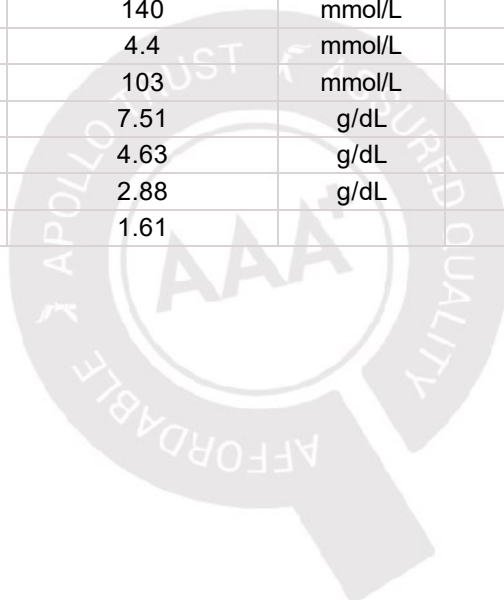
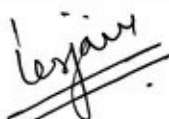


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	20.23	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.64	mg/dL	2.6-6	Uricase
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.42	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.51	g/dL	6.3-8.2	Biuret
ALBUMIN	4.63	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated

Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: SE04793493

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	11.54	U/L	12-43	Glycylglycine Nitoranalide




Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: SE04793493

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Patient Name : Mrs.RENU	Collected : 27/Jul/2024 09:47AM
Age/Gender : 38 Y 11 M 22 D/F	Received : 27/Jul/2024 02:18PM
UHID/MR No : RIND.0000016233	Reported : 27/Jul/2024 04:01PM
Visit ID : RINDOPV14550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.34	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.18	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.770	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24124170



Patient Name : Mrs.RENU	Collected : 27/Jul/2024 09:47AM
Age/Gender : 38 Y 11 M 22 D/F	Received : 27/Jul/2024 02:18PM
UHID/MR No : RIND.0000016233	Reported : 27/Jul/2024 04:01PM
Visit ID : RINDOPV14550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24124170



Patient Name : Mrs.RENU	Collected : 27/Jul/2024 03:51PM
Age/Gender : 38 Y 11 M 22 D/F	Received : 27/Jul/2024 04:06PM
UHID/MR No : RIND.0000016233	Reported : 27/Jul/2024 05:09PM
Visit ID : RINDOPV14550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 35ES7157	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	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	1.030		1.002-1.030	Dipstick
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	NEGATIVE		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/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.



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Patient Name	: Mrs.RENU	Collected	: 27/Jul/2024 02:36PM
Age/Gender	: 38 Y 11 M 22 D/F	Received	: 27/Jul/2024 07:47PM
UHID/MR No	: RIND.0000016233	Reported	: 28/Jul/2024 05:26PM
Visit ID	: RINDOPV14550	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: APT ID 35ES7157		

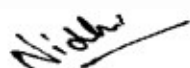
DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	L/1178/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Smear shows sheets of superficial, intermediate squamous cells.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



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

SIN No:CS084058



Patient Name	: Mrs. Renu	Age/Gender	: 38 Y/F
UHID/MR No.	: RIND.0000016233	OP Visit No	: RINDOPV14550
Sample Collected on	:	Reported on	: 31-07-2024 12:29
LRN#	: RAD2389830	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: APT ID 35ES7157		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Liver is mildly enlarged in size (16.4cm) and the parenchymal echotexture shows grade-2 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

GALL BLADDER : Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

PANCREAS : Pancreas is normal in size and echopattern.

SPLEEN : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

KIDNEYS : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents. No obvious focal lesion seen.

UTERUS : Is gravid.

OVARIES : Both the ovaries appears normal in size and echopattern. No obvious adnexal mass or collection is seen.

No free fluid seen in cul-de-sac.

IMPRESSION:

- Mild hepatomegaly with grade 1 Fatty infiltration of the liver.**
- Gravid uterus. Advice - UPT & Beta HCG correlation.**

SUGGEST CLINICAL CORRELATION

Patient Name : Mrs. Renu

Age/Gender

: 38 Y/F

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

MER- MEDICAL EXAMINATION REPORT



Date of Examination		27/7/24	
NAME:		Mous - Ronu	
UHID:		16233	
AGE/ Gender	30y 1P	BMI:	29.2 kg/m ²
HEIGHT(cm)	158 cm	WEIGHT (kg)	73 kg
TEMP:	(N)	PULSE:	62 B/M
B.P:	110/60 mmHg	RESP:	18 B/M
ECG:	Normal		
X Ray:	Normal		
Vision Checkup	R < 6/6 L < 6/6 Color vision normal		
Present Ailments	No		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Fit		
Pathology Finding			
Apollo Cradle & Children's Hospital NH-1, Shakti Khand-2, Indirapuram, Ghaziabad-201014			

Signature with Stamp of Medical Examiner

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh – 201014.
 Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.
 Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

KINDLY NOTE: FITNESS BY GENERAL PHYSICIAN PENDING



भारत सरकार
GOVERNMENT OF INDIA



रेनु
Renu

जन्म वर्ष / Year of Birth : 1985
महिला / Female

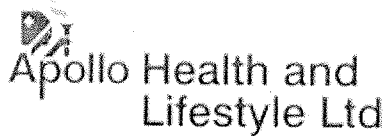


5482 7706 9886

आधार — आम आदमी का अधिकार

FO Cradle

From: noreply@apolloclinics.info
Sent: 26 July 2024 12:24
To: devkishore495@gmail.com
Cc: fo.indira@apollocradle.com
Subject: Your appointment is confirmed



Dear Renu Kumari,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **Apollo Cradle & Children's Hospital Indirapuram clinic** on **2024-07-27** at **08:00-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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:

APOLLO CRADLE- INDRAPURAM

DIET CHART

NAME: Renu

DATE: 29/7/24

AGE:

UHID: high protein, high fiber diet

DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snacks such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3 - 4

small snacks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

FOOD TO BE AVOIDED

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pickles, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.

Dr. Reema Agarwal

MBBS, DGO, DNB

Consultant - Obstetrics & Gynaecology

Mob+91 9810689192



27/07/24

Reema 38/F

BP -
wt -

LMP: 16/6/24

no gynae problem

Routine Screening.

on - P2 13y ND on
10y of use.

Adv

Pis. ca @ looking.

LBC done.

Reema's report

1
Re

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh - 201014.

Ph No: +91 88106 85179, 1860 500 4424

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PURE PEARL

DENTAL CLINIC & MAXILLOFACIAL CENTRE

Mob : 9625328945, 9667406341

Dr. NILOTPAL MISHRA

BDS (Manipal)

MDS (Maxillofacial Surgeon)

Fellow Head & Neck Oncology

(Dharamshila Hospital, New Delhi)

Asst. Prof. : I.T.S College (G.N)

Add.: 333/05, Shakti Khand 1st, Indirapuram

Appointment Time

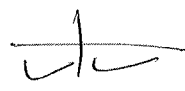
Mon to Sun : 10 AM To 2 PM 5 PM To 8 PM

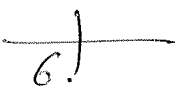
Name :*Renu*..... Age :*38*..... Sex :*F*..... Date :*25/7/24*.....

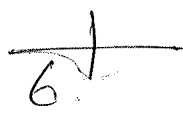
FACILITIES :

- Computerised Dental X-ray (RVG)
- Root Canal Treatment (RCT)-
By Hand By Machine
- Tooth Coloured Dental Filling
- Tooth Capping
- Fixed Crown & Bridges
- Dental Implant
- Dental Bleaching (Teeth Whitening)
- Ultrasonic Scaling (Tooth Cleaning
By Machine)
- Painless Tooth Extraction
- Dental Jewellery
- Denture RPD & Complete Denture
- Cosmetic Filling
- Direct and Indirect Veneer
- Teeth Scaling and Polishing
- Orthodontic Treatment
(Metal Braces, Ceramic
Braces VS Invisalign)
- Wisdom Teeth Removal
- Gum Surgeries
- Trauma
- Oral Cancer

ID - *RIND-0000016233*

O/C - *Athister* 

Buccal Pro curvy 

Adv *Restoration* - 



Hou, Renu
Male 38 Years
Req. No. :

Diagnosis Information:

HR : 58 bpm
P : 88 ms
PR : 120 ms
QRS : 77 ms
QT/QTcBz : 412/406 ms
P/QRS/T : 47/67/47 °
RV5/SV1 : 1.171/0.886 mV



Unconfirmed Report.

