

Name : Mr. GABHEAK SINGH	Age: 53 Y	UHID: SCHI.0000025320
	Sex: M	*SCHI.0000025320*
Address : 161, ASIAD VILLAGE COMPLEX MADAN LAL BLOCK		OP Number: SCHDOPV39121
Plan : ARCOFEMI MEDIWHEFL MALE AHC CREDIT PAN		Bill No : SCHI-OCR-12933
INDIA OP AGREEMENT		Date : 13.11.2024 09:29

Sno	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEFL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) ✓	
3	D ECHO ✓	
4	LIVER FUNCTION TEST (LFT) ✓	
5	GLUCOSE, FASTING ✓	
6	HEMOGRAM - PERIPHERAL SMEAR ✓	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION ✓	
9	URINE GLUCOSE (POST PRANDIAL) ✓	
10	PERIPHERAL SMEAR ✓	
11	ECG ✓	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT) ✓	
13	DENTAL CONSULTATION - Not interested	
14	GLUCOSE, POST PRANDIAL (PPL 2 HOURS POST MEAL) ✓ 1:50 PM	
15	URINE GLUCOSE (FASTING) ✓	
16	HbA1c, GLYCATED HEMOGLOBIN ✓	
17	X-RAY CHEST PA ✓	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR ✓	
21	LIPID PROFILE ✓	
22	BODY MASS INDEX (BMI)	
23	OPTICAL BY GENERAL PHYSICIAN ✓	
24	ULTRASOUND - WHOLE ABDOMEN ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Bs + 330
 T1 328 - 10.3
 T4 272
 urine glu +

Height:	1.55 m
Weight:	89.5 kg
B.P.:	150/100
Pulse:	110/min
SP02:	99



भारतीय संघ
GOVERNMENT OF INDIA



रामक सिंह
Rambhak Singh
जन्म तिथि / DOB - 30/08/1971
पुरुष / MALE



8908 7931 5383

मेरा आधार, मेरी पहचान

From: noreply@apolloclinics.info
Sent: 11 November 2024 11:49
To: sabheaksingh@gmail.com
Cc: phc.klc@apollospectra.com; syamsunder.m@apollohl.com; cc.klc@apollospectra.com
Subject: Your appointment is confirmed



Dear MR. SABHEAK SINGH,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at SPECTRA NEHRU ENCLAVE clinic on 2024-11-13 at 09:00-09:15.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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:

DIGITAL X-RAY REPORT

NAME: SABHEAK SINGH	DATE: 13.11.2024
UHID NO : 25320	AGE: 53YRS/ SEX: M

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations



DR. DEEPIKA AGARWAL
Consultant Radiologist

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

Patient Name:	Mr. SABHEAK SINGH	Age:	53 Y/M
UHID:	SCH1000925320	OP Visit No:	SCH100V29121
Conducted By:	Dr. MUKESH K GUPTA	Conducted Date:	13-11-2024 16:28
Referred By:	SELF		

MITRAL VALVE

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

Doppler: Normal/Abnormal E/A **E>A**
Mitral Stenosis Present/**Absent** RR interval _____ msec
EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

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

PULMONARY VALVE

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

AORTIC VALVE

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

Measurements	Normal Values	Measurements	Normal values
Aorta	2.8 (2.0 - 3.7cm)	LA es	3.2 (1.9 - 4.0cm)
LV es	2.4 (2.2 - 4.0cm)	LV ed	4.2 (3.7 - 5.6cm)
IVS ed	1.0 (0.6 - 1.1cm)	PW (LV)	0.9 (0.6 - 1.1cm)
RV ed	0.7 - 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	65% (54%-79%)	IVS motion	Normal /Trivial/Paradoxical

CHAMBERS:

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

Regional wall motion abnormality: **Absent**

LA: Normal/Enlarged/Clear/Thrombus

RA: Normal/Enlarged/Clear/Thrombus

RV: Normal/Enlarged/Clear/Thrombus

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash - 1, New Delhi - 110048
Ph.: 011-40465555, 9910895018 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615& 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040-4904 7777 | www.apollohi.com

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v Grade I LVDD
- v No A2, P2, M2 & TR
- v No IVC dilatation
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

Dr. M K Gupta
M.D.B.S, MD, F.I.A.C.M
Senior Consultant Cardiologist



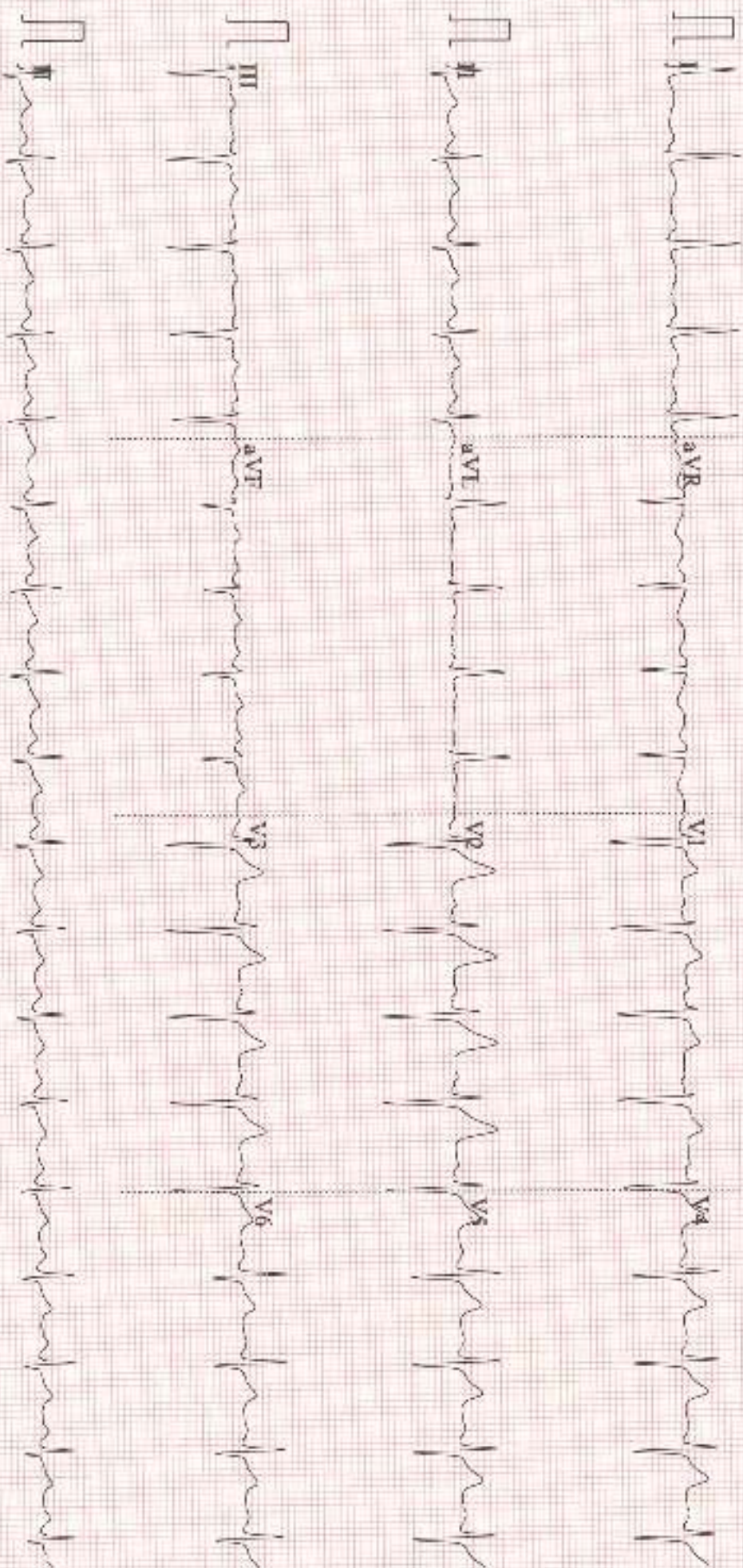
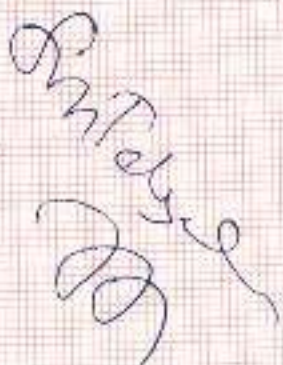
ID: 25320
Sahneak singh
Male 53Years
Req. No. :

13-11-2024 12:30:28

HR	: 104	bpm
P	: 113	ms
PR	: 147	ms
QRS	: 93	ms
QT/QTcBz	: 331/437	ms
PQRST	: 55-21/57	"
RV5/SV1	: 0.637/1.113	mV

Diagnosis Information:
Sinus Tachycardia

Report Confirmed by:



NAME :	SABHEAK SINGH	AGE/SEX:	53	YRS./M
UHID :	25320			
REF BY :	APOLLO SPECTRA	DATE:-	13.11.2024	

ULTRASOUND WHOLE ABDOMEN

Excessive bowel gases are seen

Liver: Appears enlarge in size, measures 18.6 cm, craniocaudally in mid clavicular line (normal \leq 15.5 cm) and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

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

Pancreas: Appears normal in size and echotexture.

Spleen: appears enlarged and measures 15.4 cm. It appears normal in echotexture.

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

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

Prostate: is marginally enlarged in size Weighs 35 gms. It is not indenting the base of the bladder. No breach in the capsule. Focal prostatic calcification seen .

No free fluid seen.

IMPRESSION:

- **HEPATOSPLENOMEGALY WITH FATTY CHANGES IN LIVER GRADE II-III.**
- **GRADE 1 PROSTATOMEGALY.**

Please correlate clinically and with lab. Investigations.


DR. DEEPIKA AGARWAL
Consultant Radiologist

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash-1, New Delhi-110049
Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040-4904 7777 | www.apollohl.com

DR. DEEPIKA AGARWAL
Consultant Radiologist
DMC No. 58777
Apollo Specialty Hospital Pvt. Ltd.
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New Delhi-110049

Mr. Sabheak Singh
53/M

13/11/24

Eye checkup

+H/O using glary

H/O DM⁺⁺ ↓ medication

VA < 6/24
6/24

NI < 23
25 } with 9

POG < -1.25 / +0.50 X 70
-1.25 / +0.50 X 130
+2.00 DS

BCV < -1.00 DS / -0.75 DC X 70 6/6
-1.00 DS / -1.00 DC X 110 6/6
Add +2.25 DS ALB B/E

NA < 4/6
6/6 - NC
eph

Slit Lamp exam

ALS Normal B/E

Pupil reaction Normal

Fundus (wall) B/E

Adv

Continue same glary

Refract near TDS B/E X 1 month

Dawar
13/11/24

Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 10:05AM
Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 10:48AM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 03:09PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

...



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240246873



Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 10:05AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.5	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,340	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70.2	%	40-80	Electrical Impedance
LYMPHOCYTES	20.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5152.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1482.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	205.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	455.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.04	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.48		0.78- 3.53	Calculated
PLATELET COUNT	178000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	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.

Page 2 of 15



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240246873



Patient Name : Mr.SABHEAK SINGH
Age/Gender : 53 Y 2 M 14 D/M
UHID/MR No : SCHI.0000025320
Visit ID : SCHIOPV39121
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 81027

Collected : 13/Nov/2024 10:05AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
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SIN No:BED240246873



Patient Name	: Mr.SABHEAK SINGH	Collected	: 13/Nov/2024 10:05AM
Age/Gender	: 53 Y 2 M 14 D/M	Received	: 13/Nov/2024 10:48AM
UHID/MR No	: SCHI.0000025320	Reported	: 13/Nov/2024 07:47PM
Visit ID	: SCHIOPV39121	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 81027		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240246873



Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 01:55PM
Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 02:09PM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 06:07PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	330	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)	329	mg/dL	70-140	GOD - POD

Comment:

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:PLP1488147



Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 10:06AM
Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 01:18PM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 02:14PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	10.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	249	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)

Nidhi

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

SIN No:EDT240094282



Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 10:06AM
Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 11:06AM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 01:39PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	272	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	66.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	54.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.46		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.53		<0.11	Calculated

Comment:

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04844532



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Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 11:06AM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 01:39PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	130.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:SE04844532



Patient Name	: Mr.SABHEAK SINGH	Collected	: 13/Nov/2024 10:06AM
Age/Gender	: 53 Y 2 M 14 D/M	Received	: 13/Nov/2024 11:06AM
UHID/MR No	: SCHI.0000025320	Reported	: 13/Nov/2024 06:03PM
Visit ID	: SCHIOPV39121	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 81027		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	38.50	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	18.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.20	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	109	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		0.9-2.0	Calculated



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04844532



Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 10:06AM
Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 11:06AM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 01:39PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	117.00	U/L	15-73	Glycylglycine Nitoranalide



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MBBS,MD (Pathology)
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Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 10:06AM
Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 01:34PM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 03:07PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.82	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.59	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.388	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 Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



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

SIN No:SPL24146670



Patient Name	: Mr.SABHEAK SINGH	Collected	: 13/Nov/2024 10:06AM
Age/Gender	: 53 Y 2 M 14 D/M	Received	: 13/Nov/2024 01:34PM
UHID/MR No	: SCHI.0000025320	Reported	: 13/Nov/2024 03:07PM
Visit ID	: SCHIOPV39121	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 81027		

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SPL24146670



Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 10:06AM
Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 01:34PM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 02:08PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.720	ng/mL	0-4	CLIA



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24146670



Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 10:06AM
Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 05:44PM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 07:35PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	POSITIVE (++)		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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

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

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2419752



Patient Name : Mr.SABHEAK SINGH	Collected : 13/Nov/2024 10:06AM
Age/Gender : 53 Y 2 M 14 D/M	Received : 13/Nov/2024 05:44PM
UHID/MR No : SCHI.0000025320	Reported : 13/Nov/2024 07:35PM
Visit ID : SCHIOPV39121	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81027	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++)		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	POSITIVE (++)		NEGATIVE	GOD-POD

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF012164



Patient Name : Mr.SABHEAK SINGH
Age/Gender : 53 Y 2 M 14 D/M
UHID/MR No : SCHI.0000025320
Visit ID : SCHIOPV39121
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 81027

Collected : 13/Nov/2024 10:06AM
Received : 13/Nov/2024 05:44PM
Reported : 13/Nov/2024 07:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF012164

