

भारत सरकार
Government of India




Issue Date: 12/11/2016




Sushma Devi
DOB: 04/02/1986
Female

7343 4534 9889

मेरा आधार, मेरी पहचान




बैंक ऑफ बड़ोदा
Bank of Baroda

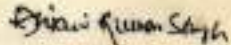


नाम
Name : ANJANI KUMAR SINGH

कर्मचारी कूट. नं.
EC No 72102



नियंत्रण अधिकारी
Issuing Authority, CM (Coord), EZ



धारक के हस्ताक्षर
Signature of Holder

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arocfemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SINGH ANJANI KUMAR
EC NO.	72102
DESIGNATION	BRANCH HEAD
PLACE OF WORK	VELLORE
BIRTHDATE	05-04-1980
PROPOSED DATE OF HEALTH CHECKUP	27-01-2024
BOOKING REFERENCE NO.	23M72102100085610E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **23-01-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arocfemi Healthcare Limited))

APOLLO CLINIC

CONSENT FORM

Patient Name ANJANI K. SINGH Age 43
 IHD Number..... company Name B.O.D

I Mr/Mrs/Ms. Anjan K. Singh Employee of Bank of Baroda
 (Company) Want to inform you that I am not interested in getting Dr. N.S. available
 Tests done which is apart of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature Anjan Date.....

APOLLO MEDICAL CENTER
 Door No: 114, Sivaprasadam Street, T.N. Nagar,
 Chennai - 600017
 Ph No: 044-24341066 / 84386318 (16:18:19)

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

General Examination / Allergies
History

No ENT complaints

Eae - B/L TM intact

Nose - DNS to RT

Throat - NAD

Adv
- PTA

Sapankoshi

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

PHYSICAL EXAMINATION

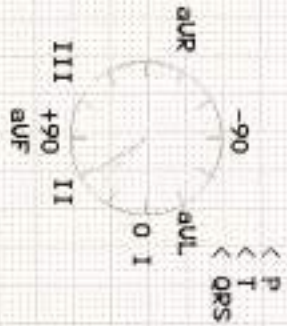
NAME	ANJANI KUNAR SINGH		DATE OF CHECK UP
AGE / GENDER	43 yrs	MALE/FEMALE	M
HEIGHT	171 cm	cm	
WEIGHT	68.5 kg	kg	
	110 / 70		
BLOOD PRESSURE		mmHg	
BMI	23.4		
WAIST	90		
HR	97		
WAIST / HIP RATIO	0.92		
RESPIRATORY RATE	18		
PULSE	78	Min	
CHEST	INSPIRATION		
	EXPIRATION		

OPHTHAL EXAMINATION

COLOUR VISION

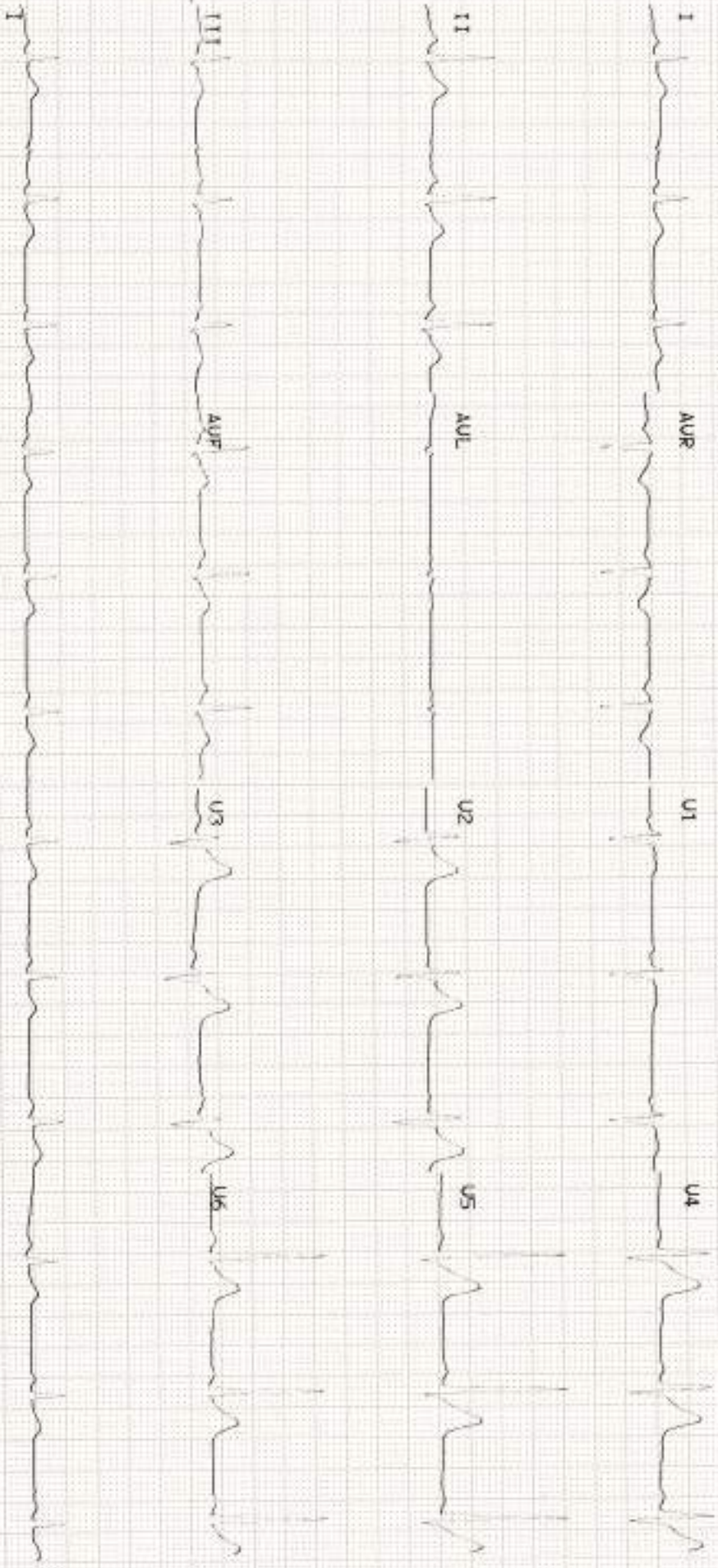
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT
WITHOUT GLASS	6/6	6/6	N/14	N/12	(N)	(N)
WITH GLASS						
REMARKS IF ANY						

AGE: 43
Measurement Results:
QRS : 94 ms
QT/QTcB : 354 / 382 ms
PR : 134 ms
P : 118 ms
RR/PP : 862 / 855 ms
P/QRS/T : 56 / 56 / 46 degrees



Interpretation:
12SL - Interpretation:
Normal sinus rhythm ✓
Normal ECG

Unconfirmed report.



Name: Mr. Anjani Kumar Singh
Age/Gender: 43 Y/M
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. T DEVI SHANMUGA PRIYA

MR No: CTNA.0000204868
Visit ID: CTNAOPV191864
Visit Date: 26-01-2024 08:53
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
26-01-2024 12:14	Beats/min	110/70 mmHg	Rate/min	F	171 cms	68.5 Kgs	%	%	Years	23.43	cms	cms	cms		AHLL04091

Name: Mr. Anjani Kumar Singh
Age/Gender: 43 Y/M
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. REKHA SANJAY

MR No: CTNA.0000204868
Visit ID: CTNAOPV191864
Visit Date: 26-01-2024 08:53
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

Vitals

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Patient Name	: Mr. Anjani Kumar Singh	Age	: 43 Y/M
UHID	: CTNA.0000204868	OP Visit No	: CTNAOPV191864
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 29-01-2024 11:52
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.7 CM
LA (es)	3.2 CM
LVID (ed)	4.5 CM
LVID (es)	2.3 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.0 CM
EF	71.00%
%FD	42.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. Anjani Kumar Singh	Age	: 43 Y/M
UHID	: CTNA.0000204868	OP Visit No	: CTNAOPV191864
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 29-01-2024 11:52
Referred By	: SELF		

DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.8m/sec A: 0.6m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.7m/sec

VELOCITY ACROSS THE AV UPTO 1.2m/sec

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITIES

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

NORMAL LEFT VENTRICULAR IN SIZE

NO : PE/PAH

DONE BY
NIRMALA

Patient Name : Mr. Anjani Kumar Singh
UHID : CTNA.0000204868
Conducted By: : Dr. KIRUBAKARAN .
Referred By : SELF

Age : 43 Y/M
OP Visit No : CTNAOPV191864
Conducted Date : 29-01-2024 11:52



Dr.KIRUBAKARAN.

Patient Name : Mr. Anjani Kumar Singh
UHID : CTNA.0000204868
Conducted By: : Dr. KIRUBAKARAN .
Referred By : SELF

Age : 43 Y/M
OP Visit No : CTNAOPV191864
Conducted Date : 29-01-2024 11:52

Patient Name : Mr. Anjani Kumar Singh
UHID : CTNA.0000204868
Conducted By: : Dr. KIRUBAKARAN .
Referred By : SELF

Age : 43 Y/M
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Patient Name : Mr. Anjani Kumar Singh
UHID : CTNA.0000204868
Conducted By: : Dr. KIRUBAKARAN .
Referred By : SELF

Age : 43 Y/M
OP Visit No : CTNAOPV191864
Conducted Date : 29-01-2024 11:52

Name: Mr. Anjani Kumar Singh
Age/Gender: 43 Y/M
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VASANTHI SACHIDHANAND

MR No: CTNA.0000204868
Visit ID: CTNAOPV191864
Visit Date: 26-01-2024 08:53
Discharge Date:
Referred By: SELF

Doctor's Signature

Patient Name	: Mr. Anjani Kumar Singh	Age	: 43 Y/M
UHID	: CTNA.0000204868	OP Visit No	: CTNAOPV191864
Reported By:	: Dr. ARUNA BABBURI	Conducted Date	: 26-01-2024 13:30
Referred By	: SELF		

ECG REPORT

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG.

----- END OF THE REPORT -----



Dr. ARUNA BABBURI

Name: Mr. Anjani Kumar Singh
Age/Gender: 43 Y/M
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000204868
Visit ID: CTNAOPV191864
Visit Date: 26-01-2024 08:53
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name : Mr. Anjani Kumar Singh

Age/Gender : 43 Y/M

UHID/MR No. : CTNA.0000204868

OP Visit No : CTNAOPV191864

Sample Collected on :

Reported on : 27-01-2024 15:34

LRN# : RAD2217035

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : emp id 72102

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

Normal study.



Dr. RASHEED ARAFATH HIDAYATHULLAH
MBBS, DNB (RD)
Radiology

Patient Name : Mr. Anjani Kumar Singh

Age/Gender : 43 Y/M

UHID/MR No. : CTNA.0000204868

OP Visit No : CTNAOPV191864

Sample Collected on :

Reported on : 27-01-2024 15:20

LRN# : RAD2217035

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : emp id 72102

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 8.3 cms.
Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.
Aorta and IVC appear normal.

Right kidney measures 9.9 x 4.2 cms.
Left kidney measures 9.3 x 5.0 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.5 x 3.3 x 2.7 cms (volume 16 cc) and shows normal echopattern.
Seminal vesicles appear normal.
Bladder is normal in contour. Both iliac fossae appear normal.

IMPRESSION:

NORMAL STUDY.





Patient Name : Mr. Anjani Kumar Singh

Age/Gender : 43 Y/M

Dr. A R RAGHUL
MBBS MD Radiodiagnosis
Radiology

Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:20PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 04:19PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240018656

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-11-60/52, Ashoka Baghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
www.apollohsl.com | Email ID: enquiry@apollohsl.com, Ph No: 844-8904 7272, Fax No: 8864 7244

ADDRESS:
B No.70, F - Block, 2nd Avenue, Ashok Nagar ERM, Chennai 600 032,
Phone - 844 2628004 / 95

1860 500 7788
www.apolloclinic.com

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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:20PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 04:19PM
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Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.2	g/dL	13-17	Spectrophotometer
PCV	41.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.72	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.5	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.9	%	40-80	Electrical Impedance
LYMPHOCYTES	30.8	%	20-40	Electrical Impedance
EOSINOPHILS	6.8	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2592.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1509.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	333.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	411.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	53.9	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	193000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 16



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

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ADDRESS:
B No.70, F - Block, 2nd Avenue, Ashok Nagar ERM, Chennai-600 032.
Phone - 044-2624804 / 95

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www.apolloclinic.com

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Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:20PM
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DEPARTMENT OF HAEMATOLOGY

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

WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 27/Jan/2024 08:38AM
UHID/MR No : CTNA.0000204868	Reported : 27/Jan/2024 09:57AM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:HA06393435

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Page 4 of 16



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2006PLC115819)
Regd. Office: 1-10-00/52, Ashoka Baghupatti Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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ADDRESS:
B No.70, F - Block, 2nd Avenue, Ashok Nagar DAM, Chennai 600 192,
Phone - 044-2622804-05

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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 12:00PM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:17PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 02:44PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

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 $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- 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)	94	mg/dL	70-140	HEXOKINASE

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. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1411547

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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:20PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 04:16PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:17PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 02:51PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	144	mg/dL	<200	CHO-POD
TRIGLYCERIDES	109	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.89		0-4.97	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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:17PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 02:51PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.19	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	90.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.95		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. • Bilirubin may be elevated.
- 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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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SIN No:SE04609680

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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:17PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 02:51PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF BIOCHEMISTRY

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



DR. R. SRIVATSAN
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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:17PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101–109	ISE (Indirect)



DR. R. SRIVATSAN
M.D. (Biochemistry)



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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	9.00	U/L	<55	IFCC



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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:18PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 08:14PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.70	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.356	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No: SPL24012193

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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APOLLIO CLINICS NETWORK

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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:18PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 08:14PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF IMMUNOLOGY

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



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24012193

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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:18PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 02:51PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.650	ng/mL	0-4	CLIA



DR. R. SRIVATSAN
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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:14PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 04:11PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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	Visual
pH	5.5		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr THILAGA
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SIN No:UR2268449

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name : Mr.ANJANI KUMAR SINGH	Collected : 26/Jan/2024 08:56AM
Age/Gender : 43 Y 9 M 21 D/M	Received : 26/Jan/2024 02:14PM
UHID/MR No : CTNA.0000204868	Reported : 26/Jan/2024 03:59PM
Visit ID : CTNAOPV191864	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 72102	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



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