

Patient Name	: Mr.EQBAL RAZA	Collected	: 09/Mar/2024 10:50AM
Age/Gender	: 38 Y 0 M 18 D/M	Received	: 09/Mar/2024 11:48AM
UHID/MR No	: SCHI.0000018724	Reported	: 09/Mar/2024 03:28PM
Visit ID	: SCHIOPV27205	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: dgzdhrf		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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

SIN No:BED240063555



Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.5	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.6	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,690	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	44.2	%	40-80	Electrical Impedance
LYMPHOCYTES	42.4	%	20-40	Electrical Impedance
EOSINOPHILS	6	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3398.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3260.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	461.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	484.47	Cells/cu.mm	200-1000	Calculated
BASOPHILS	84.59	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.04		0.78- 3.53	Calculated
PLATELET COUNT	225000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	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.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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



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SIN No:BED240063555



Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
Age/Gender : 38 Y 0 M 18 D/M	Received : 09/Mar/2024 05:28PM
UHID/MR No : SCHI.0000018724	Reported : 09/Mar/2024 08:59PM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	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.



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Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 02:22PM
Age/Gender : 38 Y 0 M 18 D/M	Received : 09/Mar/2024 07:30PM
UHID/MR No : SCHI.0000018724	Reported : 09/Mar/2024 08:58PM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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. Tanish Mandal
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SIN No: PLP1429509



Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
Age/Gender : 38 Y 0 M 18 D/M	Received : 09/Mar/2024 05:34PM
UHID/MR No : SCHI.0000018724	Reported : 10/Mar/2024 08:30AM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated

Comment:

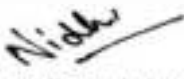
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:


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

Note: Dietary preparation or fasting is not required.

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

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SIN No:EDT240028982

Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
Age/Gender : 38 Y 0 M 18 D/M	Received : 09/Mar/2024 11:49AM
UHID/MR No : SCHI.0000018724	Reported : 09/Mar/2024 02:08PM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	196	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	198	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	159	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	39.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.30		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
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UHID/MR No : SCHI.0000018724	Reported : 09/Mar/2024 02:08PM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.50	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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:SE04656158

Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
Age/Gender : 38 Y 0 M 18 D/M	Received : 09/Mar/2024 05:33PM
UHID/MR No : SCHI.0000018724	Reported : 10/Mar/2024 08:29AM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF BIOCHEMISTRY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.15	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	31.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	14.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.84	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.43	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	101.5	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.07	g/dL	6.3-8.2	Biuret
ALBUMIN	4.39	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated

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SIN No:BI18706138

Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
Age/Gender : 38 Y 0 M 18 D/M	Received : 09/Mar/2024 11:49AM
UHID/MR No : SCHI.0000018724	Reported : 09/Mar/2024 12:45PM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	31.00	U/L	15-73	Glycylglycine Nitoranalide



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Consultant Pathology

SIN No:SE04656158



Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
Age/Gender : 38 Y 0 M 18 D/M	Received : 09/Mar/2024 11:51AM
UHID/MR No : SCHI.0000018724	Reported : 09/Mar/2024 09:42PM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.89	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.41	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	0.98	µIU/mL	0.25-5.0	ELFA

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. SHWETA GUPTA
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SIN No:SPL24042262



Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
Age/Gender : 38 Y 0 M 18 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018724	Reported : 09/Mar/2024 07:17PM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA
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SIN No:UR2301746



Patient Name : Mr.EQBAL RAZA	Collected : 09/Mar/2024 10:50AM
Age/Gender : 38 Y 0 M 18 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018724	Reported : 09/Mar/2024 07:16PM
Visit ID : SCHIOPV27205	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgzdhrf	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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 ***



Dr. SHWETA GUPTA
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SIN No:UF011105



Name : Mr. Eghal Raza

Age: 38 Y

UHID: SCHI.0000018724

Sex: M



Address : delhi

OP Number: SCHIOPV27205

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-9746

Date : 09.03.2024 10:34

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	LIVER FUNCTION TEST (LFT) ✓	
3	GLUCOSE, FASTING ✓	
4	HEMOGRAM + PERIPHERAL SMEAR ✓	
5	DIET CONSULTATION <i>after Report</i>	
6	COMPLETE URINE EXAMINATION ✓	
7	URINE GLUCOSE (POST PRANDIAL) ✓	
8	PERIPHERAL SMEAR ✓	
9	ECG ✓	
10	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
11	DENTAL CONSULTATION ✓	
12	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL): <i>2:20 pm</i>	
13	URINE GLUCOSE (FASTING) ✓	
14	HbA1c, GLYCATED HEMOGLOBIN ✓	
15	XRAY CHEST PA <i>after Report</i>	
16	ENT CONSULTATION <i>after Report</i>	
17	CARDIAC STRESS TEST (TMT) ✓ <i>B</i>	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR ✓	
20	LIPID PROFILE ✓	
21	BODY MASS INDEX (BMI)	
22	OPHTH BY GENERAL PHYSICIAN <i>(lost the Report) from Patient</i>	
23	ULTRASOUND - WHOLE ABDOMEN <i>11 am</i>	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

19/02/1986

Height: *179 cm*
 Weight: *102 kg*
 B.P.: *130/78 mmHg*
 Pulse: *64 mt*
 SP02: *98%*

Consultation history

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Agbal Regg on 9/3/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">• Medically Fit	
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none">• Unfit	

Dr. Manu
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes



PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Egbal Rezp</u>	UHID No: <u>18724</u>
AGE / GENDER :- <u>38yrs</u>	RECEIPT No :-
PANEL :- <u>Arcofemi</u>	EXAMINED ON :- <u>9/3</u>

Chief Complaints:

Past History:

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

Personal History:

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

Family History:

General Physical Examination:

Height	<u>179</u>	:	cms
Weight	<u>102</u>	:	Kgs

Pulse	<u>64/m</u>	bpm
BP	<u>130/78</u>	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Egkaf</u>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

Wt 74 kg Hb 11.11g
HbA1c 6.2 TG 198

Recommendation:

- low fat / sugar rescheduled diet
wt reduction
Cap A Achuro 102 x 2 month
My vite D₃ 60 once
week
6-12 week


Dr. S. K. Kaur
Consultant Physician

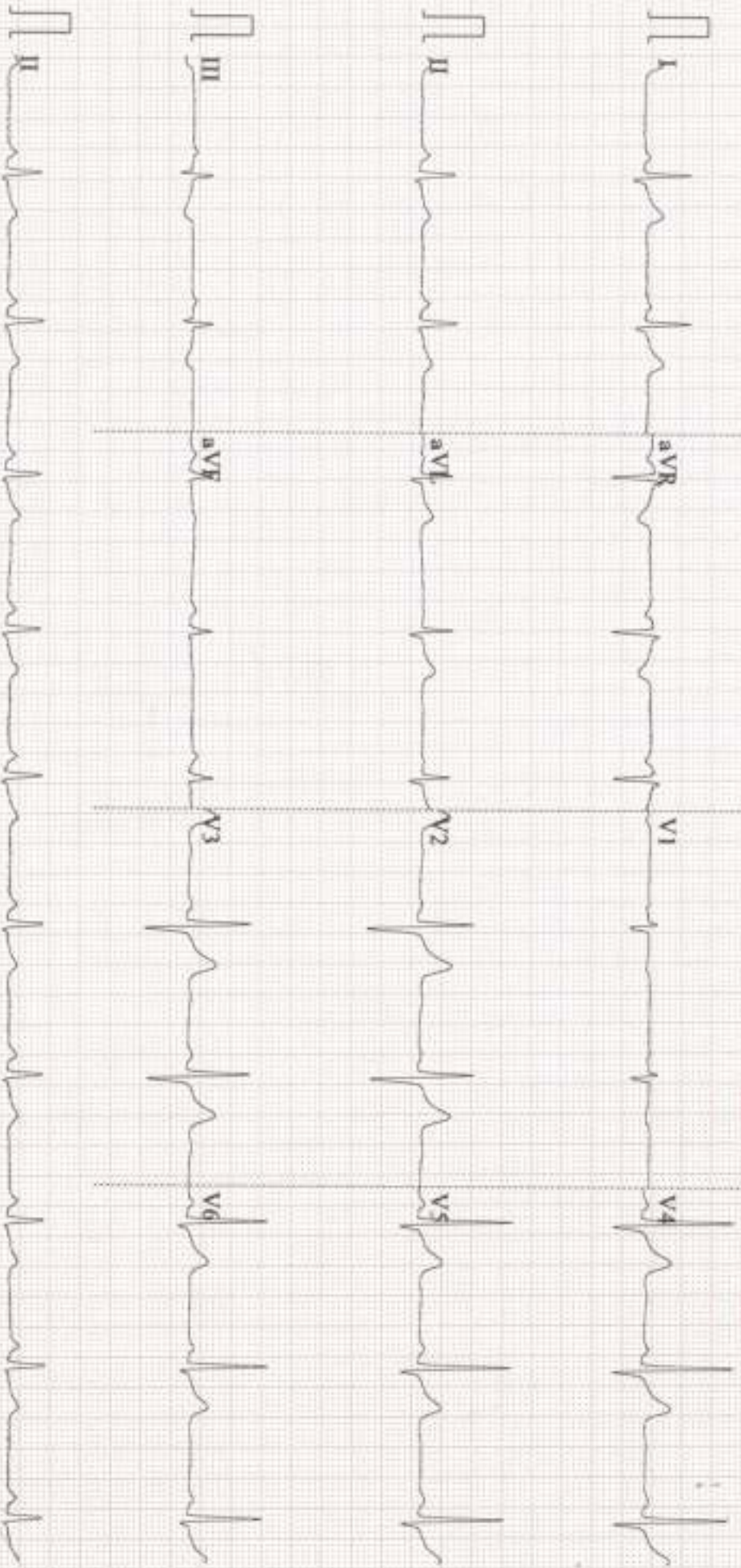
Review report

ID: 18724
Eqbal Raza
Male 38Years
Req. No. :

09-03-2024 12:47:56
HR : 60 bpm
P : 107 ms
PR : 160 ms
QRS : 85 ms
QT/QTcBz : 386/387 ms
P/QRS/T : 58/39/5 °
RV5/SV1 : 1.478/0.280 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



APOLLO SPECTRA
NEHRU ENCLAVE
NEW DELHI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: RAZA, EQBAL
Patient ID: 18724
Height: 179 cm
Weight: 102 kg

DOB: 19.02.1986
Age: 38 yrs
Gender: Male
Race: Indian

Study Date: 09.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	01:30	0.00	0.00	74	130/78	
	STANDING	00:35	0.00	0.00	74	130/78	
	HYPERV	00:01	0.00	0.00	75		
EXERCISE	WARM-UP	00:11	0.30	0.00	78		
	STAGE 1	03:00	1.70	10.00	100	130/78	
	STAGE 2	03:00	2.50	12.00	118	140/90	
	STAGE 3	03:00	3.40	14.00	139	140/90	
	STAGE 4	01:12	4.20	16.00	157	140/90	
RECOVERY		04:19	0.00	0.00	95	120/80	

The patient exercised according to the BRUCE for 10:12 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 60 bpm rose to a maximal heart rate of 157 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/78 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Max HR attained.

Interpretation

Summary: Chest Pain: none.

Conclusions

--

Physician _____

Technician _____

RAZA, EQBAL

Patient ID: 18724
 09/03/2024 Male 179 cm 102 kg
 38 yrs Indian
 1:49:21pm Meds:

Exercise Test / Tabular Summary

APOLLO SPECTRA

BRUCE: Exercise Time 10:12
 Max HR: 157 bpm 86 % of max predicted 182 bpm HR at rest: 60
 Max BP: 140/90 mmHg BP at rest: 130/78 Max RPP: 21980 mmHg* bpm
 Maximum Workload: 13.40 METS
 Max. ST: -0.65 mm, -0.49 mV/s in III; EXERCISE STAGE 3 7:29

Test Reason:
 Medical History:
 Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

Arrhythmia: A-11; PSVC:9
 ST/HR index: 0.17 μ V/bpm
 HR reserve used: 77 %
 HR recovery: 32 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: -0.028 mV(1)
 QRS duration: BASELINE: 96 ms, PEAK EX: 98 ms, REC: 98 ms
 Reasons for Termination: Max HR attained

Summary:
 Chest Pain: none
 Room:
 Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	ST Level [mV]	Comment
PRETEST	SUPINE	01:39	0.00	0.00	1.0	74	130/78	9620	0	0.05	
	STANDING	00:35	0.00	0.00	1.0	74	130/78	9620	0	-0.25	
	HYPERV.	00:01	0.00	0.00	1.0	75		9750	0	-0.25	
	WARM-UP	00:11	0.30	0.00	1.0	78		10140	0	-0.20	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	100	130/78	13000	0	0.00	
	STAGE 2	03:00	2.50	12.00	7.0	118	140/90	16570	0	-0.30	
	STAGE 3	03:00	3.40	14.00	10.1	139	140/90	19460	0	-0.35	
	STAGE 4	01:12	4.20	16.00	13.4	157	140/90	21980	0	-0.15	
RECOVERY		04:19	0.00	0.00	1.0	95	120/80	11400	0	0.05	

NAME :	EQBAL RAZA	AGE/SEX:	38	YRS./M
UHID :	18724			
REF BY :	APOLLO SPECTRA	DATE:-	09.03.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, 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 and Spleen: Appears normal in size and 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 moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Prostate: normal in size, weight 16 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

IMPRESSION: FATTY CHANGES IN LIVER GRADE III

Please correlate clinically and with lab. Investigations.



DR. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Client Name
ARCOFEMI HEALTHCARE LIMITED

Patient Name
Eqbal Raza

भारत सरकार
Government of India

Original Date: 27/02/2011



इकबाल रजा
Egbal Raza
जन्म तिथि/DOB: 19/02/1986
पुरुष/ MALE

4650 1255 1766
VID: 8176 1492 8412 5035

मेरा आधार, मेरी पहचान

Dr. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DDC No: A-14151



Specialists in Surgery

For Appointment: +91 11 4046 5555
Mob: +91 9910995018
Email: drusha.maheshwari@apollospectra.com

09/03/2024
Mr. Egbal Raza
38 Y / Male

C/C:- Regular Dental Check-up

M/H:- M.R.

PDH:- RCT 5-6 months back

O/E:- Calculus +
Previously Restored \rightarrow $\frac{4}{\text{RCT}}$

Sanised:-
Scaling
Crown \rightarrow 4

ph

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

DIGITAL X-RAY REPORT

NAME: EQBAL	DATE: 09.03.2024
UHID NO : 18724	AGE: 38YRS/ 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. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
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