

Patient Name : Mr.PANKAJ PAL  
Age/Gender : 29 Y 4 M 15 D/M  
UHID/MR No : SCHI.0000023352  
Visit ID : SCHIOPV35455  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : DGDGR

Collected : 24/Aug/2024 11:27AM  
Received : 24/Aug/2024 11:56AM  
Reported : 24/Aug/2024 03:36PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240217781

Patient Name	: Mr.PANKAJ PAL	Collected	: 24/Aug/2024 11:27AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.3	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.9	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.5	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,320	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	61.9	%	40-80	Electrical Impedance
LYMPHOCYTES	25.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	9.5	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4531.08	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1844.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	695.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	80.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.46		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	292000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA  
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SIN No:BED240217781



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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Age/Gender	: 29 Y 4 M 15 D/M	Received	: 24/Aug/2024 11:56AM
UHID/MR No	: SCHI.0000023352	Reported	: 24/Aug/2024 10:38PM
Visit ID	: SCHIOPV35455	Status	: Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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



Dr. SHWETA GUPTA  
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SIN No:BED240217781



Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 01:31PM
Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 02:18PM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 03:27PM
Visit ID : SCHIOPV35455	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	92	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)	109	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  
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SIN No:PLP1483634



Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 11:27AM
Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 03:37PM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 07:25PM
Visit ID : SCHIOPV35455	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DGDGR	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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.

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)

Page 6 of 15



Dr.Aiman Jafri  
B.Sc(Biotechnology),  
M.Sc(Toxicology),Ph.D(Biochemistry)  
Consultant Molecular Biologist and Biochemist



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



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



Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 11:27AM
Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 11:58AM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 03:24PM
Visit ID : SCHIOPV35455	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 MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	152	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	113	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	81.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.17		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

**Comment:**

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

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

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	79.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>8.40</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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'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.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**



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SIN No:SE04814607



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>17.80</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.80</b>	mg/dL	3.5-8.5	Uricase
CALCIUM	<b>10.50</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	<b>4.60</b>	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>147</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>113</b>	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>8.40</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated



Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:SE04814607



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Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 11:58AM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 12:48PM
Visit ID : SCHIOPV35455	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 MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	15-73	Glycylglycine Nitoranalide



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UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 05:08PM
Visit ID : SCHIOPV35455	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.76	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.139	µIU/mL	0.38-5.33	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
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SIN No: SPL24135181



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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 07:12PM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/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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SIN No:UR2407355



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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

\*\*\* End Of Report \*\*\*



Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:UF012068



Patient Name : Mr.PANKAJ PAL  
Age/Gender : 29 Y 4 M 15 D/M  
UHID/MR No : SCHI.0000023352  
Visit ID : SCHIOPV35455  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : DGDGR

Collected : 24/Aug/2024 11:27AM  
Received : 24/Aug/2024 06:02PM  
Reported : 24/Aug/2024 07:12PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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

Laboratories not be responsible for any interpretation whatsoever.

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

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

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

This report is not valid for medico legal purposes.



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

SIN No:UF012068





Name : Mr. PANKAJ PAL

Age: 29 Y

UHID: SCHI.0000023352

Sex: M



OP Number: SCHIOPV35455

Address : SULTANPUR

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : SCHI-OCR-12035

Date : 24.08.2024 11:15

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	D ECHO ✓ <i>1pm</i>	
3	LIVER FUNCTION TEST (LFT) ✓	
4	GLUCOSE, FASTING ✓	
5	HEMOGRAM + PERIPHERAL SMEAR ✓	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE (POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
12	DENTAL CONSULTATION ✓	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	
14	URINE GLUCOSE (FASTING) ✓	
15	HbA1c, GLYCATED HEMOGLOBIN ✓	
16	X-RAY CHEST PA ✓	
17	DENT CONSULTATION ✓	
18	FITNESS BY GENERAL PHYSICIAN ✓	
19	BLOOD GROUP ABO AND RH FACTOR ✓	
20	LIPID PROFILE ✓	
21	BODY MASS INDEX (BMI) <i>32.2</i>	
22	OPHTHAL BY GENERAL PHYSICIAN ✓	
23	ULTRASOUND - WHOLE ABDOMEN ✓	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

5724

Height: *1.65*  
Weight: *87.6*  
B.P.: *140/90*  
Pulse: *68/nt*  
SP02: *99%*

BMI - 32.2

**From:** noreply@apolloclinics.info  
**Sent:** 13 August 2024 16:00  
**To:** PANKAJPAL.ARRAV@GMAIL.COM  
**Cc:** phc.klc@apollospectra.com; syamsunder.m@apollohl.com;  
cc.klc@apollospectra.com  
**Subject:** Your appointment is confirmed



**Dear MR. PAL PANKAJ,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA NEHRU ENCLAVE** clinic on **2024-08-24 at 09:00-09:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]</b>

"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:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

## CERTIFICATE OF MEDICAL FITNESS

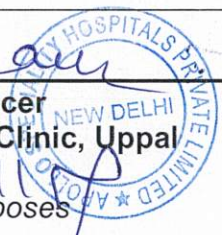
This is to certify that I have conducted the clinical examination

of Ranjay Raj on 24/8

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. Meera  
 Medical Officer  
 The Apollo Clinic, Uppal



*This certificate is not meant for medico-legal purposes*

**PREVENTIVE HEALTH CARE SUMMARY**

NAME :-	Pankaj	UHID No :	23352
AGE / GENDER :-	29 yrs	RECEIPT No :-	
PANEL :-	Arcofeni	EXAMINED ON :-	24/8

Chief Complaints:

A/c  
Chest pain on/off

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:

HT / DM

General Physical Examination:

Height	165	: cms	Pulse	68/m	: bpm
Weight	87.6	: Kgs	BP	140/90	: 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 :- <i>Rankey</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- *All the reports of tests and investigations are attached herewith*

*Wm*

Recommendation:

- *low fat diet*  
*Cap Advantage 54 102 x 1-2 months*  
*My vite D<sub>3</sub> 60 k once a week*  
*2 months*

*Dr. Navneet Kaur*  
Consultant Physician



**Dr. Prachi Sharma**

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

For Appointment : +91 11 40465555  
Mob.: +91 9910995018

24/08/2024

Mr. Pankaj Lal

294/Male

C/C:- Regular Dental Check-up

M/N:- N.R.H.

P/DH:- N.R.H.

O/C:- Calculus ++

Stains +svt

Assessed: Scaling of Oral Leucoplakias - (H)

Mr. Pankaj Pal  
29/11/19

24/8/24

Eye checkup

Ho using glass (Plano)

no Ho systemic disease

V < 6/6  
6/6

MT < 13  
15

colour < normal  
B/C

BWA < No Acceptance 6/6 B/A - No

slit lamp exam

As normal B/C

Pupil reaction Normal B/C

Fundus < WNL B/C

Adv

add Refresh tear BD B/C x 1 month

Damodhan  
24/8/24

**Dr. Nayeem Ahmad**

MBBS (Patna), DLOMS (Patna)

DNB (I) New Delhi

Consultant ENT Surgeon

For Appointment : +91 11 40465555

Mob.: +91 9910995018



Specialists in Surgery

Mr Panbay Pal  
29y/M  
Sultanpur ~~near~~ UP.

For ENT check up

Ear |  
Nose | mm  
Throat |

↓  
24/08/2024

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

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

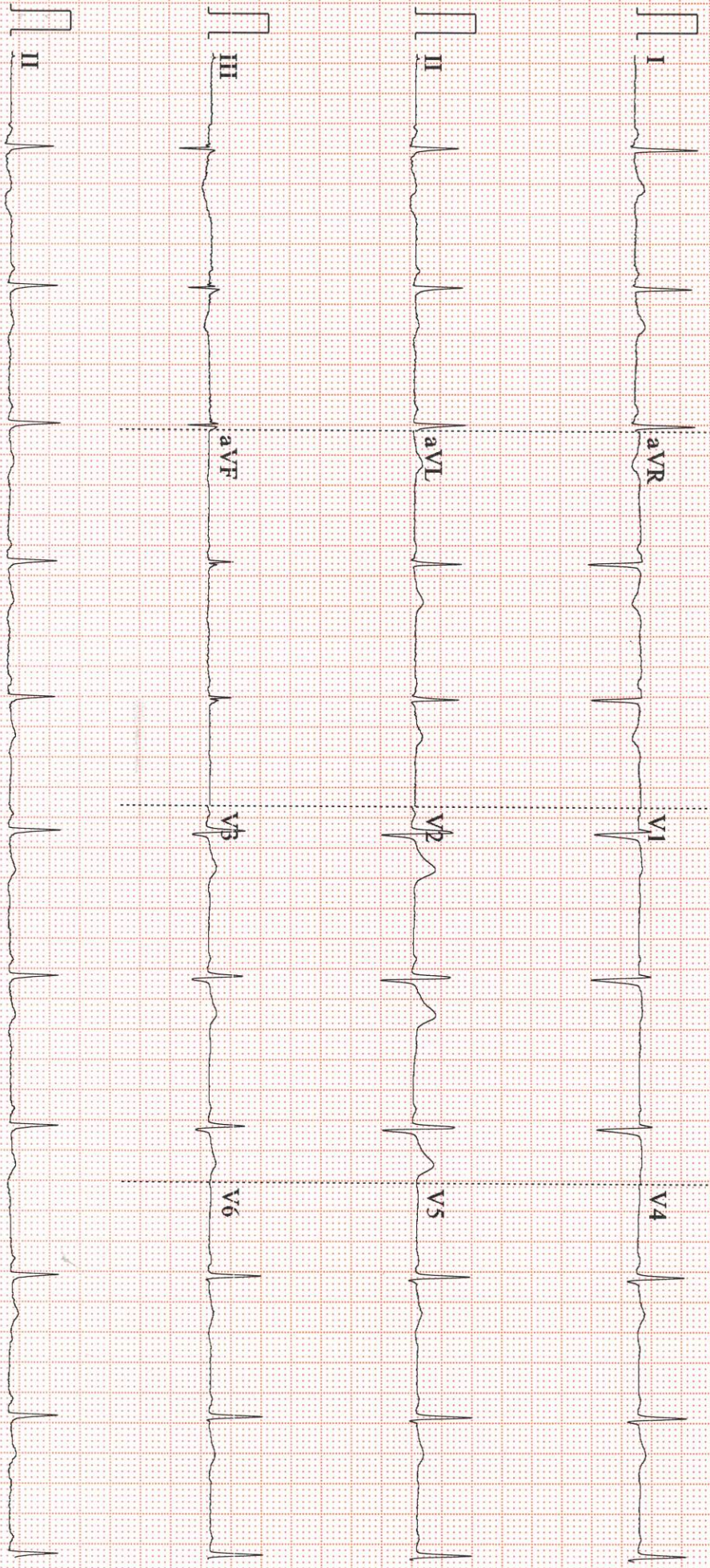
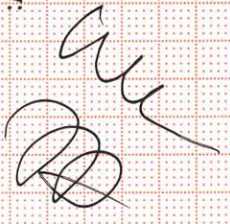


ID- 23352  
Pankaj pal  
Male 29Years  
Req. No. .

24-08-2024 13:41:21  
HR 64 bpm  
P .98 ms  
PR .131 ms  
QRS .74 ms  
QT/QTcBz .384/397 ms  
P/QRST .14/16/2  
RV5/SV1 .095/0.714 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



<b>Name :</b>	<b>PANKAJ</b>	<b>Age/Sex</b>	<b>29</b>	<b>Yrs/ M</b>
<b>UHID :</b>	<b>23352</b>			
<b>Ref By :</b>	<b>APOLLO SPECTRA</b>	<b>Date:-</b>	<b>24.08.2024</b>	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**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:** is normal in size and echotexture.

No free fluid seen..

**IMPRESSION: NO SIGNIFICANT ABNORMALITY**

**Please correlate clinically and with lab. Investigations.**

DR. PRADEEP DUTTA  
Consultant Radiologist



Patient Name : Mr. PANKAJ PAL Age : 29 Y/M  
 UHID : SCHI.0000023352 OP Visit No : SCHIOPV35455  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 25-08-2024 12:23  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal **E>A** **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg MVA \_\_\_\_\_cm<sup>2</sup>  
 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/Restricted opening/Flutter/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	2.9 (2.0 – 3.7cm)	LA es	3.3 (1.9 – 4.0cm)
LV es	2.7 (2.2 – 4.0cm)	LV ed	4.6 (3.7 – 5.6cm)
IVS ed	0.9 (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	64% (54%-76%)	IVS motion	<b>Normal</b> /Flat/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, 9910995018 | www.apollospectra.com

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

## PERICARDIUM

### COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=64%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



*Dr. M K Gupta*  
*M.B.B.S, MD,FIACM*  
*Senior Consultant Cardiologist*

## DIGITAL X-RAY REPORT

NAME: PANKAJ	DATE: 24.08.2024
UHID NO : 23352	AGE: 29 YRS/ 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.PANKAJ PAL  
Age/Gender : 29 Y 4 M 15 D/M  
UHID/MR No : SCHI.0000023352  
Visit ID : SCHIOPV35455  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : DGDGR

Collected : 24/Aug/2024 11:27AM  
Received : 24/Aug/2024 11:56AM  
Reported : 24/Aug/2024 03:36PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

----



  
Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240217781

Patient Name	: Mr.PANKAJ PAL	Collected	: 24/Aug/2024 11:27AM
Age/Gender	: 29 Y 4 M 15 D/M	Received	: 24/Aug/2024 11:56AM
UHID/MR No	: SCHI.0000023352	Reported	: 24/Aug/2024 03:36PM
Visit ID	: SCHIOPV35455	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDGR		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.3	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.9	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.5	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,320	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	61.9	%	40-80	Electrical Impedance
LYMPHOCYTES	25.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	9.5	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4531.08	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1844.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	695.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	80.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.46		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	292000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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:BED240217781



Patient Name	: Mr.PANKAJ PAL	Collected	: 24/Aug/2024 11:27AM
Age/Gender	: 29 Y 4 M 15 D/M	Received	: 24/Aug/2024 11:56AM
UHID/MR No	: SCHI.0000023352	Reported	: 24/Aug/2024 03:36PM
Visit ID	: SCHIOPV35455	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDGR		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240217781





Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 11:27AM
Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 11:56AM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 10:38PM
Visit ID : SCHIOPV35455	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DGDGR	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			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:BED240217781



Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 01:31PM
Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 02:18PM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 03:27PM
Visit ID : SCHIOPV35455	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DGDGR	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of > 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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	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:PLP1483634



Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 11:27AM
Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 03:37PM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 07:25PM
Visit ID : SCHIOPV35455	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DGDGR	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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.

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)

Page 6 of 15



Dr.Aiman Jafri  
B.Sc(Biotechnology),  
M.Sc(Toxicology),Ph.D(Biochemistry)  
Consultant Molecular Biologist and Biochemist



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



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



Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 11:27AM
Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 11:58AM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 03:24PM
Visit ID : SCHIOPV35455	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DGDGR	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	152	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	113	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	81.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.17		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

**Comment:**

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

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

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

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04814607



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	79.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>8.40</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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'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.

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Dr. SHWETA GUPTA  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>17.80</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.80</b>	mg/dL	3.5-8.5	Uricase
CALCIUM	<b>10.50</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	<b>4.60</b>	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>147</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>113</b>	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>8.40</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04814607



Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 11:27AM
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UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 12:48PM
Visit ID : SCHIOPV35455	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 MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	15-73	Glycylglycine Nitoranalide



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Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 03:39PM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 05:08PM
Visit ID : SCHIOPV35455	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DGDGR	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.76	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.139	µIU/mL	0.38-5.33	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: SPL24135181



Patient Name	: Mr.PANKAJ PAL	Collected	: 24/Aug/2024 11:27AM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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: SPL24135181



Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 11:27AM
Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 06:02PM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 07:12PM
Visit ID : SCHIOPV35455	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DGDGR	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/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:UR2407355



Patient Name : Mr.PANKAJ PAL	Collected : 24/Aug/2024 11:27AM
Age/Gender : 29 Y 4 M 15 D/M	Received : 24/Aug/2024 06:02PM
UHID/MR No : SCHI.0000023352	Reported : 24/Aug/2024 07:12PM
Visit ID : SCHIOPV35455	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DGDGR	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

\*\*\* End Of Report \*\*\*



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012068



Patient Name : Mr.PANKAJ PAL  
Age/Gender : 29 Y 4 M 15 D/M  
UHID/MR No : SCHI.0000023352  
Visit ID : SCHIOPV35455  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : DGDGR

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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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

Laboratories not be responsible for any interpretation whatsoever.

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

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

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

This report is not valid for medico legal purposes.



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

SIN No:UF012068



Patient Name : Mr. PANKAJ PAL Age : 29 Y/M  
 UHID : SCHI.0000023352 OP Visit No : SCHIOPV35455  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 25-08-2024 12:23  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal **E>A** **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 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/Restricted opening/Flutter/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.

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta	2.9 (2.0 – 3.7cm)	LA es	3.3 (1.9 – 4.0cm)
LV es	2.7 (2.2 – 4.0cm)	LV ed	4.6 (3.7 – 5.6cm)

Patient Name : Mr. PANKAJ PAL Age : 29 Y/M  
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IVS ed	0.9	(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)			LVVd (ml)		
EF	64%	(54%-76%)	IVS motion		<u>Normal</u> /Flat/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

**PERICARDIUM**

**COMMENTS & SUMMARY**

- v Normal LV systolic function
- v No RWMA, LVEF=64%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

Patient Name : Mr. PANKAJ PAL Age : 29 Y/M  
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***Dr. M K Gupta***  
***M.B.B.S, MD,FIACM***  
***Senior Consultant Cardiologist***



Patient Name : Mr. PANKAJ PAL  
UHID : SCHI.0000023352  
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