

Name : Mr. SANJAY KUMAR

Age: 51 Y

UHID: SCHI.0000015848

Sex: M



OP Number: SCHIOPV22350

Address : PATNA

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-8429

Date : 19.10.2023 08:59

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

46 17.9 T9 233

Height:.....
Weight:.....
B.P:.....
Pulse:.....

Height:.....
W:.....
B.P:.....
P:.....

PHC_Desk

From: noreply@apolloclinics.info
Sent: 18 October 2023 16:43
To: customercare@mediwheel.in
Cc: phc.klc@apollospectra.com; syamsunder.m@apollohl.com; cc.klc@apollospectra.com
Subject: Your Apollo order has been confirmed



Dear SANJAY KUMAR ,

Namaste Team,

Greetings from Apollo Clinics,


With regards to the below request the below appointment is scheduled at **SPECTRA NEHRU ENCLAVE clinic** on **2023-10-19** at **09:00-09:05**.

Payment Mode	Credit
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."


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.


 भारत सरकार
 GOVERNMENT OF INDIA


 आधार

Download Date: 05/04/2023


 संजय कुमार
 Sanjay Kumar
 जन्म तिथि/DOB: 22/07/1972
 पुरुष/ MALE

9664 8632 4652
 VID : 9121 7306 1625 6539

Issue Date: 10/05/2015

मेरा आधार , मेरी पहचान

 1947 |
  help@uidai.gov.in |
  www.uidai.gov.in




पता:
 आशुषः, सेट लालेशर सिंह, फ्लैट न-103, ग्रेड अपार्टमेंट,
 कांवर रोड पटना, फुलवारी, पटना,
 बिहार - 800001

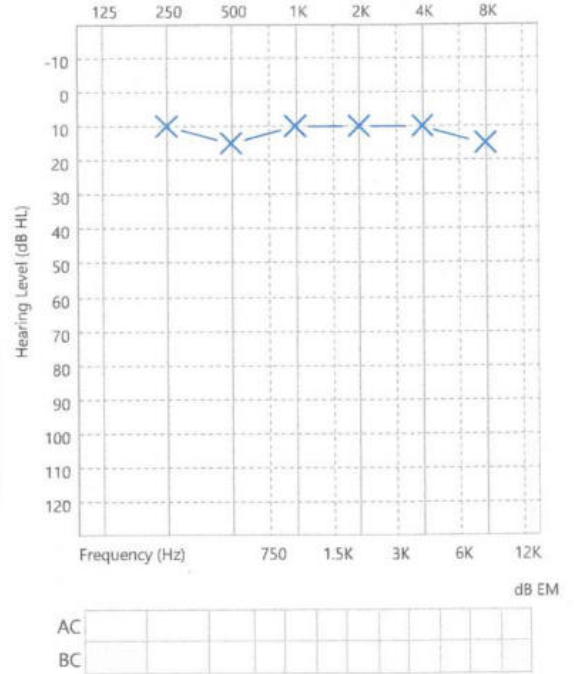
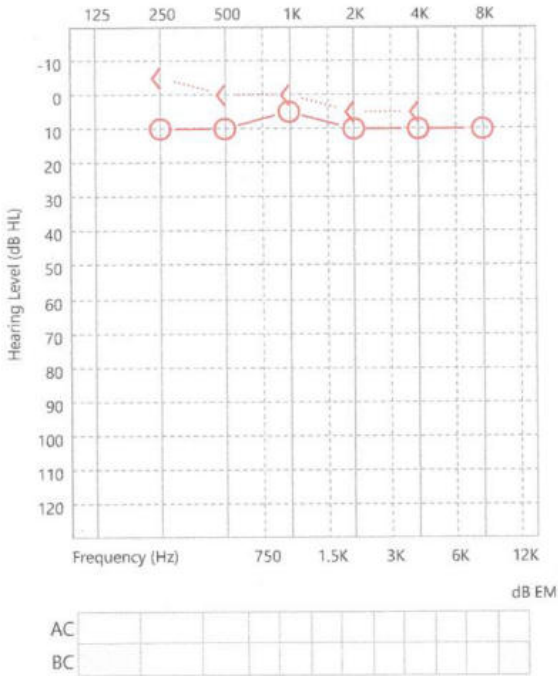
Address :
 S/O: Late Talewar Singh, Flat
 No-103, Grand Apartment, Frazer Road
 Patna, Phulwari, Patna,
 Bihar - 800001


UNIQUE IDENTIFICATION AUTHORITY OF INDIA
एनडीयू आइएयूआर



Name Sanjay Kumar
Patient ID 8429
Gender Male
Age 51 years

19-10-2023



Comments

Bilateral normal hearing.

PTA Average

Right Ear: 8dBHL

Left Ear: 12dBHL

Nishant Singh
19/10/2023

19/10/23

Mr. Sanjay Kumar

STN

h (B) 9/6 → N3c
L 9/6 → N3c
(Unaided)

Go - Near vision
Problem (B)

NCIP19
19 MK

No 4/10 - Day

Color vision (B) normal

4/PT 4/7.

Ref (B) +0.75 D N155 → c/c
L +0.50 N15 → c/c

add +2.00 D (B)

POV for +2.00 D (B)
near

Indicates - 60%
S/C - (B)

Adv. - (B) Prescribed glass



Apollo Clinic

CONSENT FORM

Patient Name: Sayan Kumar Age: 51

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Sayan K.R. Date: 19/10/23

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sanjay kumar on 19/04

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 	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Meaur
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes



Dr. Nayeem Ahmad
MBBS (Patna), DLOMS (Patna)
DNB (I), New Delhi
Consultant ENT Surgeon

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

9891740801
9560277742

Sanjay Kumar
52y / M

ENT check up.

Ear - B/L TM intact
Nose - norm
Throat - ? osmi = + / leukoplakia

By 3 months / - Cap Celebrex 10 OD HS
1 month / - Tab Rebagen 100mg TDS
1 - - -

↓
19/10/2023

19/10/2023

Mr. Sanjay Kumar
51 Years / Male

C/C:- Regular Dental Check-up

M/H:- ~~H.R.~~ (Hypertensive)

P D/H:- N.R.

O/E:- Calculus ++
Stains present

History of
Tobacco
chewing
Since 15-20 years

Mobility $\frac{\quad}{12}$

Procket $\frac{\quad}{3\ 2\ 1\ |12\ 3}$

Missing $\frac{2\ 1\ |12\ 3}{1\ 1}$

RPD net $\frac{2\ 1\ |12\ 3}{\quad}$

Generalised Gingival Recession

Advised:- Scaling & Oral prophylaxis (111)

Extraction $\frac{\quad}{1\ 12}$

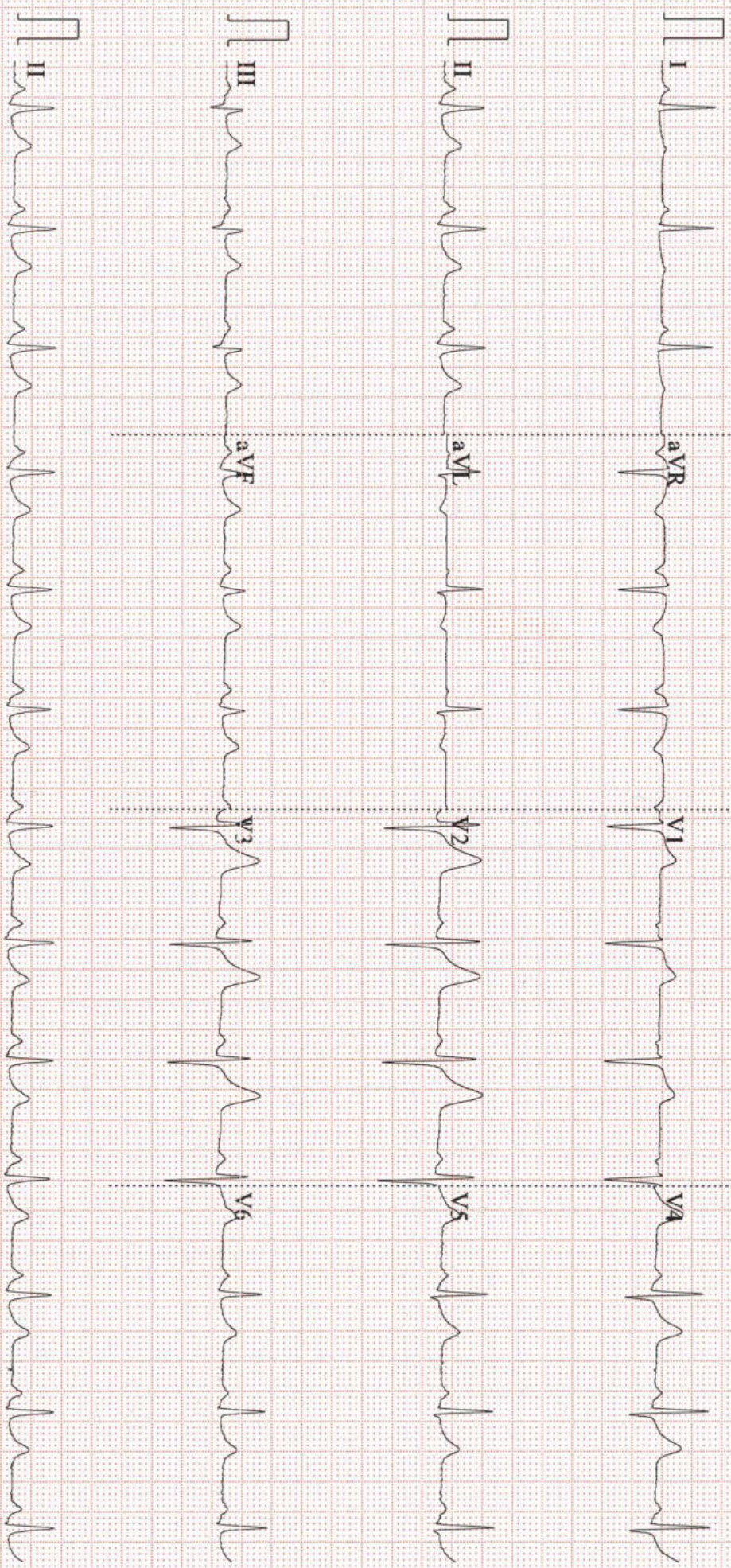
OPG

ID: 15848
Sanjay Kumar
Male 51 Years
Req. No. :

19-10-2023 13:10:06
HR : 76 bpm
P : 96 ms
PR : 141 ms
QRS : 84 ms
QT/QTcBz : 361/406 ms
P/QRS/T : 53/35/76 °
RV5/SV1 : 0.873/0.883 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r V2.22 SEMIP V1.92 APOLLO SPECIALTY HOSPITALS

IMAGE MID EVENT

Name :	SANJAY KUMAR	Age/Sex:	51	Yrs./M
UHID :	15848			
Ref By :	APOLLO SPECTRA	Date:-	19.10.2023	

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 22.9 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

IMPRESSION: FATTY CHANGES IN LIVER GRADE I-II

Please correlate clinically and with lab. Investigations.



DR. MONICA CHHABRA
Consultant Radiologist

Patient Name : Mr. SANJAY KUMAR Age 51 Y/M
 UHID : SCHL0000015848 OP Visit No SCHIOPV22350
 Conducted By : Dr. MUKESH K GUPTA Conducted Date 19-10-2023 14:34
 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 _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

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

PULMONARY VALVE

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

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/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	2.8 (2.0 – 3.7cm)	LA es	3.7 (1.9 – 4.0cm)
LV es	2.5 (2.2 – 4.0cm)	LV ed	4.5 (3.7 – 5.6cm)
IVS ed	1.3 (0.6 – 1.1cm)	PW (LV)	1.0 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	65% (54%-76%)	IVS motion	Normal /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

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

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v Mild concentric LVH
- v No RWMA, LVEF=65%
- v Grade II LVDD
- 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: SANJAY	DATE: 19.10.2023
UHID NO : 15848	AGE: 51YRS/ 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
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Patient Name : Mr.SANJAY KUMAR	Collected : 19/Oct/2023 09:04AM
Age/Gender : 51 Y 2 M 28 D/M	Received : 19/Oct/2023 09:40AM
UHID/MR No : SCHI.0000015848	Reported : 19/Oct/2023 12:54PM
Visit ID : SCHIOPV22350	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4853	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Patient Name : Mr.SANJAY KUMAR	Collected : 19/Oct/2023 09:04AM
Age/Gender : 51 Y 2 M 28 D/M	Received : 19/Oct/2023 09:40AM
UHID/MR No : SCHI.0000015848	Reported : 19/Oct/2023 12:54PM
Visit ID : SCHIOPV22350	Status : Final Report
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Emp/Auth/TPA ID : 4853	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	17.9	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	53.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.56	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97	fL	83-101	Calculated
MCH	32.3	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,630	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	67.8	%	40-80	Electrical Impedance
LYMPHOCYTES	20.6	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4495.14	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1365.78	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	338.13	Cells/cu.mm	20-500	Calculated
MONOCYTES	404.43	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.52	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	260000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR
RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



Patient Name : Mr.SANJAY KUMAR	Collected : 19/Oct/2023 09:04AM
Age/Gender : 51 Y 2 M 28 D/M	Received : 19/Oct/2023 09:40AM
UHID/MR No : SCHI.0000015848	Reported : 19/Oct/2023 02:37PM
Visit ID : SCHIOPV22350	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4853	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.SANJAY KUMAR	Collected : 19/Oct/2023 12:39PM
Age/Gender : 51 Y 2 M 28 D/M	Received : 19/Oct/2023 01:21PM
UHID/MR No : SCHI.0000015848	Reported : 19/Oct/2023 02:38PM
Visit ID : SCHIOPV22350	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4853	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	mg/dL	70-140	GOD - POD
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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.



Patient Name : Mr.SANJAY KUMAR	Collected : 19/Oct/2023 09:04AM
Age/Gender : 51 Y 2 M 28 D/M	Received : 19/Oct/2023 09:40AM
UHID/MR No : SCHI.0000015848	Reported : 19/Oct/2023 11:48AM
Visit ID : SCHIOPV22350	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4853	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	233	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	38	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	82.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	46.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.39		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	54	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	92.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	5.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	2.22		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- 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 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.



Patient Name : Mr.SANJAY KUMAR	Collected : 19/Oct/2023 09:04AM
Age/Gender : 51 Y 2 M 28 D/M	Received : 19/Oct/2023 09:40AM
UHID/MR No : SCHI.0000015848	Reported : 19/Oct/2023 11:48AM
Visit ID : SCHIOPV22350	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4853	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	27.80	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	13.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	3.5-8.5	Uricase
CALCIUM	9.10	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE



Patient Name : Mr.SANJAY KUMAR	Collected : 19/Oct/2023 09:04AM
Age/Gender : 51 Y 2 M 28 D/M	Received : 19/Oct/2023 09:40AM
UHID/MR No : SCHI.0000015848	Reported : 19/Oct/2023 11:48AM
Visit ID : SCHIOPV22350	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4853	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.00	U/L	15-73	Glycylcysteine Nitoranalide



Patient Name : Mr.SANJAY KUMAR	Collected : 19/Oct/2023 09:04AM
Age/Gender : 51 Y 2 M 28 D/M	Received : 19/Oct/2023 04:13PM
UHID/MR No : SCHI.0000015848	Reported : 19/Oct/2023 04:50PM
Visit ID : SCHIOPV22350	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4853	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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	1.015		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



Patient Name : Mr.SANJAY KUMAR	Collected : 19/Oct/2023 09:36AM
Age/Gender : 51 Y 2 M 28 D/M	Received : 19/Oct/2023 04:13PM
UHID/MR No : SCHI.0000015848	Reported : 19/Oct/2023 04:51PM
Visit ID : SCHIOPV22350	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4853	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



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Consultant Pathology

