Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 10:56AM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 12:53PM
Visit ID	: SCHIOPV23389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 58963		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

..

SIN No:BED230291490

Apollo Health and Lifestyle Limited
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Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	15.3	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	47.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	**5.53**	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.4	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	**12,380**	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	75.8	%	40-80	Electrical Impedance
LYMPHOCYTES	**15.2**	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	**9384.04**	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1881.76	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	136.18	Cells/cu.mm	20-500	Calculated
MONOCYTES	928.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.52	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	189000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	09	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC - MILD LEUCOCYTOSIS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

SIN No:BED230291490

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Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 10:56AM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 04:07PM
Visit ID	: SCHIOPV23389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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

SIN No:BED230291490

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Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 02:44PM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 04:00PM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 07:13PM
Visit ID	: SCHIOPV23389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	94	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.

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.

SIN No:PLF02060864,PLP1391159

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Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 01:16PM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 03:38PM
Visit ID	: SCHIOPV23389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , *WHOLE BLOOD EDTA*	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD EDTA*	100	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)

SIN No:EDT230106995

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Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 11:23AM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 07:09PM
Visit ID	: SCHIOPV23389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	191	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	**223**	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	**139**	mg/dL	<130	Calculated
LDL CHOLESTEROL	94.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**44.6**	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.67		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.

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

3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

SIN No:SE04552213

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46	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	84.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	29.40	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	13.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.30	mg/dL	3.5-8.5	Uricase
CALCIUM	8.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	**134**	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	84.00	U/L	38-126	p-nitrophenyl phosphate
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	39.00	U/L	15-73	Glyclyclycine Nitoranalide

SIN No:SE04552213

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Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 06:36PM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 09:02PM
Visit ID	: SCHIOPV23389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 58963		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.72	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.943	µIU/mL	0.34-5.60	CLIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

SIN No:IM06532552

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Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 01:11PM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 02:24PM
Visit ID	: SCHIOPV23389	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	**6.32**	ng/mL	30-100	CLIA

Kindly correlate clinically.

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

SIN No:SPL23169627

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Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 01:11PM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 02:15PM
Visit ID	: SCHIOPV23389	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	148	pg/mL	107.2-653.3	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
  Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

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Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 06:36PM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 09:02PM
Visit ID	: SCHIOPV23389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 58963		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.840	ng/mL	0-4	CLIA

SIN No:IM06532552

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
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Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 12:17PM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 12:44PM
Visit ID	: SCHIOPV23389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 58963		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	6.0		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

SIN No:UR2228218

Patient Name	: Mr.ANUJ KUMAR	Collected	: 27/Nov/2023 10:23AM
Age/Gender	: 34 Y 3 M 9 D/M	Received	: 27/Nov/2023 12:17PM
UHID/MR No	: SCHI.0000016438	Reported	: 27/Nov/2023 12:43PM
Visit ID	: SCHIOPV23389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 58963		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - 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 *****

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

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

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

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

SIN No:UPP015882,UF009886

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Apollo Spectra® HOSPITALS
Specialists in Surgery

Name : Mr. Anuj Kumar	**Age:** 34 Y **Sex:** M	**UHID:**SCHI.0000016438	
Address : prahladpur delhi		**OP Number:**SCHIOPV23389	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		**Bill No :**SCHI-OCR-8691	
		Date : 27.11.2023 10:09	

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	ALKALINE PHOSPHATASE - SERUM/PLASMA	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	CARDIAC STRESS TEST(TMT)	
12	FITNESS BY GENERAL PHYSICIAN	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	VITAMIN B12	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPTHAL BY GENERAL PHYSICIAN	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
28	VITAMIN D - 25 HYDROXY (D2+D3)	

TLC ↑
Height: 169
Weight: 70
B.P: 120/80
Pulse: 80
SPO2 98%

FO_Desk

From: noreply@apolloclinics.info
Sent: 03 November 2023 12:24
To: rupaldovebird@gmail.com
Cc: phc.klc@apollospectra.com; syamsunder.m@apollohl.com; cc.klc@apollospectra.com
Subject: Your Apollo order has been confirmed

Dear ANUJ KUMAR .,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **SPECTRA NEHRU ENCLAVE clinic** on **2023-11-25** at **09:25-09:30**.

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 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.

Instructions to undergo Health Check:

भारत सरकार
GOVERNMENT OF INDIA

AADHAAR

Anuj Kumar

1989-08-18

Male

xxxxxxxx4633

Address:

S/O Maheshwar Sharma E-253 GALI N-7

PUL PRAHLADPUR badarpur - South Delhi -

Delhi 110044

Verified by DigiLocker

Tap to Zoom

आधार-आम आदमी का अधिकार

Dr. Lalit Mohan Parashar
MS (ENT)
Ear, Nose, Throat Specialist and Head & Neck Surgeon

For Appointment : +91 11 40465555
Mob.: +91 9910995018
MCI No. 4774/85

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ANUJ KUMAR
34/M

NO LOADING ENT COMPLAINTS

PREVENTIVE HEALTH CHECK

O/E

NOSE — DNS + (ASYMPTOMATIC)

TURBS — NMH

RMS — B/L TM (N)
WAX REMOVED

VOICE, SPEECH NMH HEARING (N)

OM — TENT — NORMAL

17/11/2023

Apollo Spectra® HOSPITALS
Specialists in Surgery

27/11/2023.

Mr. Anuj Kumar.

34 Years / Male.

C/C :- Regular Dental Check up.

M/H :- N.R.

PDH :- N.R.

O/E :- Calculus ++.

Stains present.

Carious 8 (4) → Grossly Carious.

Advised :- , Scaling

. Extraction 8 4

. Implant / FPD not 4.

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

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DIGITAL X-RAY REPORT

NAME: ANUJ	DATE: 27.11.2023
UHID NO : 16438	AGE: 34YRS/ 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

Apollo Spectra® HOSPITALS
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Apollo Specialty Hospital Pvt. Ltd.
CIN - U85100TG2009PTC099414
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Ph No: 040-4904 7777 | www.apollohl.com

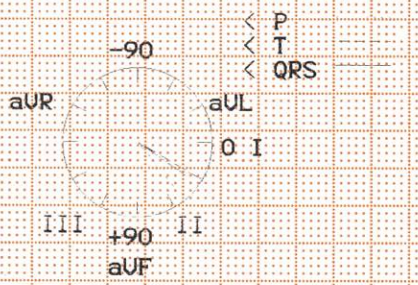
GE MAC1200 ST KUMAR, ANUJ 000016438, APOLLO SPECIALITY HOSPITALS

Male, 34 Years (18.08.1989)

HR 70 bpm

Measurement Results

QRS	100	ms
QT/QTcB	374 / 405	ms
PR	120	ms
P	96	ms
RR/PP	852 / 850	ms
P/QRS/T	50/ 35/ 30	degrees
QTD/QTcBD	52	ms
Sokolow	2.3	mV
NK	10	

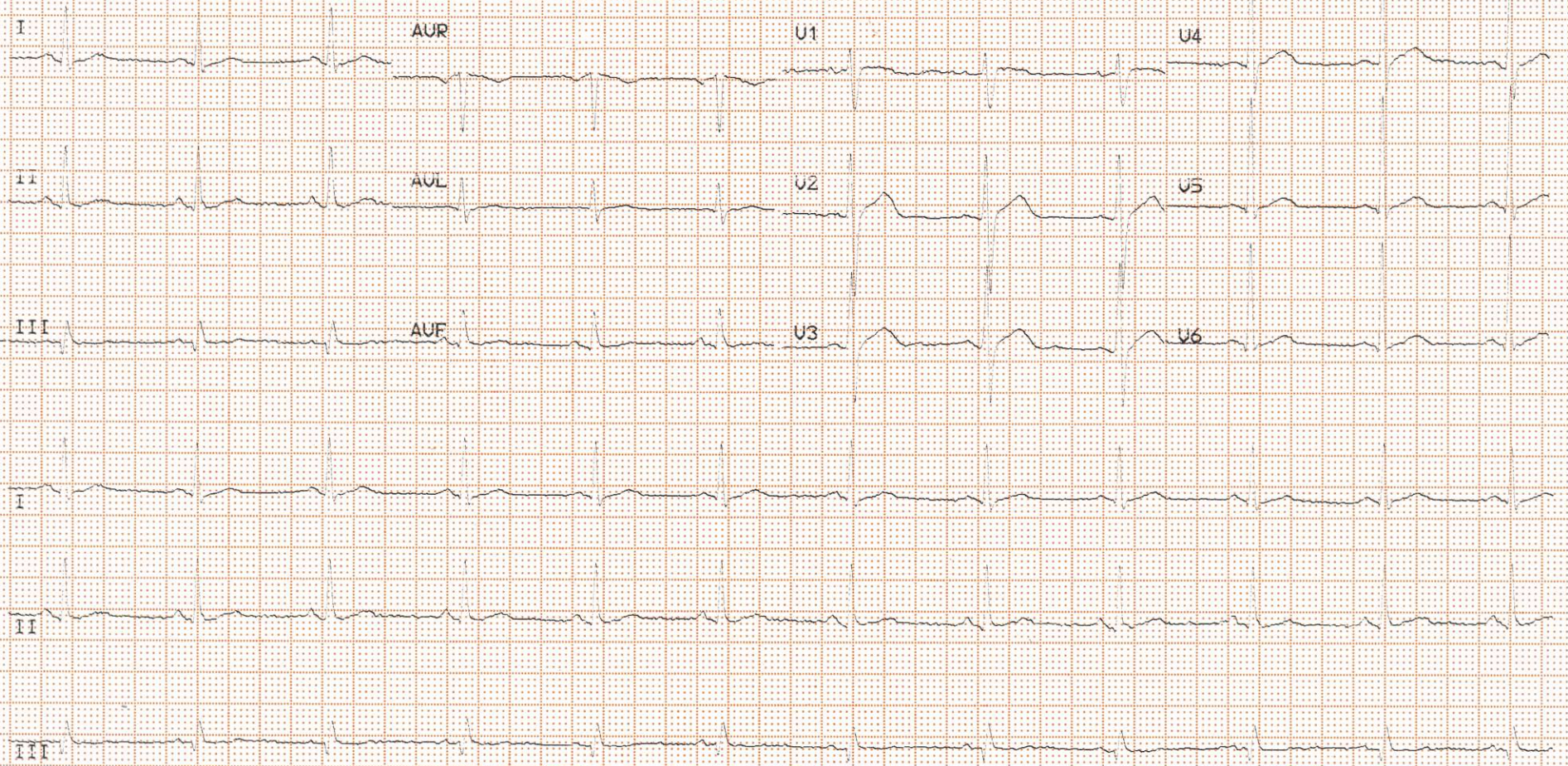


< P
< T
< QRS

Interpretation:

normal ECG

Unconfirmed report.



27 Nov 2023 01:21:51 PM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 4x2.5R3 Automatic V6.2 121 (1)

Apollo Spectra® HOSPITALS
Specialists in Surgery

NAME :	ANUJ KUMAR	AGE/SEX:	34	YRS./M
UHID :	16438			
REF BY :	APOLLO SPECTRA	DATE:-	27.11.2023	

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 16.7 Gms. It is normal in echotexture with no breech in the capsule.

No free fluid seen.

IMPRESSION: FATTY CHANGES IN LIVER GRADE I

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

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mr. Anuj Kumar	Age	: 34 Y/M
UHID	: SCHI.0000016438	OP Visit No	: SCHIOPV23389
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 27-11-2023 17:10
Referred By	: SELF		

Protocol	:	Bruce Protocol
Medication	:	
Target Heart Rate	:	186 BPM
Heart Rate Achieved	:	164 BPM
Percentage of THR Achieved	:	88%
Maximum Blood Pressure	:	130/86 mmHg
Total Exercise Duration	:	06:22 Min.
Maximum Worked Attained	:	08.00 Mets
Reason for termination	:	Max HR Attained.

Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

Summary

- Test is negative for provocable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically
Not valid for medico legal purpose.

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

APOLLO SPECTRA
NEHRU ENCLAVE
NEW DELHI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: KUMAR, ANUJ
Patient ID: 16438
Height: 169 cm
Weight: 70 kg

DOB: 18.08.1989
Age: 34 yrs
Gender: Male
Race: Indian

Study Date: 27.11.2023
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	02:13	0.00	0.00	107	120/80	
	STANDING	01:04	0.00	0.00	90	120/80	
	HYPERV.	00:09	0.00	0.00	90		
	WARM-UP	00:12	0.90	0.00	90		
EXERCISE	STAGE 1	03:00	1.70	10.00	127	120/80	
	STAGE 2	03:00	2.50	12.00	151	130/86	
	STAGE 3	00:22	3.40	14.00	160	130/86	
RECOVERY		05:43	0.00	0.00		110/78	

The patient exercised according to the BRUCE for 6:22 min:s, achieving a work level of Max. METS: 8.00. The resting heart rate of 75 bpm rose to a maximal heart rate of 164 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 130/86 mmHg. The exercise test was stopped due to Max HR attained.

Interpretation

Summary: Resting ECG: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.

Conclusions

--

Physician_____ Technician_____

KUMAR, ANUJ
Patient ID: 16438
27.11.2023 1:34:41pm
Male 169 cm 70 kg
34 yrs Indian
Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

BRUCE: Exercise Time 06:22
Max HR: 164 bpm 88 % of max predicted 186 bpm HR at rest: 75
Max BP: 130/86 mmHg BP at rest: 120/80 Max RPP: 21320 mmHg*bpm
Maximum Workload: 8.00 METS
Max. ST: -1.00 mm, 0.47 mV/s in III; RECOVERY 0:08
Arrhythmia: A:1, PSVC:15
ST/HR index: 1.32 µV/bpm
ST/HR slope: 0.79 µV/bpm (III)
HR reserve used: 67 %
HR recovery: 28 bpm
VE recovery: 0 VE/min
ST/HR hysteresis: 0.023 mV (V5)
QRS duration: BASELINE: 88 ms, PEAK EX: 88 ms, REC: 90 ms
Reasons for Termination: Max HR attained
Summary:
Resting ECG: normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response. **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 [/min]	ST Level III [mm]	Comment
PRETEST	SUPINE	02:13	0.00	0.00	1.0	107	120/80	12840	0	0.55	
	STANDING	01:04	0.00	0.00	1.0	90	120/80	10800	0	0.50	
	HYPERV.	00:09	0.00	0.00	1.0	90		10800	0	0.50	
	WARM-UP	00:12	0.90	0.00	1.1	90		10800	0	0.50	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	127	120/80	15240	0	0.15	
	STAGE 2	03:00	2.50	12.00	7.0	151	130/86	19630	0	-0.60	
	STAGE 3	00:22	3.40	14.00	8.0	160	130/86	20800	0	-0.70	
RECOVERY		05:43	0.00	0.00	1.0		110/78		0	--	