Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 08:59AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 09:32AM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 01:47PM
Visit ID	: SCHIOPV21961	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SZFDFG		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

SIN No:BED230243646

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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. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**12.8**	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	40.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.06	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	**80.8**	fL	83-101	Calculated
MCH	**25.3**	pg	27-32	Calculated
MCHC	**31.3**	g/dL	31.5-34.5	Calculated
R.D.W	**14.2**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.4	%	40-80	Electrical Impedance
LYMPHOCYTES	26.6	%	20-40	Electrical Impedance
EOSINOPHILS	**7**	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3801.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1702.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	448	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	390.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	57.6	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	174000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTIC HYPOCHROMIC CELLS.

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

SIN No:BED230243646

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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. Range	Method
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

SIN No:BED230243646

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Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 11:42AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 12:15PM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 02:04PM
Visit ID	: SCHIOPV21961	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SZFDFG		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	**103**	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)*	87	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:PLF02036883,PLP1375297

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Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 08:59AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 12:44PM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 03:52PM
Visit ID	: SCHIOPV21961	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SZFDFG		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , *WHOLE BLOOD EDTA*	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD EDTA*	111	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:EDT230091830

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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. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**204**	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	**166**	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	**151**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**117.8**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**33.2**	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.85		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:SE04503130

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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. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	68.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.20	g/dL	6.3-8.2	Biuret
ALBUMIN	**5.10**	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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.

SIN No:SE04503130

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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. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	1.20	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	31.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	14.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	3.5-8.5	Uricase
CALCIUM	9.60	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	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE

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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. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	15.00	U/L	15-73	Glyclyclycine Nitoranalide

SIN No:SE04503130

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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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.55	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.26	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.180	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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

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

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

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

SIN No:SPL23142405

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Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 08:59AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 11:29AM
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Visit ID	: SCHIOPV21961	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SZFDFG		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

SIN No:UR2197042

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Visit ID	: SCHIOPV21961	Status	: Final Report
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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. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Dr. SHWETA GUPTA
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Consultant Pathology

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
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Specialists in Surgery

Name : Mr. ASHESH KALP	**Age:** 35 Y **Sex:** M	**UHID:**SCHI.0000015643	
Address : 13 ANJANI KHANPUR		**OP Number:**SCHIOPV21961	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		**Bill No :**SCHI-OCR-8305	
		Date : 06.10.2023 08:51	

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO 1-1.15pm	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION After report	
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	OPTHAL BY GENERAL PHYSICIAN	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN 11:05am.	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:40a	

Height:.....

Weight:.....

B.P:.....

Pulse:.....

Spo2 - 98%

PHC_Desk

To: Corporate Apollo Clinic; Customer Care :Mediwheel : New Delhi
Cc: Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Dilip Baniya; Pritam Padyal; Rahul Rai; Indiranagar Apolloclinic
Subject: RE: Health Checkup Booking No. 8 Annual

From: Corporate Apollo Clinic [mailto:corporate@apolloclinic.com]
Sent: 04 October 2023 17:16
To: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; phc Klc <phc.klc@apollospectra.com>
Subject: RE: Health Checkup Booking No. 8 Annual

Namaste Team,

Greetings from Apollo clinics,

Please find the attachment for appointment status.

Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bobS4745
Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)	bobE4745(

Thanks & Regards,

Anvesh M| Apollo Clinics | Pan India Toll No: 1860 500 7788| Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Sent: 04 October 2023 11:34
To: Corporate Apollo Clinic <corporate@apolloclinic.com>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>
Subject: Health Checkup Booking No. 8 Annual

Dear Team,

Please find the attached health checkup booking file and confirm the same.

Thanks & Regards

Mediwheel
....Your wellness partner

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
Ph No. 011-41195959
Email : customercare@mediwheel.in; | Web: www.mediwheel.in

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CONSENT FORM

Patient Name: ..... Age: .....

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: ..... Date: .....

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ashesh Kalip on 7.10.23

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

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1..... 2..... 3..... However the employee should follow the advice/medication that has been communicated to him/her. Review after_____	
• Currently Unfit. Review after_____recommended	
• Unfit	

Dr. _____

Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes

APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED ★ NEW DELHI

PREVENTIVE HEALTH CARE SUMMARY

NAME :- Mr. Ashesh Kalp	UHID No : 15643
AGE / GENDER :- 35/M	RECEIPT No :-
PANEL : ARCOFEMI	EXAMINED ON :- 06/10/23

Chief Complaints: Chest heaviness (9)

Past History:

DM : ✓ Nil
Hypertension : ✓ Nil
CAD : ✓ Nil
CVA : ~~Nil~~
Cancer : ~~Nil~~
Other : ~~Nil~~ 2/10 COVID +ve in 2021

Personal History:

Alcohol : ~~Nil~~ Occasional
Smoking : ✓ Nil
Activity : ✓ Active
Allergies : ✓ Nil

Family History:

General Physical Examination:

Height : 174 cms
Weight : ~~72~~ 77 Kgs
Pulse : ~~76~~ bpm
BP 110/70 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 : -		UHID No :
AGE : -	SEX :	RECEIPT No : -
PANEL :		EXAMINED ON : -

Investigations:

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

Recommendation:

- Avoid oily / fatty diet
- Exercises.

Dr. Navneet Kaur
Consultant Physician

APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED ★ NEW DELHI

Apollo Spectra® HOSPITALS
Specialists in Surgery

08/10/21 Mr. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Apollo Spectra® HOSPITALS
Specialists in Surgery

06/10/2023.

Mr. Ashesh Kalp.
35 Years / Male.

C/C :- Regular Dental check up.

M/H :- N.R.

PDH :- Scaling Done previously.

O/E :- Calculus ++, Stains present.
BOP present.

Advised :- . Scaling & Oral Prophylaxis (1")

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

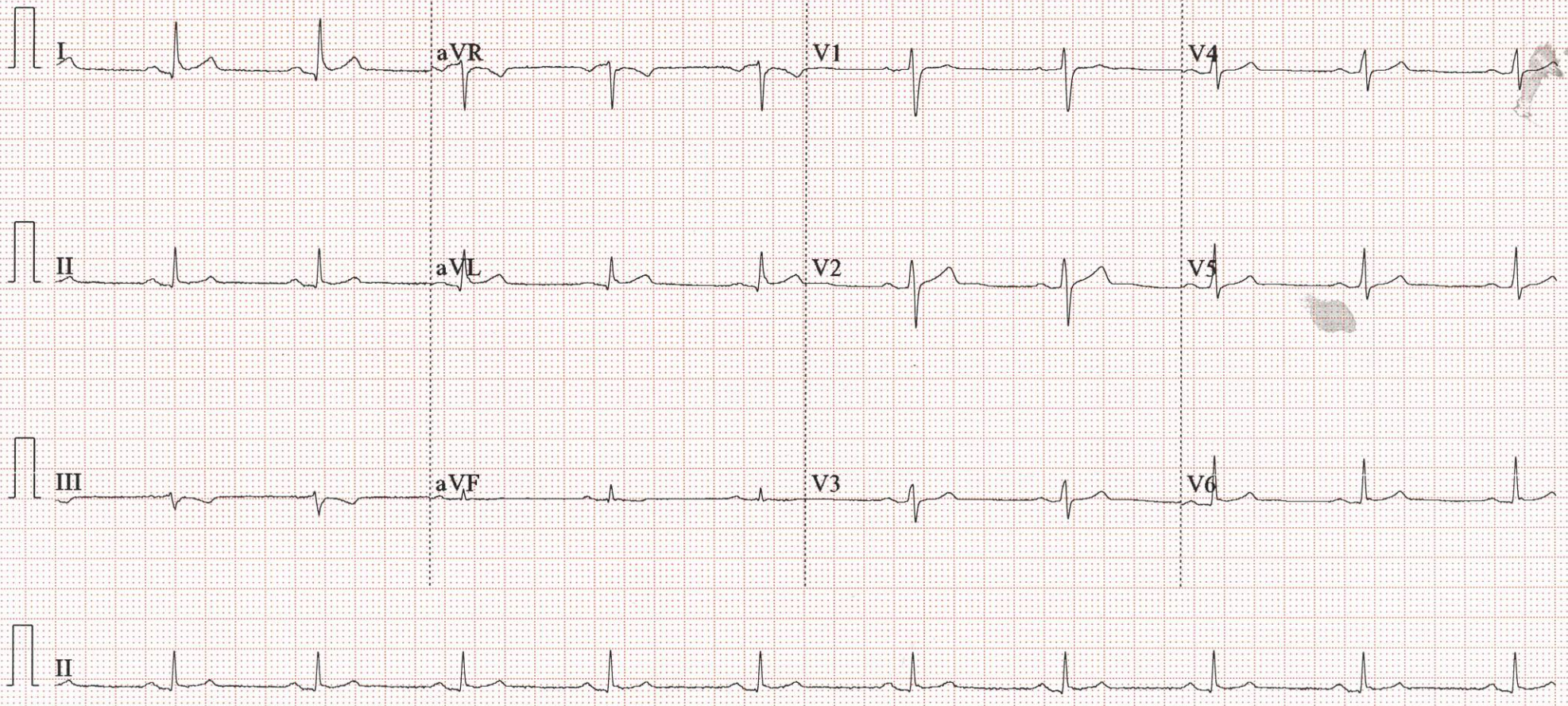
ID: 15643
Ashesh kalp
Male 35Years
Req. No. :

06-10-2023 12:07:44

HR	:	60	bpm
P	:	107	ms
PR	:	170	ms
QRS	:	87	ms
QT/QTcBz	:	353/354	ms
P/QRS/T	:	37/16/2	°
RV5/SV1	:	0.688/0.749	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

Apollo Spectra® HOSPITALS
Specialists in Surgery

NAME :	ASHESH KALP	AGE/SEX:	35	YRS./M
UHID :	15643			
REF BY :	APOLLO SPECTRA	DATE:-	06.10.2023	

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: normal in size, weight 22.6 Gms. It is normal in echotexture with no breech in the capsule.

No free fluid seen.

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

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Specialists in Surgery

Patient Name	: Mr. ASHESH KALP	Age	: 35 Y/M
UHID	: SCHI.0000015643	OP Visit No	: SCHIOPV21961
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 06-10-2023 14:37
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^2
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**
Aorta	2.6	(2.0 – 3.7cm)
LV es	2.4	(2.2 – 4.0cm)
IVS ed	0.9	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)
LVVd (ml)		
EF	65%	(54%-76%)

Measurements		**Normal values**
LA es	2.8	(1.9 – 4.0cm)
LV ed	4.4	(3.7 – 5.6cm)
PW (LV)	0.9	(0.6 – 1.1cm)
RV Anterior wall		(upto 5 mm)
LVVs (ml)		
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

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PERICARDIUM

COMMENTS & SUMMARY

- Normal LV systolic function
- No RWMA, LVEF=65%
- No AR,PR,MR & TR
- No I/C clot or mass
- Good RV function
- Normal pericardium
- No pericardial effusion

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

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DIGITAL X-RAY REPORT

NAME: ASHESH	DATE: 06.10.2023
UHID NO : 15643	AGE: 35YRS/ 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. ASHESH KALP	Age	: 35 Y/M
UHID	: SCHI.0000015643	OP Visit No	: SCHIOPV21961
Conducted By:	:	Conducted Date	:
Referred By	: SELF		

Patient Name	: Mr. ASHESH KALP	Age	: 35 Y/M
UHID	: SCHI.0000015643	OP Visit No	: SCHIOPV21961
Conducted By	:	Conducted Date	:
Referred By	: SELF		

Patient Name	: Mr. ASHESH KALP	Age	: 35 Y/M
UHID	: SCHI.0000015643	OP Visit No	: SCHIOPV21961
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 06-10-2023 14:41
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^2
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	2.6	(2.0 – 3.7cm)	LA es	2.8	(1.9 – 4.0cm)

Patient Name	: Mr. ASHESH KALP	Age	: 35 Y/M
UHID	: SCHI.0000015643	OP Visit No	: SCHIOPV21961
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 06-10-2023 14:41
Referred By	: SELF		

LV es	2.4	(2.2 – 4.0cm)	LV ed	4.4	(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	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

PERICARDIUM

COMMENTS & SUMMARY

- Normal LV systolic function
- No RWMA, LVEF=65%
- No AR,PR,MR & TR
- No I/C clot or mass
- Good RV function
- Normal pericardium
- No pericardial effusion

Patient Name	: Mr. ASHESH KALP	Age	: 35 Y/M
UHID	: SCHI.0000015643	OP Visit No	: SCHIOPV21961
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 06-10-2023 14:41
Referred By	: SELF		

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

Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 08:59AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 09:32AM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 01:47PM
Visit ID	: SCHIOPV21961	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SZFDFG		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

SIN No:BED230243646

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

Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 08:59AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 09:32AM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 01:47PM
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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. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**12.8**	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	40.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.06	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	**80.8**	fL	83-101	Calculated
MCH	**25.3**	pg	27-32	Calculated
MCHC	**31.3**	g/dL	31.5-34.5	Calculated
R.D.W	**14.2**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.4	%	40-80	Electrical Impedance
LYMPHOCYTES	26.6	%	20-40	Electrical Impedance
EOSINOPHILS	**7**	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3801.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1702.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	448	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	390.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	57.6	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	174000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTIC HYPOCHROMIC CELLS.

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

SIN No:BED230243646

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

Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 08:59AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 09:32AM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 01:47PM
Visit ID	: SCHIOPV21961	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SZFDFG		

DEPARTMENT OF HAEMATOLOGY

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

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

SIN No:BED230243646

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.ASHESH KALP	Collected	: 06/Oct/2023 11:42AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 12:15PM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 02:04PM
Visit ID	: SCHIOPV21961	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SZFDFG		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	**103**	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)*	87	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:PLF02036883,PLP1375297

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

Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 08:59AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 12:44PM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 03:52PM
Visit ID	: SCHIOPV21961	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SZFDFG		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , *WHOLE BLOOD EDTA*	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD EDTA*	111	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:EDT230091830

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Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 08:59AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 09:33AM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 11:15AM
Visit ID	: SCHIOPV21961	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. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**204**	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	**166**	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	**151**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**117.8**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**33.2**	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.85		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:SE04503130

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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. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	68.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.20	g/dL	6.3-8.2	Biuret
ALBUMIN	**5.10**	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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.

SIN No:SE04503130

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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. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	1.20	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	31.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	14.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	3.5-8.5	Uricase
CALCIUM	9.60	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	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE

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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. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	15.00	U/L	15-73	Glyclyclycine Nitoranalide

SIN No:SE04503130

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UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 01:47PM
Visit ID	: SCHIOPV21961	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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.55	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.26	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.180	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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

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

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

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

SIN No:SPL23142405

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Patient Name	: Mr.ASHESH KALP	Collected	: 06/Oct/2023 08:59AM
Age/Gender	: 35 Y 9 M 19 D/M	Received	: 06/Oct/2023 11:29AM
UHID/MR No	: SCHI.0000015643	Reported	: 06/Oct/2023 01:49PM
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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. 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	1.020		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	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

SIN No:UR2197042

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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. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

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