

**Patient Name** : Mr. MUNI KRISHNA P

**Age/Gender** : 45 Y/M

**UHID/MR No.** : CTNA.0000105955

**OP Visit No** : CANNOPV372604

**Sample Collected on** :

**Reported on** : 30-09-2023 18:36

**LRN#** : RAD2112761

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE47147

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas and spleen appear normal.  
Spleen measures 10.5cms.

Portal and splenic veins appear normal.  
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.  
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 8.9 x 4.5cms.  
Left kidney measures 10.0 x 4.4cms.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 4.7 x 3.4 x 3.0cms volume 26cc and shows normal echopattern.  
Seminal vesicles appear normal.  
Bladder is normal in contour.

**Patient Name** : Mr. MUNI KRISHNA P

**Age/Gender** : 45 Y/M

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**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

**Dr. ASHIQ MOHAMMED JEFFREY**

MD

Radiology

**Patient Name** : Mr. MUNI KRISHNA P

**Age/Gender** : 45 Y/M

**UHID/MR No.** : CTNA.0000105955

**OP Visit No** : CANNOPV372604

**Sample Collected on** :

**Reported on** : 30-09-2023 15:07

**LRN#** : RAD2112761

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE47147

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

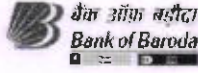
Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

**Dr. PRAVEENA SHEKAR T**  
**MBBS, DMRD, FAGE**  
Radiology



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. P MUNI KRISHNA
EC NO.	177247
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	CHENNAI,KOVILPATHAGAI
BIRTHDATE	22-06-1978
PROPOSED DATE OF HEALTH CHECKUP	08-07-2023
BOOKING REFERENCE NO.	23S177247100061526E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **08-06-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



# Apollo Clinic

## CONSENT FORM

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

UHID Number: ..... Company Name: .....

I Mr/Mrs/Ms Priyanti Krishna Employee of Bank of Baroda  
(Company) Want to inform you that ~~I am not interested in getting~~ ENT on Review

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

And I claim the above statement in my full consciousness.

Patient Signature: Nelaka Date: 30/9/23

**Apollo Medical Centre**  
No. 30, F-Block, 2nd Avenue,  
Anna Nagar East, Chennai-600 102  
Tel: 044-26224505, Mobile: 7358392880  
Toll No. 1860 500 7788

Apollo Health and Lifestyle Limited (CIN U85110TG2000PLC115819)  
Regd. Office: 1-10-66/62, Ashoka Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apolloh.com | Email: ID.enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 0404 7744

Address:  
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Phone - 044-26224504 / 05

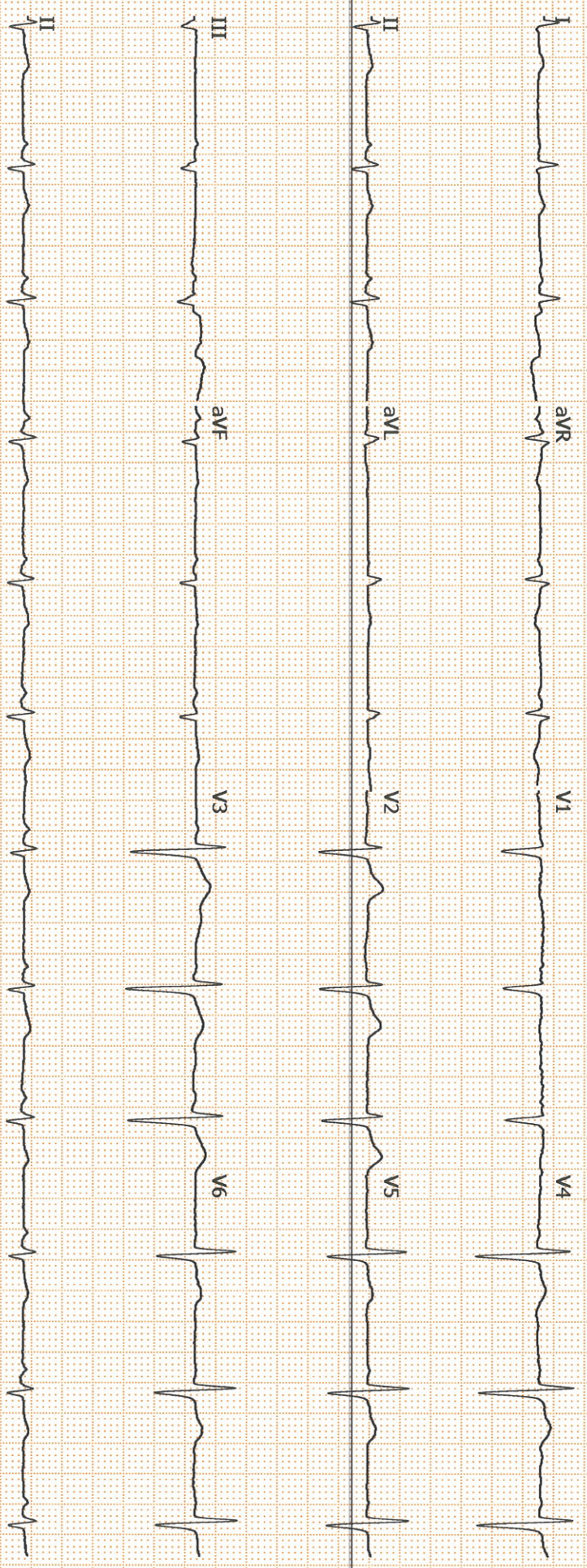


APOLLO CLINICS NETWORK  
Telangana: Hyderabad | AS Rao Nagar | Chanda Nagar | Kondapur | Malakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Visag (Seethamma Peta) | Karnataka: Bangalore (Basavanagur) | Belandur | Electronics City | Frazer Town | MSR Layout | India  
Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (V V Mohali) | Tamil Nadu: Chennai | Annanagar | Kotturupam | Mosappur | T Nagar |  
Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road) |  
Kerala: Kollam | Maharashtra: Pune (Aundh) | Odisha: Bhubaneswar | West Bengal: Kolkata (Park Street) |  
Chennai: Anna Nagar East, Anna Nagar West, Anna Nagar South, Anna Nagar North, Anna Nagar Central, Anna Nagar East, Anna Nagar West, Anna Nagar South, Anna Nagar North, Anna Nagar Central



Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 100 ms  
QT / QTcBaz : 402 / 427 ms  
PR : 130 ms  
P : 90 ms  
RR / PP : 882 / 882 ms  
P / QRS / T : 56 / -24 / 40 degrees



*Nilsson*

Unconfirmed



Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 12:56PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 02:32PM
Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE47147	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC MORPHOLOGY	: Round macrocytes noted, predominantly normocytic normochromic RBC's noted
WBC MORPHOLOGY	: Normal in number, Morphology and distribution. no abnormal cells seen.
PLATELETS	: Adequate in number
PARASITES	: No haemoparasites seen
NOTE/ COMMENT	: Please correlate clinically.



SIN No:BED230237904

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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 **1860 500 7788**  
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Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	42.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.13</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>101.9</b>	fL	83-101	Calculated
MCH	<b>34.9</b>	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	72.2	%	40-80	Electrical Impedance
LYMPHOCYTES	20.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	5.1	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	5270.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1489.2	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	116.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	372.3	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	51.1	Cells/cu.mm	0-100	Electrical Impedance

**PLATELET COUNT**

PLATELET COUNT	332000	cells/cu.mm	150000-410000	Electrical impedance
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

Methodology : Microscopic

RBC MORPHOLOGY : Round macrocytes noted, predominantly normocytic normochromic RBC's noted

WBC MORPHOLOGY : Normal in number, Morphology and distribution. no abnormal cells seen.

PLATELETS : Adequate in number

PARASITES : No haemoparasites seen



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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NOTE/ COMMENT : Please correlate clinically.



SIN No:BED230237904

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Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 12:56PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 03:55PM
Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE47147	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



SIN No:BED230237904

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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 01:11PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 03:24PM
Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE47147	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	82	mg/dL	70-100	HEXOKINASE
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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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.



SIN No:PLF02034496

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 12:14PM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 06:04PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 08:05PM
Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE47147	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	77	mg/dL	70-140	HEXOKINASE

**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:PLP1373839

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 12:58PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 02:05PM
Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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



SIN No:EDT230089789

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Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 01:01PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 03:01PM
Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE47147	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	139	mg/dL	<200	CHO-POD
TRIGLYCERIDES	116	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>31</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	84.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		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:SE04497253

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**APOLLO CLINICS NETWORK**

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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 01:01PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 03:01PM
Visit ID : CANNOPV372604	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	1.67	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.45	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	62.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		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, 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.



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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 01:01PM
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Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE47147	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	<b>0.66</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>15.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.0</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 01:01PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 02:45PM
Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE47147	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.00	U/L	<55	IFCC



SIN No:SE04497253

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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 01:10PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 02:04PM
Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	0.75	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.19	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.730	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

- 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.
- 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.
- 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.
- 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:SPL23139370

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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 01:10PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 01:58PM
Visit ID : CANNOPV372604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE47147	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.390	ng/mL	0-4	CLIA



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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 12:53PM
UHID/MR No : CTNA.0000105955	Reported : 30/Sep/2023 02:30PM
Visit ID : CANNOPV372604	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	CLOUDY		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	3-5	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2193517

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Patient Name : Mr.MUNI KRISHNA P	Collected : 30/Sep/2023 09:05AM
Age/Gender : 45 Y 0 M 27 D/M	Received : 30/Sep/2023 12:53PM
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Visit ID : CANNOPV372604	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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 Pathologist



DR.R.SRIVATSAN  
M.D.(Biochemistry)



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



SIN No:UPP015555,UF009543

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