

TO SAVING LIVES

| | |
|---------------------------------|--|
| Patient Name : Mr.ZIYAUL RAHMAN | Collected : 12/Aug/2023 09:53AM |
| Age/Gender : 34 Y 6 M 0 D/M | Received : 12/Aug/2023 11:12AM |
| UHID/MR No : SKAR.0000098495 | Reported : 12/Aug/2023 12:05PM |
| Visit ID : SKAROPV125461 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 115454 | |

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

| | |
|------------|---|
| RBCs | Predominantly Normocytic Normochromic |
| WBCs | Are essentially unremarkable. No abnormal cells seen. |
| Platelets | Adequate in number, verified on smear |
| | No Hemoparasites seen in smears examined. |
| Impression | Normal peripheral smear study |
| Advice | Clinical correlation |



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 13.7 | g/dL | 13-17 | Spectrophotometer |
| PCV | 41.60 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.96 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 84 | fL | 83-101 | Calculated |
| MCH | 27.5 | pg | 27-32 | Calculated |
| MCHC | 32.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,200 | cells/cu.mm | 4000-10000 | Electrical Impedence |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|----|---|-------|----------------------|
| NEUTROPHILS | 58 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 35 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 2 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 5 | % | 2-10 | Electrical Impedence |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|------|-------------|-----------|----------------------|
| NEUTROPHILS | 4756 | Cells/cu.mm | 2000-7000 | Electrical Impedence |
| LYMPHOCYTES | 2870 | Cells/cu.mm | 1000-3000 | Electrical Impedence |
| EOSINOPHILS | 164 | Cells/cu.mm | 20-500 | Electrical Impedence |
| MONOCYTES | 410 | Cells/cu.mm | 200-1000 | Electrical Impedence |

PLATELET COUNT

| | | | | |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 232000 | cells/cu.mm | 150000-410000 | Electrical impedence |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|----|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 10 | mm at the end of 1 hour | 0-15 | Modified Westergren |
|--------------------------------------|----|-------------------------|------|---------------------|

PERIPHERAL SMEAR



| | | | |
|-----------------|--------------------|--------------|-------------------------------|
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| Age/Gender | : 34 Y 6 M 0 D/M | Received | : 12/Aug/2023 11:12AM |
| UHID/MR No | : SKAR.0000098495 | Reported | : 12/Aug/2023 01:30PM |
| Visit ID | : SKAROPV125461 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 115454 | | |

| DEPARTMENT OF HAEMATOLOGY | | | | |
|--|--------|------|-----------------|--------|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 | B | | | Gel agglutination |
| Rh TYPE | POSITIVE | | | Gel agglutination |



| | |
|---------------------------------|--|
| Patient Name : Mr.ZIYAUL RAHMAN | Collected : 12/Aug/2023 03:05PM |
| Age/Gender : 34 Y 6 M 0 D/M | Received : 12/Aug/2023 03:53PM |
| UHID/MR No : SKAR.0000098495 | Reported : 12/Aug/2023 04:15PM |
| Visit ID : SKAROPV125461 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 115454 | |

| DEPARTMENT OF BIOCHEMISTRY | | | | |
|--|--------|------|-----------------|--------|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | |
| Test Name | Result | Unit | Bio. Ref. Range | Method |

| | | | | |
|-------------------------------|----|-------|--------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 90 | mg/dL | 70-100 | GOD - POD |
|-------------------------------|----|-------|--------|-----------|

Comment:
As per American Diabetes Guidelines

| Fasting Glucose Values in mg/d L | Interpretation |
|----------------------------------|----------------|
| <100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |

| | | | | |
|--|----|-------|--------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 96 | 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.

Ref: Marks medical biochemistry and clinical approach



| | | | |
|-----------------|--------------------|--------------|-------------------------------|
| Patient Name | : Mr.ZIYAUL RAHMAN | Collected | : 12/Aug/2023 09:52AM |
| Age/Gender | : 34 Y 6 M 0 D/M | Received | : 12/Aug/2023 02:14PM |
| UHID/MR No | : SKAR.0000098495 | Reported | : 12/Aug/2023 03:53PM |
| Visit ID | : SKAROPV125461 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 5.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 114 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA):

| REFERENCE GROUP | HBA1C IN % |
|-------------------------------|------------|
| NON DIABETIC ADULTS >18 YEARS | <5.7 |
| AT RISK (PREDIABETES) | 5.7 – 6.4 |
| DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

LIPID PROFILE , SERUM

| | | | | |
|---------------------|------|-------|--------|-------------|
| TOTAL CHOLESTEROL | 169 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 216 | mg/dL | <150 | |
| HDL CHOLESTEROL | 31 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 138 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 94.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 43.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.45 | | 0-4.97 | Calculated |

Comment:

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

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

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

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



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|--|-------|-------|---------|-------------------|
| BILIRUBIN, TOTAL | 0.20 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.10 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 25 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 17.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 93.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.40 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.70 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.70 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.74 | | 0.9-2.0 | Calculated |



| | |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|-------------|--------|------------|------------------|
| CREATININE | 0.69 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 23.30 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 10.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.00 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.20 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 4.50 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 142 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.0 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 101 | mmol/L | 98-107 | Direct ISE |



TODAY'S LIVES

| | |
|---------------------------------|--|
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 21.00 | U/L | 16-73 | Glycylglycine Kinetic method |



| | |
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DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

| | | | | |
|-----------------------------------|-------|--------|------------|------|
| TRI-iodothyronine (T3, TOTAL) | 1.58 | ng/mL | 0.7-2.04 | |
| Thyroxine (T4, TOTAL) | 11.09 | µg/dL | 6.09-12.23 | CLIA |
| Thyroid Stimulating Hormone (TSH) | 2.910 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| 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 |



| | |
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 | 6.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.015 | | 1.002-1.030 | Dipstick |

BIOCHEMICAL EXAMINATION

| | | | | |
|------------------------|----------|--|----------|----------------------------|
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

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




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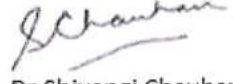
DEPARTMENT OF CLINICAL PATHOLOGY

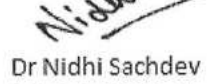
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE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

*** End Of Report ***


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


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


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



=====

NAME: ZIYAUL RAHMAN
REF. BY: HEALTH CHECK UP
DATE: 12.8.2023

=====


AGE 34 Y /SEX/M
UHID: SKAR0000098495
S. NO: 13431

=====

X-RAY CHEST PA

Lung fields and costophrenic angles are clear.
No definite pleural or parenchymal pathology seen.
Bcny thorax, heart and mediastinum appear normal.

Please correlate clinically.


DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
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Registered Address

#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Mr. Ziyaul Rahman
Date: 12.8.2023

Age: 34 Y/ Sex: M
Health check up

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially distended and shows multiple echogenic foci in lumen largest measuring 11mm s/o cholelithiasis. Wall thickness is 3.1mm.

Visualised part of CBD is not dilated.
Portal vein is normal in caliber.


Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.
Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is distended and shows no mural or intraluminal pathology.
Prostate is enlarged in size with weight 34cc s/o grade- I prostatomegaly. No significant median lobe projection is seen in to the bladder lumen.

Please correlate clinically


DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

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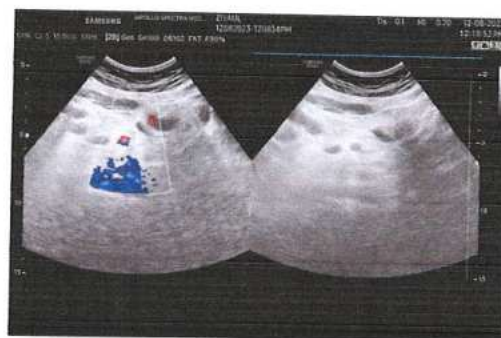
Patient

ID
Name
Birth Date
Gender

12082023-120834PM
ZIYAUJ

Exam

Accession #
Exam Date
Description
Operator



Dr. Sanjiv Dang

MBBS, MS (ENT)
Ear, Nose & Throat Consultant
DMC Regn. No. 9555
Timing : 5.30 pm - 8.30 pm
E : sanjivdang.mamc@gmail.com
9811387737
For appointment please contact :
011-49407700, 8448702877

9210211010

ZIAUL REHMAN
M 34 year.

Imp

ARHINDAS
Adv

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S @
12.8.2023

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7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Ziyal, Rahman
ID: 98495

34 Years Male
172 cm 75.0 kg

QRS
QT / QTcBaz 84 ms
PR 368 / 405 ms
P 146 ms
RR / PP 820 / 821 ms
P / QRS / T 65 / 27 / 28 degrees

Normal sinus rhythm
Normal ECG

12.08.2023 10:39:55
APOLLO SPECIALITY HOSPITAL
ROHTAK ROAD
DELHI-110005

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

73 bpm
-- / -- mmHg

HT- 172 CM
WT- 75 kg
B-P: 120/90

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

