



Certificate No: MC-1004
NABL Accredited

Patient Name : Mr.RAJESH	Collected : 22/Jul/2023 08:20AM
Age/Gender : 46 Y 6 M 0 D/M	Received : 22/Jul/2023 03:16PM
UHID/MR No : CBAS.0000088445	Reported : 22/Jul/2023 05:22PM
Visit ID : CBASOPV93632	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115057	

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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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96.1	fL	83-101	Calculated
MCH	32.1	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,890	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	36.9	%	40-80	Electrical Impedance
LYMPHOCYTES	51.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	9.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYte COUNT

NEUTROPHILS	2911.41	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	4055.46	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	126.24	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	741.66	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	55.23	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	152000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

WBCs: are normal in total number with increase in lymphocytes.

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LYMPHOCYTOSIS



SIN No:BED230170740

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UHID/MR No : CBAS.0000088445	Reported : 22/Jul/2023 07:00PM
Visit ID : CBASOPV93632	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230170740

Patient Name : Mr.RAJESH	Collected : 22/Jul/2023 08:20AM
Age/Gender : 46 Y 6 M 0 D/M	Received : 22/Jul/2023 03:17PM
UHID/MR No : CBAS.000088445	Reported : 22/Jul/2023 06:00PM
Visit ID : CBASOPV93632	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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GLUCOSE, FASTING , SODIUM FLUORIDE PLASMA	105	mg/dL	70-100	HEXOKINASE
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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)	178	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	194	mg/dL	<200	CHO-POD
TRIGLYCERIDES	150	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.08		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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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.31	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.12	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.19	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.95	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated



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

CREATININE	0.93	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	26.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.83	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.27	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



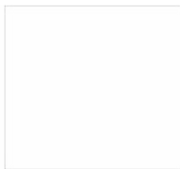
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.00	U/L	<55	IFCC





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Visit ID : CBASOPV93632	Status : Final Report
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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)	1.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.89	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.357	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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UHID/MR No : CBAS.0000088445	Reported : 22/Jul/2023 03:54PM
Visit ID : CBASOPV93632	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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.490	ng/mL	0-4	CLIA



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Visit ID : CBASOPV93632	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	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/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

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) , URINE	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING) , URINE	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



Dr. Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist




DR. SHIVARAJA SHETTY
M.B.B.S.M.D(Biochemistry)
CONSULTANT BIOCHEMIST



Dr. Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist



Name : Mr. Rajesh	Age: 46 Y	UHID: CBAS.0000088445
Address : br	Sex: M	 * C B A S . 0 0 0 0 0 8 8 4 4 5 *
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number: CBASOPV93632 Bill No :CBAS-OCR-57073 Date : 22.07.2023 08:15

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D ECHO	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	OPHTHAL BY GENERAL PHYSICIAN	
21	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
22	ULTRASOUND - WHOLE ABDOMEN	
23	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
24	DENTAL CONSULTATION	
25	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Apollo Clinic

CONSENT FORM

Patient Name: Rajesh Age: 46
UHID Number: 88445 Company Name: Arcafermi

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.

Echo ophthal
ENT - Diet not done

Patient Signature: Rajesh Date: 22/7/23

Personal Details

EHRID: 0129EQATEN00PX2
PatientID: 88445
Name: Rajesh
Age: 46
Gender: Male
Mobile: 96338965889

Pre-Existing Medical Conditions

Symptoms

Trials

Measurements

HR: 90 BPM
PR: 164 ms
PD: 115 ms
QRS: 90 ms
QRS Axis: 44 deg
QT/QTc: 341/417 ms

Report ID: AHLLD_0129EQATEN00PX2_VAS000PYQ
Interpretation
Sinus Rhythm Regular
Normal Axis
No Significant ST-T changes

APR 10

Authorized by

[Signature]

Dr. Yogesh Kulkarni
M.D. N.B.H.S.C. (P)
Reg. No. K.M.D.C. 44185

Printed at: 18/11/2015 07:21:09:20:58
Speed: 25 mm/sec
F: 0.05 - 40 Hz
Limb: 10 mm/mV
Chest: 10 mm/mV

I



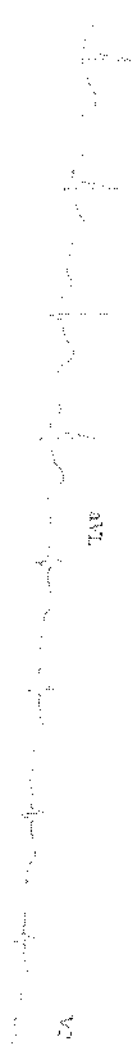
aVR



V1



II



aVL



V2



III



aVF



V3



II



Patient Name	: Mr. Rajesh	Age/Gender	: 46 Y/M
UHID/MR No.	: CBAS.0000088445	OP Visit No	: CBASOPV93632
Sample Collected on	:	Reported on	: 22-07-2023 16:07
LRN#	: RAD2053986	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 115057		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

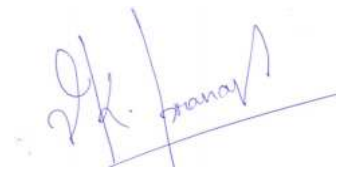
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mr. Rajesh	Age/Gender	: 46 Y/M
UHID/MR No.	: CBAS.0000088445	OP Visit No	: CBASOPV93632
Sample Collected on	:	Reported on	: 22-07-2023 14:41
LRN#	: RAD2053986	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 115057		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (13.5 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 9.0x1.2 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 9.8x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is mildly enlarged in size and volume measuring 4.0x3.7x3.9 cm (volume 30 cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

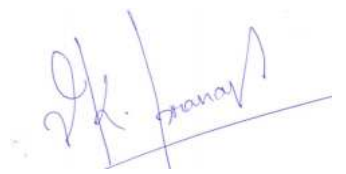
IMPRESSION:-

Grade I Fatty Liver.

Grade I Prostatomegaly

Suggested clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



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