



Name : Mr. GURDEEP SINGH

Age: 38 Y

UHID:CIND.0000071365

Sex: M



Address : 8179 VASANT KUNJ

OP Number: SCHIOPV24145

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : SCHI-OCR-8863

Date : 20.12.2023 08:43

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	ALKALINE PHOSPHATASE - SERUM/PLASMA ✓	
7	LIVER FUNCTION TEST (LFT) ✓	
8	X-RAY CHEST PA ✓	
9	GLUCOSE, FASTING ✓	
10	HEMOGRAM + PERIPHERAL SMEAR ✓	
11	ENT CONSULTATION ✓ <i>D L M Panneer</i>	
12	FITNESS BY GENERAL PHYSICIAN ✓	
13	DIET CONSULTATION ✓	
14	COMPLETE URINE EXAMINATION ✓	
15	URINE GLUCOSE(POST PRANDIAL) ✓	
16	PERIPHERAL SMEAR ✓	
17	ECG ✓	
18	BLOOD GROUP ABO AND RH FACTOR ✓	
19	VITAMIN B12 ✓	
20	LIPID PROFILE ✓	
21	BODY MASS INDEX (BMI) ✓	
22	OPHTHAL BY GENERAL PHYSICIAN ✓	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
24	ULTRASOUND - WHOLE ABDOMEN ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
26	DENTAL CONSULTATION ✓	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) . <i>9:37 - 11:32</i>	
28	VITAMIN D - 25 HYDROXY (D2+D3) ✓	

*Dr. Gurdeep Singh*  
*Throat Swab HANA*

Height: *170*  
Weight: *74.8*  
B.P.: *128/80*  
Pulse: *91*  
*SpO2 97%*

भारत सरकार  
Government of India

आधार

Issue Date: 21/10/2011

Gurdeep Singh  
DOB : 06/07/1985  
Male

9436 0077 6593

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Address: S/O Labh Singh, House No. HE-30,  
Phase 5, S.A.S. Nagar (Mohali), S.A.S  
Nagar(Mohali), Punjab, 160059

Print Date: 10/02/2023

9436 0077 6593

1947 help@uidai.gov.in www.uidai.gov.in

## PHC\_Desk

**From:** Corporate Apollo Clinic <corporate@apolloclinic.com>  
**Sent:** 19 December 2023 18:06  
**To:** 'Customer Care :Mediwheel : New Delhi'  
**Cc:** Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Basavanagudi Apolloclinic; phc Klc  
**Subject:** RE: Health Check-up Booking No. 3 (Annual Blue)

Namaste Team,

Greetings from Apollo clinics,

With regards to the below request, below appointments are confirmed at 9:00 AM on Requested Dates.

Thanks & Regards,

**Sanjeev kumar** | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com) |

**From:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>  
**Sent:** 19 December 2023 13:50  
**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 Check-up Booking No. 3 (Annual Blue)

Dear Team,

Please note the following Health Check-up Booking and confirm the same.

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GE
1	Arcofemi/Mediwheel /MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE -2D ECHO - PAN INDIA - FY2324		Gurdeep Singh	38	M
2	Arcofemi/Mediwheel /MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324		VISHWANATH N KARANTH	59	M
3	Arcofemi/Mediwheel /MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324		Shanthala U R	57	Fe

Thanks & Regards



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



## Apollo Clinic

### CONSENT FORM

Patient Name: Gurdeep Singh Age: 38y M  
UHID Number: 71365 Company Name: Arcolmi

I Mr/~~Mrs~~/Ms GURDEEP SINGH Employee of UNION BANK OF INDIA  
(Company) Want to inform you that I am not interested in getting -NIL-

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

And I claim the above statement in my full consciousness.

Patient Signature: Gurdeep Singh Date: 20/12/2023



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Arundeeep Singh on 20/12/23

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	

Dr. *Devar*  
**Medical Officer**  
**The Apollo Clinic, Uppal**

*This certificate is not meant for medico-legal purposes*

*4159*



## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>gurdeep Singh</u>	UHID No: <u>CIND.0000071365</u>
AGE / GENDER :- <u>32 YEARS / MALE</u>	RECEIPT No :-
PANEL : <u>Arcojemi Med Wheel</u>	EXAMINED ON :- <u>20/12/23</u>

**Chief Complaints:**

R/c

No surgical H/O

**Past History:**

DM	:	<del>Nil</del>	CVA	:	<del>Nil</del>
Hypertension	:	<del>Nil</del>	Cancer	:	<del>Nil</del>
CAD	:	<del>Nil</del>	Other	:	<del>Nil</del>

**Personal History:**

Alcohol	:	<del>Nil</del>	Activity	:	<input checked="" type="checkbox"/> Active
Smoking	:	<del>Nil</del>	Allergies	:	<del>Nil</del>

**Family History:** DM / HT

**General Physical Examination:**

Height	<u>170</u>	:	cms	Pulse	<u>91/m</u>	bpm
Weight	<u>94.8</u>	:	Kgs	BP	<u>128/80</u>	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	<del>Normal</del>
Respiratory system	:	<del>Normal</del>
Abdominal system	:	<del>Normal</del>
CNS	:	<del>Normal</del>
Others	:	<del>Normal</del>



**Dr. Lalit Mohan Parashar**

MS (ENT)  
Ear, Nose, Throat Specialist and  
Head & Neck Surgeon  
MCI: 4774/85

For Appointment: +91 1140465555  
Mob.: +91 9910995018



ANUDEEP SINGH

38/M

- Presenting with chronic rhinitis
- NO HEADING COMPLAINTS

0/12

Nose - DNS

Throat - NAD - PNDT

EARS - B/L TM (N)

VOICE, SPEECH AND HEARING OK

AN

- Review CT SCAN

20/12/2023

20/Dec/2023 .

Mr. Gurdeep Singh  
38 Y / Male .

C/C :- Regular Dental Check-up .

M/H :- N.R .

PDH :- Extraction of left lower wisdom tooth .

O/E :- Stains present .

Calculus + .

Mild Crowding .

Assessed . Sealing of oral Peraphylaxis

ortho Scan 3D for Stignus .



20/10/23

Mr. Gundeep Singh  
3814

h/a (R) eye → 1

(L) eye → 1

Go - Nil

(Glasses)

No. 4/10/24, APT.

Ref (R) 1.75/-0.25 x110 → c/c

(L) 1.75/-0.25 → c/c.

Prescription as per

Color vision (DE) normal

2/10/23

Visual acuity

Distance - R/E (DE)

Near - (DE)

Adm. - Ocular - Hy Eye Chp  
00 SUS

Carhouse Scan Class.

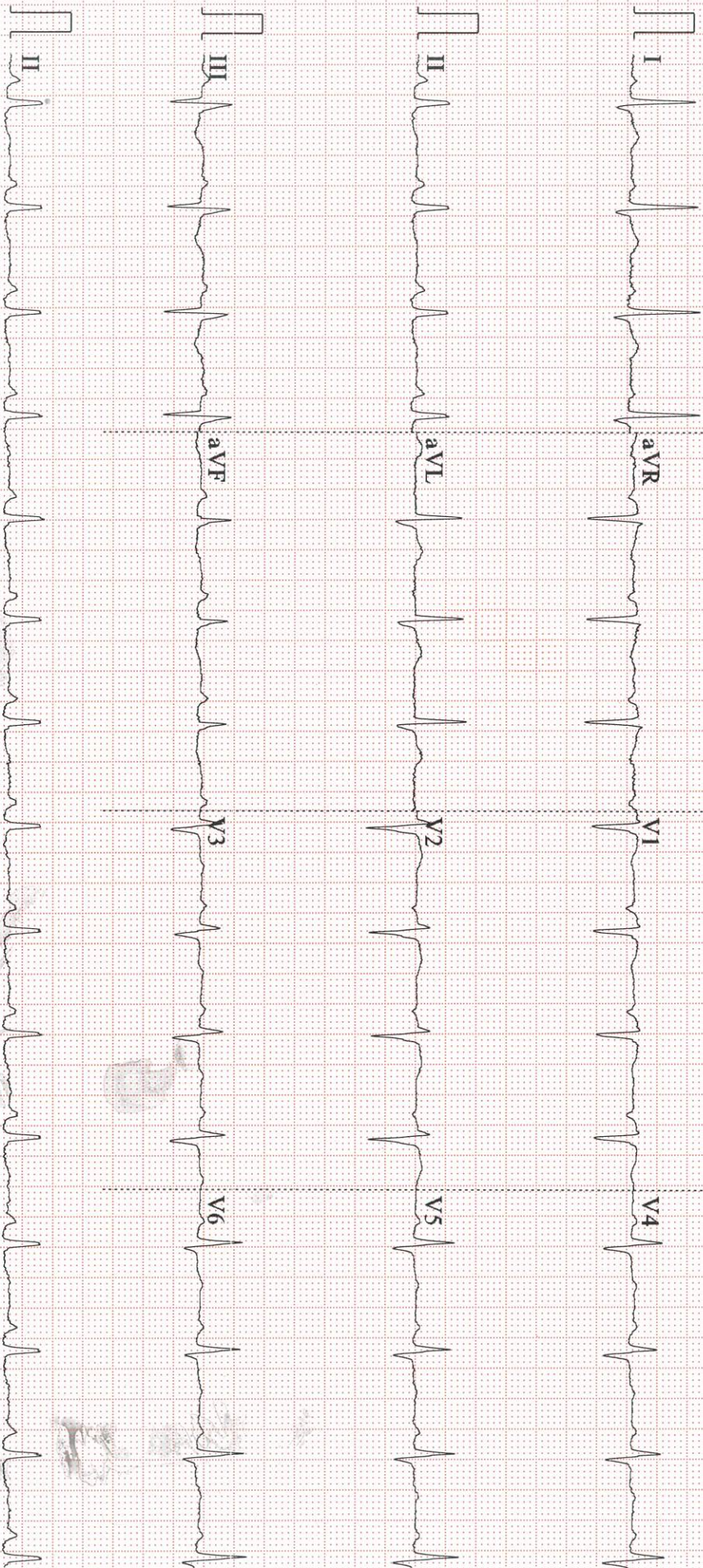
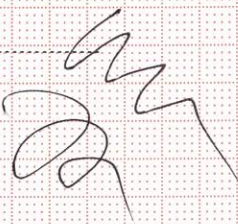


ID: 71365  
Gurdeep  
Male 38Years  
Req. No. :

20-12-2023 08:55:19  
HR : 87 bpm  
P : 91 ms  
PR : 160 ms  
QRS : 104 ms  
QT/QTcBz : 369/445 ms  
P/QRS/T : 58/26/-7 °  
RV5/SV1 : 0.688/0.724 mV

Diagnosis Information:  
Sinus Rhythm  
Larged PtfV1

Report Confirmed by:





Patient Name : Mr. GURDEEP SINGH Age : 38 Y/M  
 UHID : CIND.0000071365 OP Visit No : SCHIOPV24145  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 20-12-2023 15:05  
 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<sup>2</sup>  
 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	3.0 (2.0 – 3.7cm)	LA es	3.4 (1.9 – 4.0cm)
LV es	3.0 (2.2 – 4.0cm)	LV ed	4.5 (3.7 – 5.6cm)
IVS ed	1.0 (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)		LVVd (ml)	
EF	58% (54%-76%)	IVS motion	<b>Normal</b> /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

**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

## PERICARDIUM

### COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=58%
- v Grade I LVDD
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



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



<b>NAME :</b>	<b>GURDEEP SINGH</b>	<b>AGE/SEX:</b>	<b>38</b>	<b>YRS./M</b>
<b>UHID :</b>	<b>71365</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>20.12.2023</b>	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Prostate:** normal in size, weight 16.1 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

### **IMPRESSION: FATTY CHANGES IN LIVER GRADE II**

**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

## DIGITAL X-RAY REPORT

NAME: GURDEEP SINGH	DATE: 20.12.2023
UHID NO : 71365	AGE: 38YRS/ 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.GURDEEP SINGH	Collected	: 20/Dec/2023 08:59AM
Age/Gender	: 38 Y 5 M 14 D/M	Received	: 20/Dec/2023 09:42AM
UHID/MR No	: CIND.0000071365	Reported	: 20/Dec/2023 11:09AM
Visit ID	: SCHIOPV24145	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: FGSDFG		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

----



Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 09:42AM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 11:09AM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	14.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	43.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.4	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,490	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYtic COUNT (DLC)**

NEUTROPHILS	62.1	%	40-80	Electrical Impedance
LYMPHOCYTES	25.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3409.29	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1405.44	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	181.17	Cells/cu.mm	20-500	Calculated
MONOCYTES	466.65	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.45	Cells/cu.mm	0-100	Calculated

**PLATELET COUNT**

PLATELET COUNT	271000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
----------------	--------	-------------	---------------	----------------------

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

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

**PERIPHERAL SMEAR**

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



Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 09:42AM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 11:09AM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination





Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 11:38AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 01:04PM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 04:51PM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>111</b>	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:**

- 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.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>121</b>	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.



Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 12:44PM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 02:17PM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

**HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA**

HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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
  - HbF >25%
  - Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 09:42AM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 11:09AM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	<b>278</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>265</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>233</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>180</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>53</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.18</b>		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.





Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 09:42AM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 11:09AM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>61</b>	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.80	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		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 > 1 In 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.



Patient Name	: Mr.GURDEEP SINGH	Collected	: 20/Dec/2023 08:59AM
Age/Gender	: 38 Y 5 M 14 D/M	Received	: 20/Dec/2023 09:42AM
UHID/MR No	: CIND.0000071365	Reported	: 20/Dec/2023 11:09AM
Visit ID	: SCHIOPV24145	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: FGSDFG		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

CREATININE	1.10	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	26.60	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	12.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.80	mg/dL	3.5-8.5	Uricase
CALCIUM	<b>8.30</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE





Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 09:42AM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 10:07AM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	71.00	U/L	38-126	p-nitrophenyl phosphate
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	47.00	U/L	15-73	Glycylglycine Nitoranalide



Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 01:11PM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 02:50PM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	<b>0.65</b>	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.770	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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





Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 01:11PM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 02:19PM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

VITAMIN D (25 - OH VITAMIN D) , SERUM	6.53	ng/mL	30-100	CLIA
---------------------------------------	------	-------	--------	------

Kindly correlate clinically.

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

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

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

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

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

**Decreased Levels:**

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

**Increased levels:**

Vitamin D intoxication.



Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 01:11PM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 02:25PM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

VITAMIN B12 , SERUM	172	pg/mL	107.2-653.3	CLIA
---------------------	-----	-------	-------------	------

**Comment:**

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

TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.390	ng/mL	0-4	CLIA
---	-------	-------	-----	------





Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 10:02AM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 11:09AM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

**COMPLETE URINE EXAMINATION (CUE) , URINE**

<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	POSITIVE (+)		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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



Patient Name : Mr.GURDEEP SINGH	Collected : 20/Dec/2023 08:59AM
Age/Gender : 38 Y 5 M 14 D/M	Received : 20/Dec/2023 10:02AM
UHID/MR No : CIND.0000071365	Reported : 20/Dec/2023 11:09AM
Visit ID : SCHIOPV24145	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FGSDFG	

**DEPARTMENT OF CLINICAL PATHOLOGY**


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

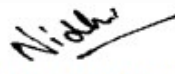
**\*\*\* End Of Report \*\*\***



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



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



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

