

Name : Mr. Kapil Bhanot

Age: 34 Y

UHID: SCHI.0000015776

Sex: M



OP Number: SCHIOPV22226

Address : L-1/181 B DDA kalkaji

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-8398

Date : 14.10.2023 08:59

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING) ✓	
2	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
3	HbA1c, GLYCATED HEMOGLOBIN ✓	
4	2 D ECHO ✓ 1.05pm	
5	LIVER FUNCTION TEST (LFT) ✓	
6	X-RAY CHEST PA ✓	
7	GLUCOSE, FASTING ✓	
8	HEMOGRAM + PERIPHERAL SMEAR ✓	
9	ENT CONSULTATION ✓	
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION After report.	
12	COMPLETE URINE EXAMINATION ✓	
13	URINE GLUCOSE (POST PRANDIAL) ✓	
14	PERIPHERAL SMEAR ✓	
15	ECG ✓	
16	BLOOD GROUP ABO AND RH FACTOR ✓	
17	LIPID PROFILE ✓	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN ✓ 10am	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
21	ULTRASOUND - WHOLE ABDOMEN ✓ 11.05	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
23	DENTAL CONSULTATION ✓	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 11.43am	

Height:..... ✓
 Weight:..... ✓
 B.P:..... ✓
 Pulse:..... ✓

Sp02 - 98%

PHC_Desk

To: Corporate Apollo Clinic; Customer Care :Mediwheel : New Delhi
Cc: Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; AHCN Apollo Clinic; Rahul Rai; Dilip Baniya; Kharadi Apollo Clinic; Indiranagar Apolloclinic; Velachery Apolloclinic; cc.klc@apollospectra.com; Vimannagar Apolloclinic
Subject: RE: Health Checkup Booking No. 17 Annual

From: Corporate Apollo Clinic [mailto:corporate@apolloclinic.com]
Sent: 10 October 2023 14:02
To: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>; AHCN Apollo Clinic <ahcn@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Kharadi Apollo Clinic <kharadi@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; Velachery Apolloclinic <velachery@apolloclinic.com>; phc Klc <phc.klc@apollospectra.com>; cc.klc@apollospectra.com; Vimannagar Apolloclinic <vimannagar@apolloclinic.com>
Subject: RE: Health Checkup Booking No. 17 Annual

Namaste Team,

Greetings from Apollo clinics,

Attached appointments are confirmed at 9:00 AM

#REF!	Company Name	PACKAGE NAME	Booking	EMP-NAME	AGE	GENDER	
13	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bobS47822	cheshta sharma	27	Female	kapil.bha
14	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)	bobE47821	MR. BHANOT KAPIL	31	Male	kapil.bha

Thanks & Regards,

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

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Sent: 10 October 2023 11:13
To: Corporate Apollo Clinic <corporate@apolloclinic.com>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi

ਭਾਰਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਟੀ
Unique Identification Authority of India

VID : 9102 8015 2176 7430

8053 2386 4194

ਕੀਰਤ ਸਾਹਿ
KAPIL BHANOT
ਮਰਦ/ਮਾਦਰੇ
DOB: 22/09/1989

Government of India

8053 2386 4194

Government of India

Issue Date: 26/02/2020

Download Date: 04/03/2020

ਭਾਰਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਟੀ
Unique Identification Authority of India

ਪਤਾ:
C/O Ashok Kumar Bhanot, WZ-68, DAYAL
SAR RAOD, UTTAM NAGAR, DK Mohan
garden, West Delhi,
Delhi - 110059

Address:
C/O Ashok Kumar Bhanot, WZ-68, DAYAL
SAR RAOD, UTTAM NAGAR, DK Mohan
garden, West Delhi,
Delhi - 110059

8053 2386 4194

VID : 9102 8015 2176 7430

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

CERTIFICATE OF MEDICAL FITNESS

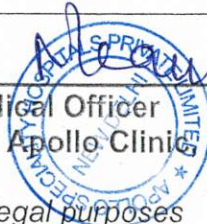
This is to certify that I have conducted the clinical examination

of Kapil on 14/06

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <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"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. 
 Medical Officer
 The Apollo Clinic Uppal



This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Kapil Bhanot</i>	UHID No : <i>15776</i>
AGE / GENDER :- <i>34/m</i>	RECEIPT No :-
PANEL : <i>Arcokemi medwheel</i>	EXAMINED ON :- <i>14/10/23</i>

Chief Complaints:

No any special Complaint.

Past History:

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

Personal History:

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

Family History:

General Physical Examination:

Height	:	<i>179</i> cms	Pulse	:	<i>70</i> bpm
Weight	:	<i>102.5</i> Kgs	BP	:	<i>116/82</i> mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- Kapil Bhanot	UHID No: 15776
AGE :- 34	SEX: male
PANEL :	RECEIPT No :-
	EXAMINED ON :- 14/10/23

Investigations:

- All the reports of tests and investigations are attached herewith

T. cross 235

SMOT-80 SALT 14
uric acid 8.60

Recommendation:

- low fat diet
- T uric acid 1 ————— x 1-2 months
- Tays 60 k once a week 6-12 weeks
- cap Brevue DFR 102 x 1-2 weeks
- Repeat UFT & uric acid 3 months

Dr. Navneet K. Singh
Consultant Physician

Navneet



Dr. Nayeem Ahmad

MBBS (Patna), DLOMS (Patna)

DNB (I) New Delhi

Consultant ENT Surgeon

For Appointment: +91 11 40465555

Mob.: +91 9910995018



Specialists in Surgery

Mr Kapil
34y IM

Pre ENT check up

DNS (R) ITH⁺


BIL ware^{er}

Thut - clear

Adis

sdn^x

Solivare EPD ydyp out in
both ears
oooo ————— oooo ————— oooo


14/10/2023

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

14/10/25

Mr. Rupal Bhanot
3414

h (R) eye → R
 (L) eye → L

40-110

(Glasses)

110-41

AC-1 9/15 mm - seg

Colour vision (R) normal

Ref (R) - 0.50 Ds - C/L
 (L) - 1.0 Ds - C/L

Prescription as Ref.

Visual acuity (R) 12/18
 (L) 12/18

Adv: - Cataract, Cornea -

Normal Eye Deep

0.0 SAS
(R)



14/10/2023 -

Mr. Kapil Bhand .

34 Years / male .

C/C:- Regular Dental Check-up -

M/H :- N.R .

PDH / :- N.R .

Drug Allergy :- No known Drug Allergy .

o/e :- . Calculus → , Stains .

· Misalignment

· Crowding present .

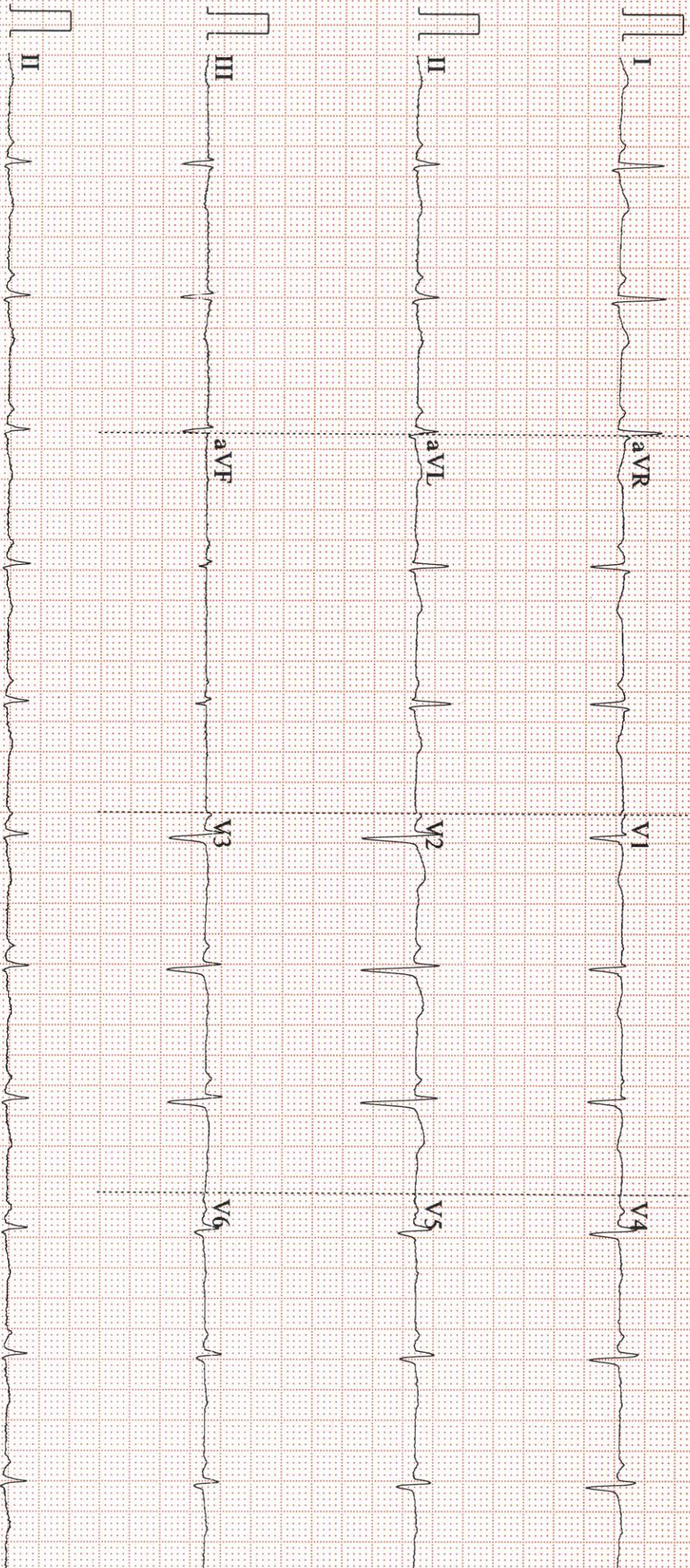
Advised :- . Scaling & Oral Prophylaxis -
· Ortho treatment / Aligners .

ID: 15776
Kapil Bhanot
Male 34 Years
Req No. :

14-10-2023 10:44:05
HR : 69 bpm
P : 94 ms
PR : 143 ms
QRS : 89 ms
QT/QTcBz : 398/427 ms
P/QRS/T : 15/7/5 °
RV5/SV1 : 0.312/0.541 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



NAME :	KAPIL BHANOT	AGE/SEX:	34	YRS./M
UHID :	15776			
REF BY :	APOLLO SPECTRA	DATE:-	14.10.2023	

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 16.3 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

IMPRESSION: FATTY CHANGES IN LIVER GRADE II-III

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. Kapil Bhanot Age : 34 Y/M
 UHID : SCHI.0000015776 OP Visit No : SCHIOPV22226
 Conducted By: Dr. MUKESH K GUPTA Conducted Date : 14-10-2023 14:58
 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 _____cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____msec.
 EDG _____mmHg MDG _____mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____msec. Pred. RVSP=RAP+ _____mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____mmHg Pulmonary annulus _____mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____mmHg End diastolic gradient _____mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/3/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____mmHg Aortic annulus _____mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe

Measurements	Normal Values	Measurements	Normal values
Aorta	2.7 (2.0 – 3.7cm)	LA es	2.9 (1.9 – 4.0cm)
LV es	2.4 (2.2 – 4.0cm)	LV ed	4.4 (3.7 – 5.6cm)
IVS ed	0.9 (0.6 – 1.1cm)	PW (LV)	0.9 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
L V Vd (ml)		L V V s (ml)	
EF	64% (54%-76%)	IVS motion	Normal /Flat/Paradoxical

CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy
 Contraction **Normal**/Reduced
 Regional wall motion abnormality **Absent**
 LA **Normal**/Enlarged/**Clear**/Thrombus
 RA **Normal**/Enlarged/**Clear**/Thrombus
 RV **Normal**/Enlarged/**Clear**/Thrombus

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CIN - U85100TG2009PTC099414

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 Ph No: 040-4904 7777 | www.apollohl.com

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=64%
- 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

DIGITAL X-RAY REPORT

NAME: KAPIL	DATE: 14.10.2023
UHID NO : 15776	AGE: 34YRS/ 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.KAPIL BHANOT	Collected : 14/Oct/2023 09:11AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 14/Oct/2023 09:37AM
UHID/MR No : SCHI.0000015776	Reported : 14/Oct/2023 01:48PM
Visit ID : SCHIOPV22226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdffg	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



Patient Name : Mr.KAPIL BHANOT	Collected : 14/Oct/2023 09:11AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 14/Oct/2023 09:37AM
UHID/MR No : SCHI.0000015776	Reported : 14/Oct/2023 01:48PM
Visit ID : SCHIOPV22226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdfg	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.7	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	48.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,670	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	51.9	%	40-80	Electrical Impedance
LYMPHOCYTES	34.3	%	20-40	Electrical Impedance
EOSINOPHILS	4.6	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2423.73	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1601.81	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	214.82	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	415.63	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	14.01	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	182000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	02	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.KAPIL BHANOT	Collected : 14/Oct/2023 09:11AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 14/Oct/2023 09:37AM
UHID/MR No : SCHI.0000015776	Reported : 14/Oct/2023 02:30PM
Visit ID : SCHIOPV22226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdfg	

DEPARTMENT OF HAEMATOLOGY

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

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

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.KAPIL BHANOT	Collected : 14/Oct/2023 12:05PM
Age/Gender : 34 Y 0 M 22 D/M	Received : 14/Oct/2023 01:08PM
UHID/MR No : SCHI.0000015776	Reported : 14/Oct/2023 03:25PM
Visit ID : SCHIOPV22226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdffg	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD
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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 > 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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	80	mg/dL	70-140	GOD - POD
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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.



Patient Name : Mr.KAPIL BHANOT	Collected : 14/Oct/2023 09:11AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 14/Oct/2023 12:50PM
UHID/MR No : SCHI.0000015776	Reported : 14/Oct/2023 01:43PM
Visit ID : SCHIOPV22226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdfg	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- 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)



Patient Name : Mr.KAPIL BHANOT	Collected : 14/Oct/2023 09:11AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 14/Oct/2023 09:37AM
UHID/MR No : SCHI.0000015776	Reported : 14/Oct/2023 11:22AM
Visit ID : SCHIOPV22226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdfg	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	235	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	156	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	193	mg/dL	<130	Calculated
LDL CHOLESTEROL	161.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.60		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.KAPIL BHANOT	Collected : 14/Oct/2023 09:11AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 14/Oct/2023 09:37AM
UHID/MR No : SCHI.0000015776	Reported : 14/Oct/2023 11:22AM
Visit ID : SCHIOPV22226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdfg	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	1.10	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	142	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	80.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		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.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	1.20	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	20.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.60	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	90.00	U/L	15-73	Glycylcysteine Nitoranalide



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Visit ID : SCHIOPV22226	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

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

TRI-iodothyronine (T3, TOTAL)	1.97	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.49	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.990	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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



Patient Name : Mr.KAPIL BHANOT	Collected : 14/Oct/2023 09:11AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 14/Oct/2023 12:38PM
UHID/MR No : SCHI.0000015776	Reported : 14/Oct/2023 02:23PM
Visit ID : SCHIOPV22226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

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

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	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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DEPARTMENT OF CLINICAL PATHOLOGY

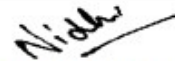
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

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



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