

Patient Name : Mr.JEEVAN DSOUZA	Collected : 25/Nov/2023 09:24AM
Age/Gender : 36 Y 11 M 18 D/M	Received : 25/Nov/2023 12:51PM
UHID/MR No : CJPN.0000089496	Reported : 25/Nov/2023 02:38PM
Visit ID : CJPNOPV181539	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 265801	

**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**

<b>HAEMOGLOBIN</b>	15.5	g/dL	13-17	Spectrophotometer
PCV	45.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.4	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,660	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	45.6	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>41.4</b>	%	20-40	Electrical Impedence
EOSINOPHILS	5.4	%	1-6	Electrical Impedence
MONOCYTES	7.1	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2580.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2343.24	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	305.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.86	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.3	Cells/cu.mm	0-100	Calculated

<b>PLATELET COUNT</b>	175000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



SIN No:BED230289605

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Visit ID : CJPNOPV181539	Status : Final Report
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mr.JEEVAN DSOUZA	Collected : 25/Nov/2023 12:38PM
Age/Gender : 36 Y 11 M 18 D/M	Received : 25/Nov/2023 05:19PM
UHID/MR No : CJPN.000089496	Reported : 25/Nov/2023 05:41PM
Visit ID : CJPNOPV181539	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>103</b>	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

1. 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.
2. 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>112</b>	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.





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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>5.8</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	120	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:EDT230106098

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DEPARTMENT OF BIOCHEMISTRY

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	97	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>142</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>123.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.97		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	5.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.09	g/dL	2.0-3.5	Calculated
A/G RATIO	2.46		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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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.82	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	35.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	16.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.46	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.54	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	<55	IFCC



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 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

Address:  
 323/100/123, Doddathangur Village, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034

 **1860 500 7788**  
[www.apolloclinic.com](http://www.apolloclinic.com)

Patient Name : Mr.JEEVAN DSOUZA	Collected : 25/Nov/2023 09:24AM
Age/Gender : 36 Y 11 M 18 D/M	Received : 25/Nov/2023 12:54PM
UHID/MR No : CJPN.000089496	Reported : 25/Nov/2023 05:33PM
Visit ID : CJPNOPV181539	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 265801	

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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.526</b>	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



SIN No:SPL23167665

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery ) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034

 **1860 500 7788**  
 www.apolloclinic.com

Patient Name : Mr.JEEVAN DSOUZA	Collected : 25/Nov/2023 09:24AM
Age/Gender : 36 Y 11 M 18 D/M	Received : 25/Nov/2023 02:32PM
UHID/MR No : CJPN.000089496	Reported : 25/Nov/2023 04:55PM
Visit ID : CJPNOPV181539	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 265801	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	6.0		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



SIN No:UR2226879

NABL renewal accreditation under process

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Visit ID : CJPNOPV181539	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 265801	

**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 \*\*\*

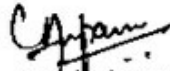
Result/s to Follow:  
PERIPHERAL SMEAR



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



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



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



SIN No:UPP015840,UF009851  
NABL renewal accreditation under process

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Karnataka- 560034

 **1860 500 7788**  
www.apolloclinic.com

<b>Name</b> : Mr. Jeevan Dsouza  <b>Address</b> : blr  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 36 Y  <b>Sex</b> : M	<b>UHID</b> :CJPN.0000089496  <b>OP Number</b> :CJPNOPV181539 <b>Bill No</b> :CJPN-OCR-67260 <b>Date</b> : 25.11.2023 09:19
--	---	---

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 <span style="margin-left: 50px;">OR TMTL</span>	
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	
12	COMPLETE URINE EXAMINATION	
13	URINE GLUCOSE(POST PRANDIAL)	
14	PERIPHERAL SMEAR	
15	EKG	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Audio - 21

B.P - 131/88 mmHg  
 Wt - 80.7 kg  
 Hct - 16.4 c.n  
 Pulse - 112 b/m

Name - *Jeewan Dasouza*  
Age - *36 y/m*

Date - *25/11/23*

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

*CV - Routine*  
*Eye checkup*  
*H/O pain - No*  
*H/O Eye sx - No*

*UNVU*  $\left\{ \begin{array}{l} 6/11 \text{ No} \\ 6/16 \text{ No} \end{array} \right.$

*ametropia*

*colour vision is normal in BE*

Follow up date:

*after 6 months*

Doctor Signature

Jeevan Dsouza  
36/M.

25/11/2023

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

<p>General Examination / Allergies History</p> <p>No DM / HTN.</p>	<p>Clinical Diagnosis &amp; Management Plan</p> <p>- ENT check</p> <p>- Nasal obstruction - ↑ During exercise &amp; sleep.</p> <p>o/e</p> <p>Cross DNS + (L)</p> <p>Th / Ear: NAD</p> <p>Neck: NAD</p> <p><u>Review ses</u></p>
<p>Follow up date:</p>	<p>Doctor Signature <i>Dr. Swathi</i></p>



ID: GJPN89496  
 Visit: AHC  
 25-Nov-2023  
 12:35:40

36 years  
 164cm  
 Asian  
 80kg  
 Male

BRUCE  
 Max HR: 157bpm 85% of max predicted 184bpm  
 Max BP: 150/88  
 Reason for Termination:  
 Comments: GOOD EFFORT AND TOLERANCE  
 NORMAL BP/HR RESPONSE  
 NO ANGINA AND ARRHYTHMIA NOTED  
 NO SIGNIFICANT ST-T CHANGES SEEN  
 \*  
 TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Referred by: SELF, TAB ATORVA  
 Test ind: CAD SCREENING

Total Exercise time: 9:00  
 10.1 METS  
 10.0 mm/mV  
 100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Work Load (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:58	0.8	0.0	1.2	105	130/88	137
EXERCISE	STAGE 1	3:00	1.7	0.0	4.6	125	140/88	175
	STAGE 2	3:00	2.5	2.0	7.0	148	140/88	200
	STAGE 3	3:00	3.4	4.0	10.1	157	150/88	236
RECOVERY	Post	1:48	**.*	**.*	2.0	115	130/88	150

NORMAL  
 ✓  
 25/11/23

Technician: RAJESHWARI

Unconfirmed

MAC55 010A



36 years  
 Male  
 164 cm  
 Asia  
 80 kg

Technician: RAJESHWARI  
 Test ind: CAD SCREENING

Vent. rate 108 bpm  
 PR interval 156 ms  
 QRS duration 76 ms  
 QT/QTc 326/436 ms  
 P-R-T axes 67 81 26

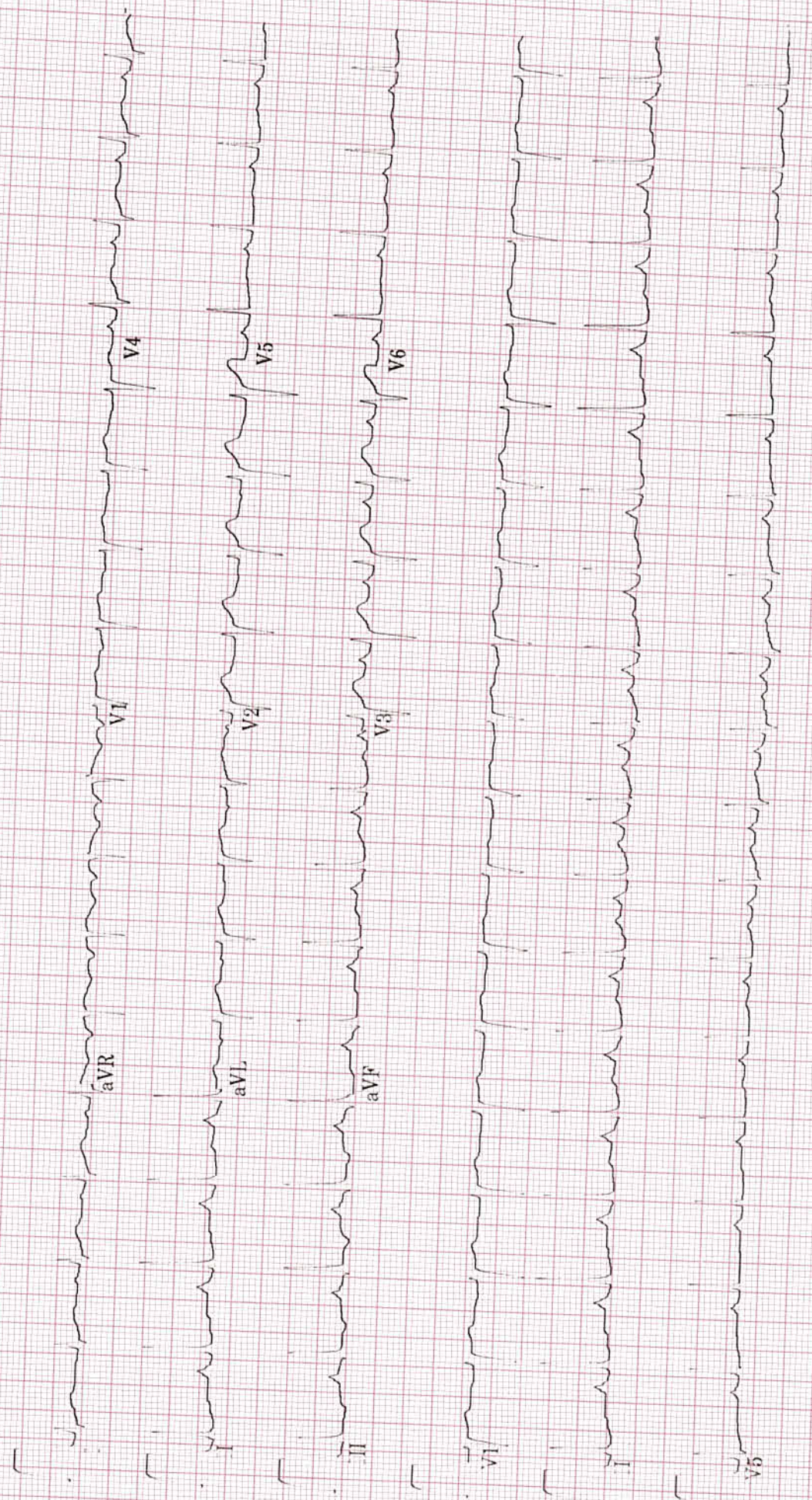
Sinus tachycardia  
 Otherwise normal ECG

②  
 ✓

Visit: AHC

Referred by: SELF, TAB ATORVA

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

Arrow CC

MAC55 010A

12SL™

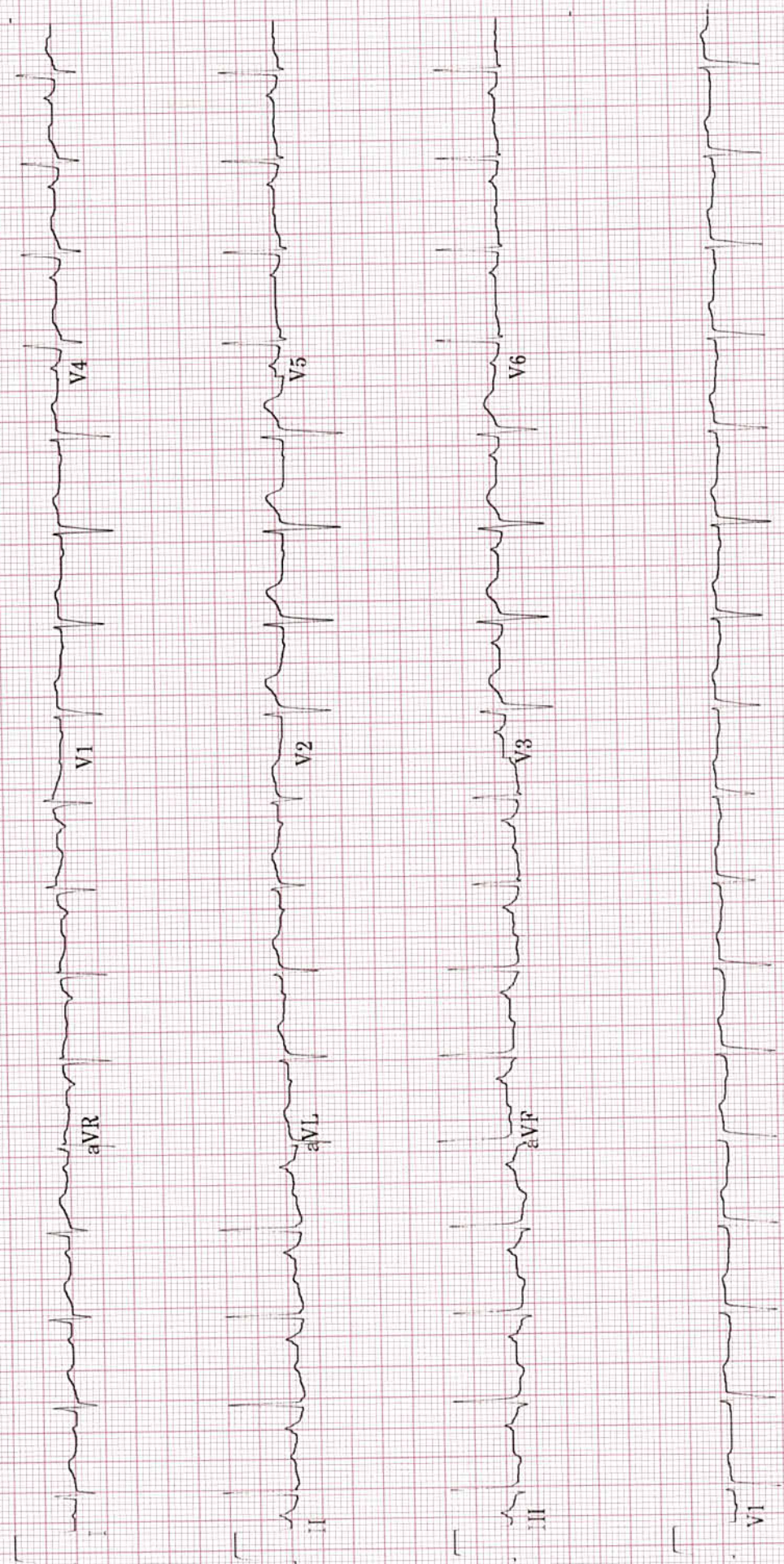


ID: CJPN89496  
Visit: AHC  
25-Nov-2023  
12:36:10

PRETEST  
SUPINE  
0:31

BRUCE  
\*\* \*mph  
\*\* \*%

103bpm  
BP: 130/88





LINKED MEDIANS REPORT

MR JEEVAN D

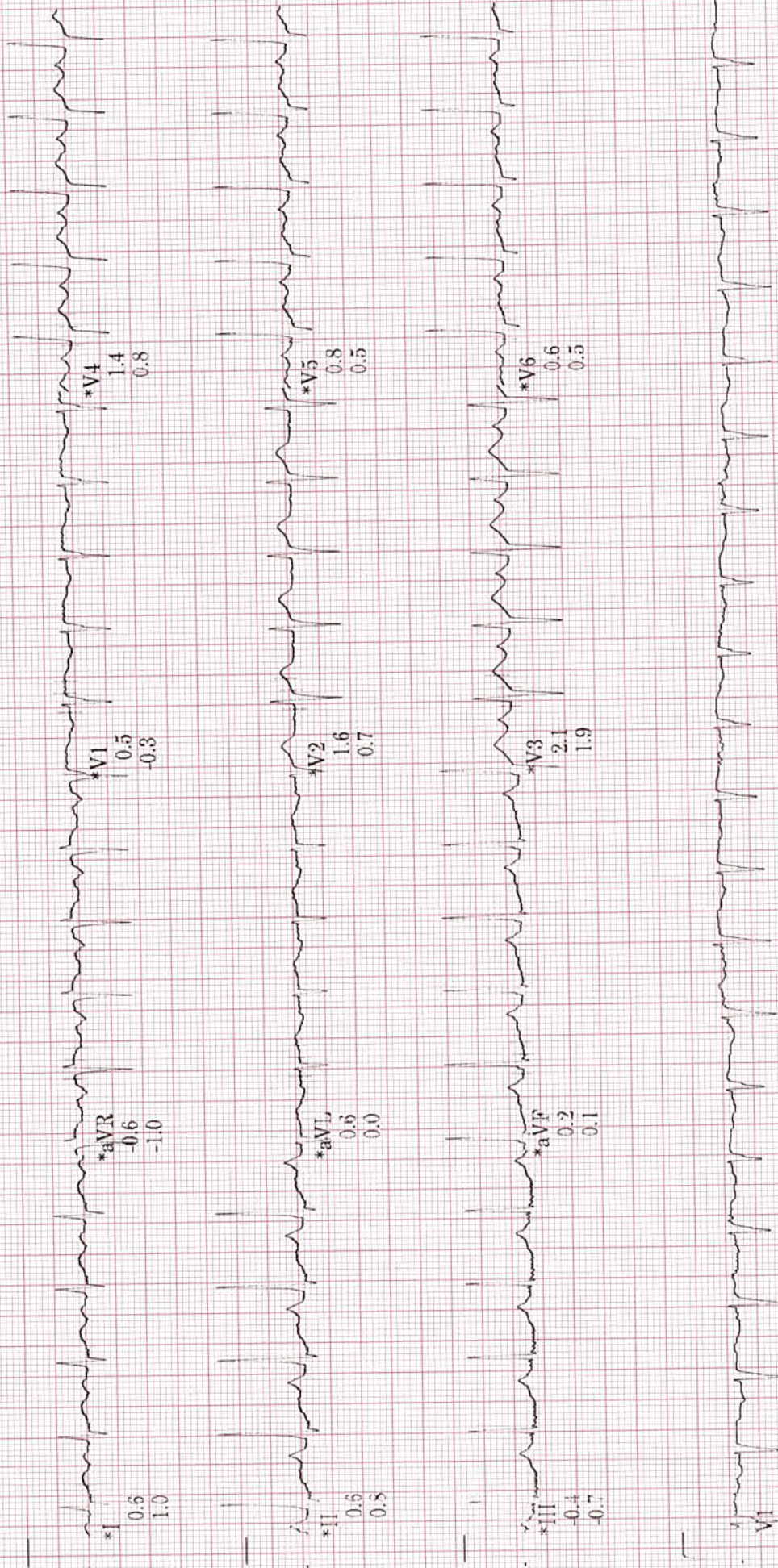
ID: CJPN89496  
Vist: AHC  
25-Nov-2023  
12:39:28

125bpm  
BP: 140/88  
ST @ 10mm/mV  
80ms postJ

EXERCISE  
STAGE 1  
2:50

BRUCE  
1.7mph  
10.0%

Lead  
ST(mm)  
Slope(mV/s)



\* Computer Synthesized Rhythm

Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46  
MAC55 010A



MR JEEVAN D

ID: CJPN89496  
Visit: AHC  
25-Nov-2023  
12:42:28

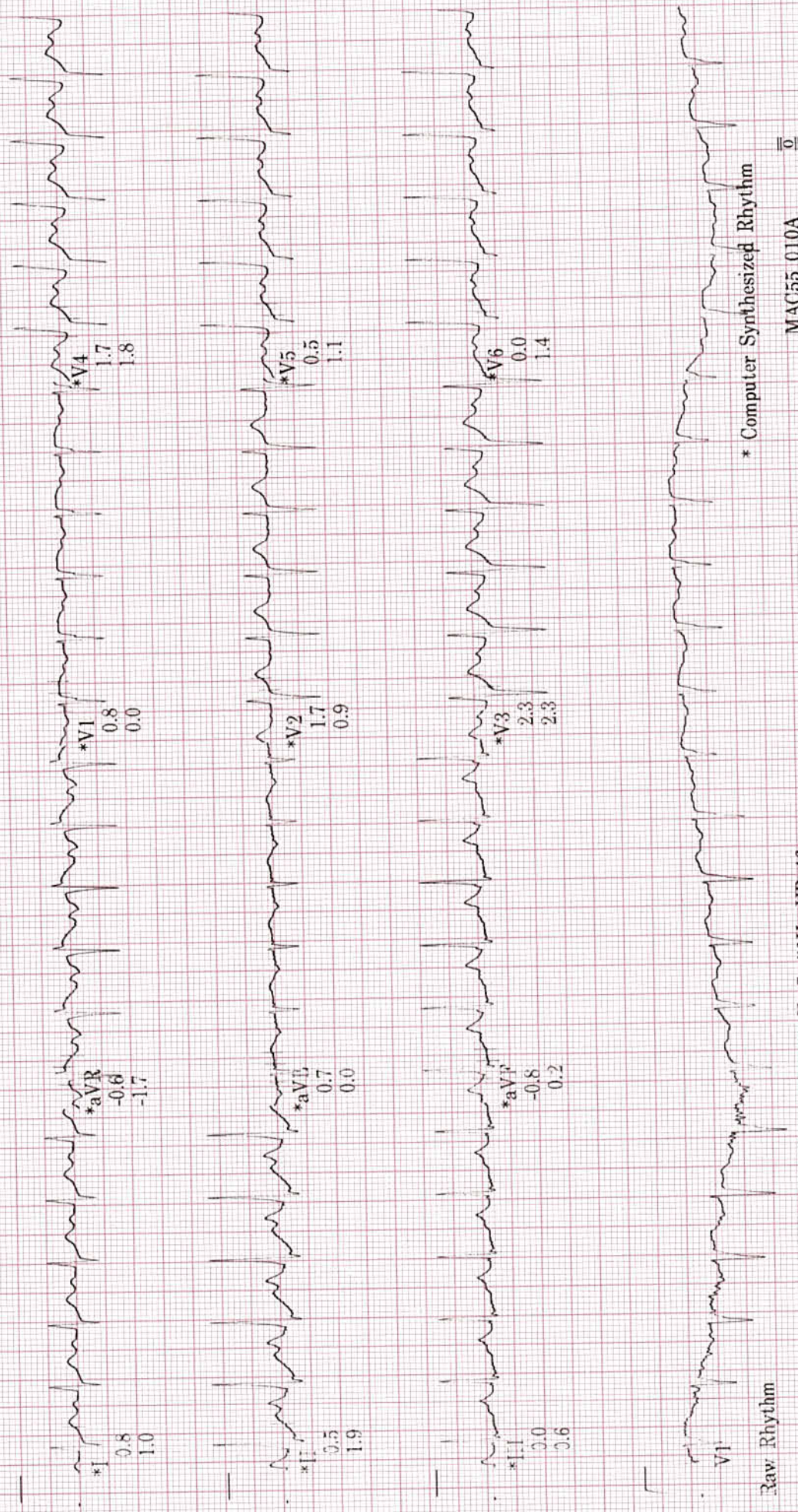
BRUCE  
2.5mph  
12.0%

EXERCISE  
STAGE 2  
5:50

140bpm  
BP: 140/88

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



\* Computer Synthesized Rhythm

MAC55 010A

A-H-S-50Hz HR 46

10.0 mm/mV

25.0 mm/s

Raw Rhythm

40 Hz



MR JEEVAN D

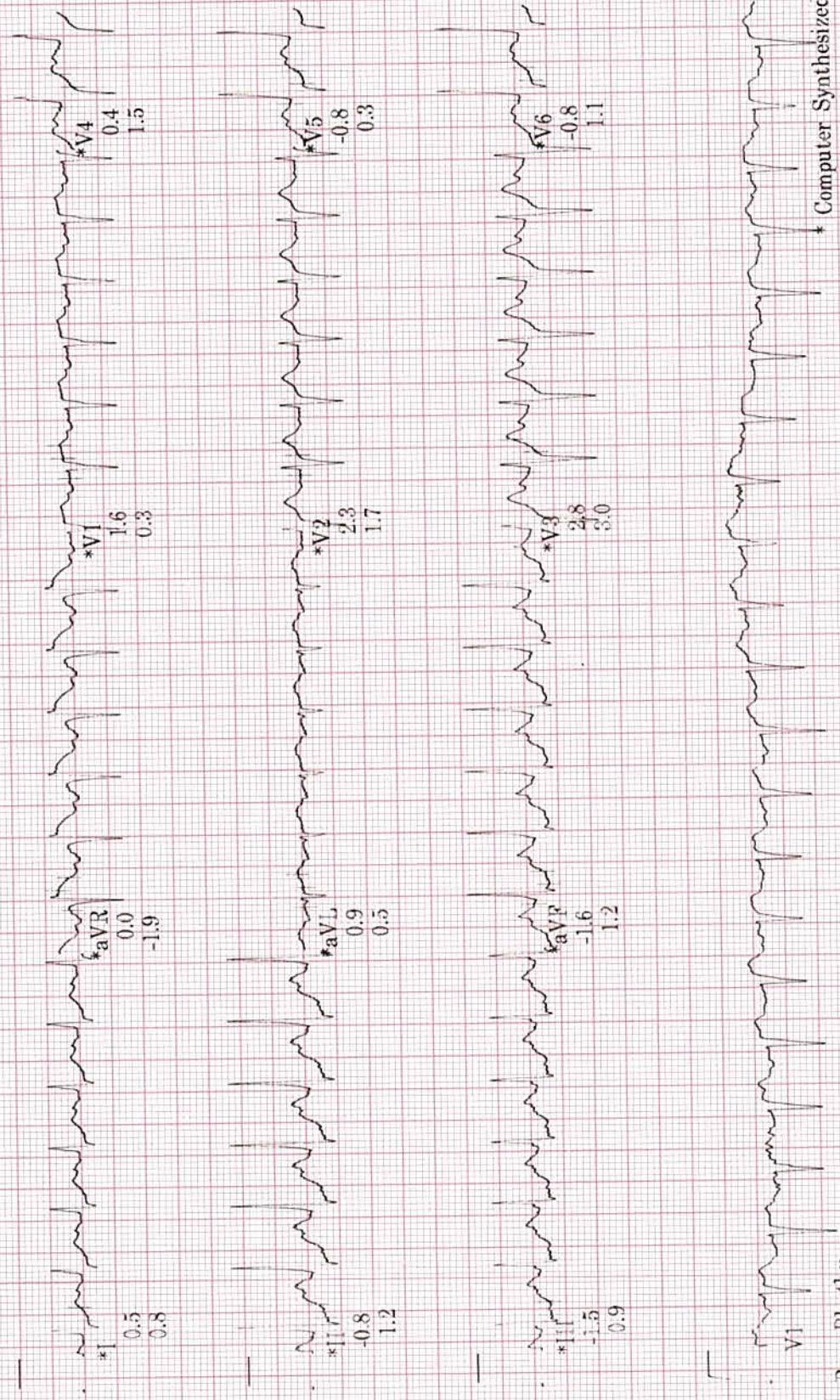
ID: CjPN89496  
Visit: AHC  
25-Nov-2023  
12:45:28

BRUCE  
3.4mph  
14.0%

EXERCISE  
STAGE 3  
8:50

156bpm  
BP: 150/88

ST @ 10mm/mV  
80ms post



Computer Synthesized  
MAC55 01

Raw Rhythm  
40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46



ID: CJPN89496  
Visit: AHC  
25-Nov-2023  
12:45:38

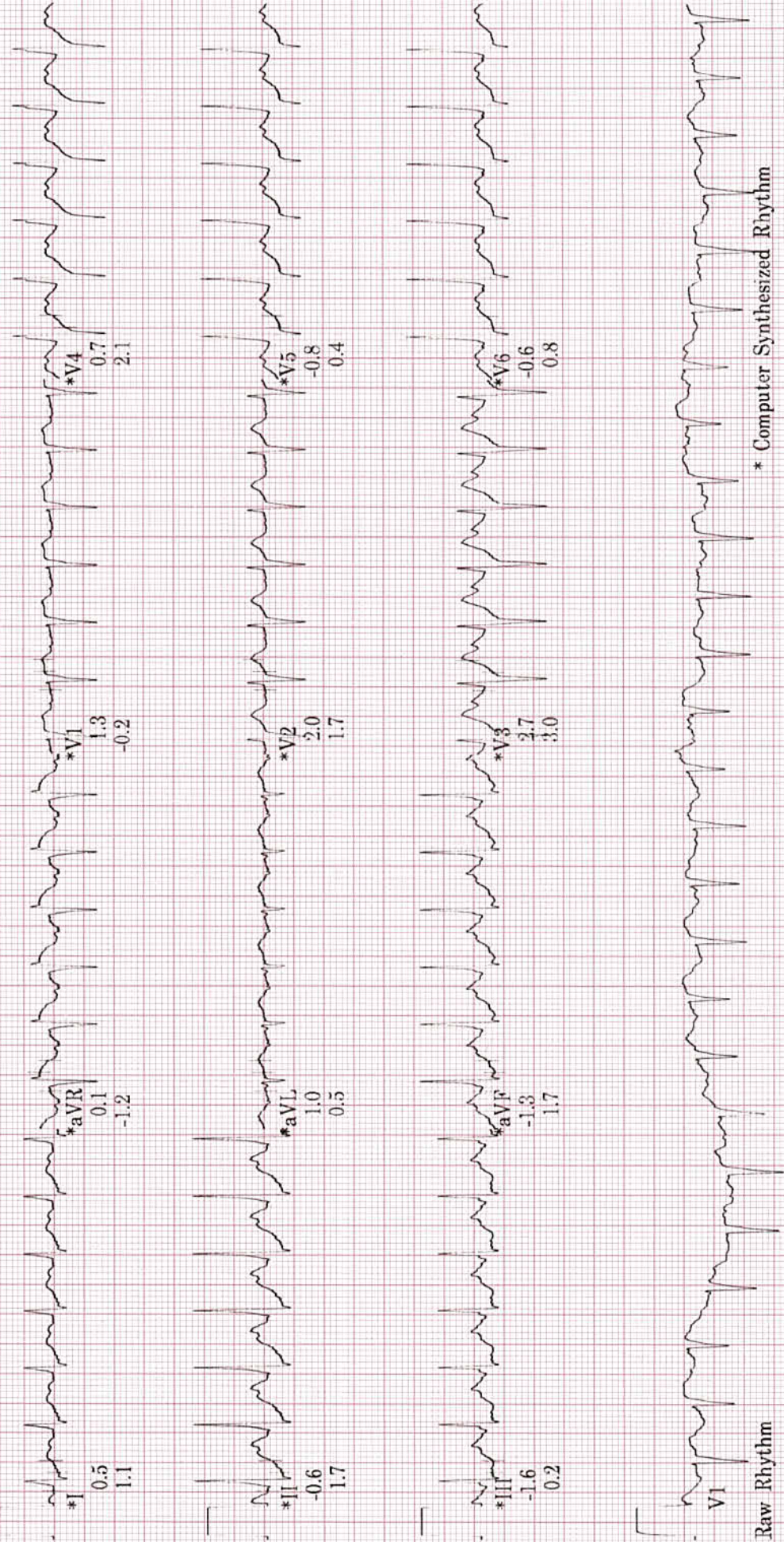
137bpm  
BP: 150/88

EXERCISE  
STAGE 3  
9:00

BRUCE  
3.4mph  
14.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 010A



MR JEEVAN D

ID: CJP89496

Visit: AHC

25-Nov-2023

12:46:38

121bpm

BP: 140/88

ST @ 10mm/mV  
80ms postJ

RECOVERY

Post

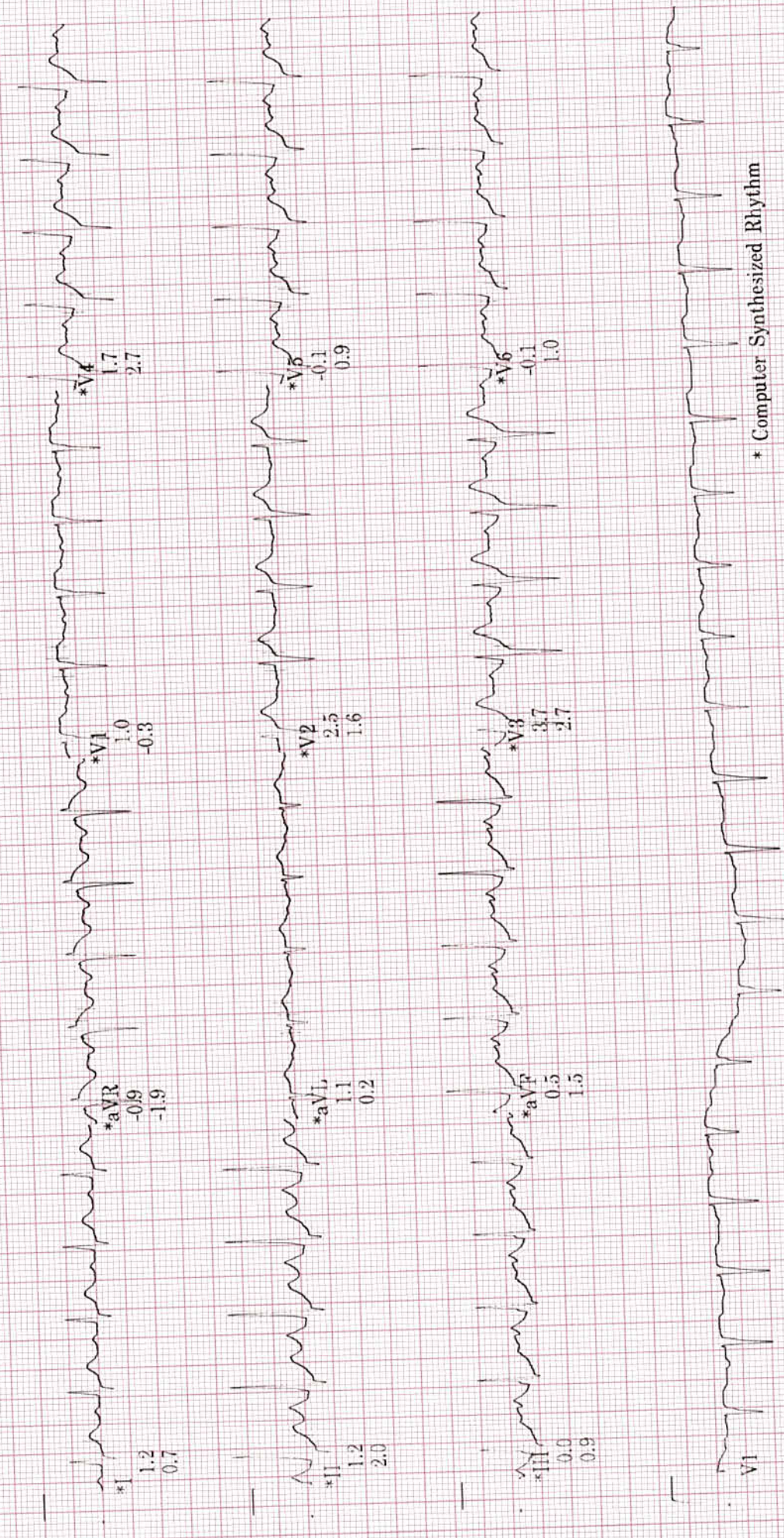
1:00

BRUCE

\*\*\*mph

\*\*\*%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010A







GRADED EXERCISE SUMMARY

MR JEEVAN D

ID: CJP89496

Visit: AHC

25-Nov-2023

12:35:40

36years  
164cm

Asian  
80kg

Male

BRUCE  
Max HR: 157bpm  
Max BP: 150/88

85% of max predicted  
Maximum workload: 10.1METS

Total Exercise time: 9:00  
156bpm  
BP: 150/88

Reason for Termination:

Comments: GOOD EFFORT AND TOLERANCE  
NORMAL BP/HR RESPONSE  
NO ANGINA AND ARRHYTHMIA NOTED  
NO SIGNIFICANT ST-T CHANGES SEEN

Referred by: SELF, TAB ATORVA  
Test ind: CAD SCREENING

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE

EXERCISE STAGE 1  
0:00 1.2METS

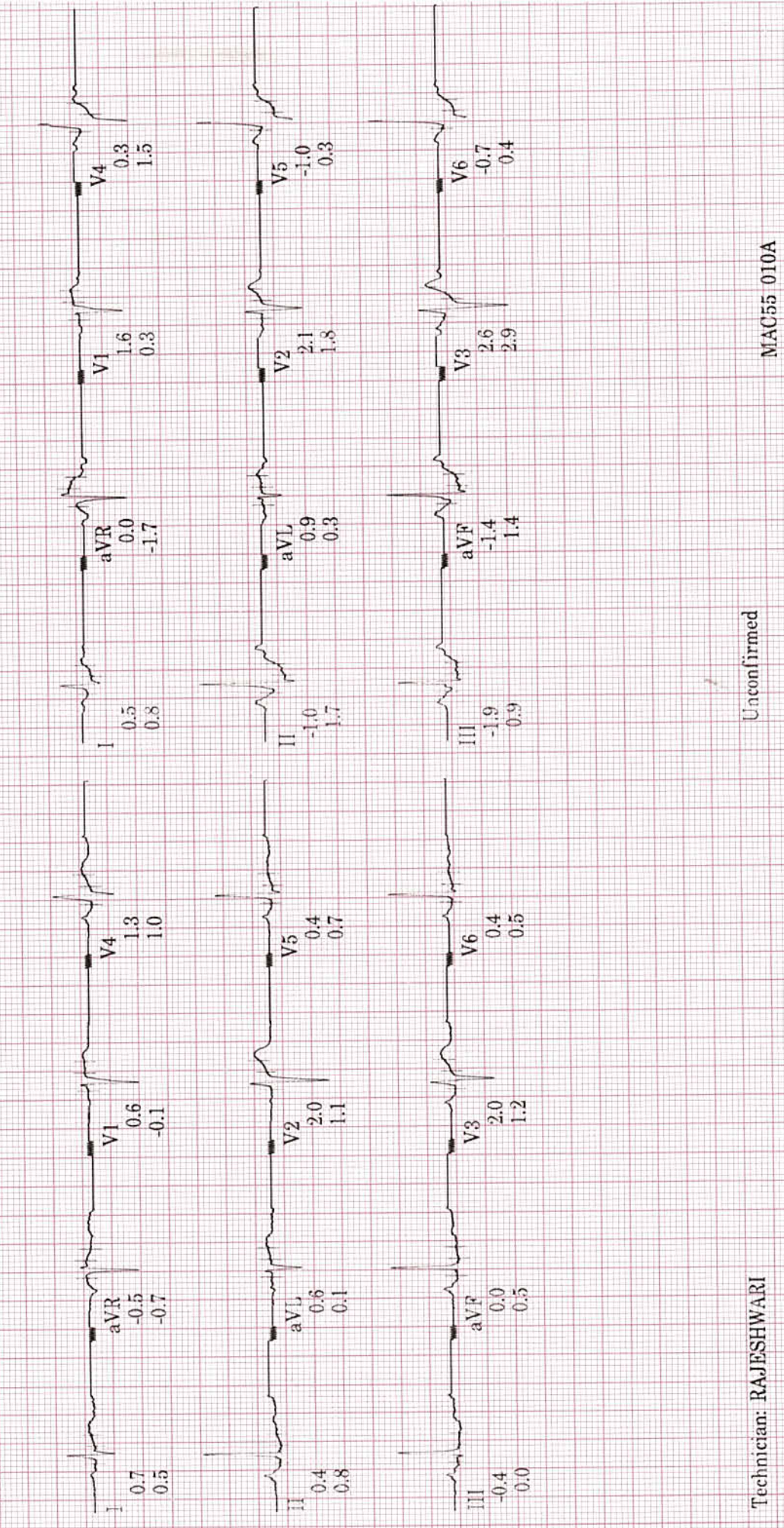
105bpm  
BP: 130/88

Lead ST(mm) Slope(mV/s)

EXERCISE STAGE 3  
8:44 10.1METS

156bpm  
BP: 150/88

Lead ST(mm) Slope(mV/s)



Unconfirmed

Technician: RAJESHWARI

MAC55 010A



प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	JEROME JEEVANDSOUZA
जन्म की तारीख	07-12-1986
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	25-11-2023
बुकिंग संदर्भ सं.	23D199572100074548S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. REGO RENISHA GLORIA
कर्मचारी की क.कू.संख्या	199572
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	BANGALORE, BANNERGHATTA
कर्मचारी के जन्म की तारीख	29-08-1989

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 07-11-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



भारत सरकार  
भारत सरकार



आधार

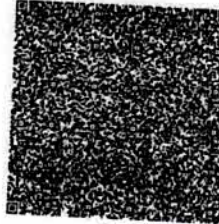
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Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0000/00800/58165

To  
ಜರೋಮ ಜೀವನ್ ಡಿಸೋಜಾ  
Jerome Jeevan Dsouza  
No 110 A Block 1st Floor  
Sai Samraksha SY No 54/4  
Yelenahalli  
Bangalore South  
Bengaluru Karnataka - 560068  
9626375170

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2111 3453 0829

VID : 9183 6096 2678 1597

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



Issue Date: 11/01/2012

ಜರೋಮ ಜೀವನ್ ಡಿಸೋಜಾ  
Jerome Jeevan Dsouza  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 07/12/1986  
ಪುರುಷ/ MALE

2111 3453 0829

VID : 9183 6096 2678 1597

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Patient Name	: Mr.JEEVAN DSOUZA	Collected	: 25/Nov/2023 09:24AM
Age/Gender	: 36 Y 11 M 18 D/M	Received	: 25/Nov/2023 12:51PM
UHID/MR No	: CJPN.0000089496	Reported	: 25/Nov/2023 02:38PM
Visit ID	: CJPNOPV181539	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 265801		

**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**

<b>HAEMOGLOBIN</b>	15.5	g/dL	13-17	Spectrophotometer
PCV	45.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.4	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,660	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	45.6	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>41.4</b>	%	20-40	Electrical Impedence
EOSINOPHILS	5.4	%	1-6	Electrical Impedence
MONOCYTES	7.1	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2580.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2343.24	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	305.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.86	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.3	Cells/cu.mm	0-100	Calculated

**PLATELET COUNT**

PLATELET COUNT	175000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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**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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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**





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Age/Gender	: 36 Y 11 M 18 D/M	Received	: 25/Nov/2023 12:51PM
UHID/MR No	: CJPN.0000089496	Reported	: 25/Nov/2023 04:28PM
Visit ID	: CJPNOPV181539	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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**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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.JEEVAN DSOUZA	Collected : 25/Nov/2023 12:38PM
Age/Gender : 36 Y 11 M 18 D/M	Received : 25/Nov/2023 05:19PM
UHID/MR No : CJPN.0000089496	Reported : 25/Nov/2023 05:41PM
Visit ID : CJPNOPV181539	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 265801	

**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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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>103</b>	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of > 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>	112	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.





Patient Name	: Mr.JEEVAN DSOUZA	Collected	: 25/Nov/2023 09:24AM
Age/Gender	: 36 Y 11 M 18 D/M	Received	: 25/Nov/2023 01:12PM
UHID/MR No	: CJPN.000089496	Reported	: 25/Nov/2023 03:33PM
Visit ID	: CJPNOPV181539	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 - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> <i>WHOLE BLOOD EDTA</i>	<b>5.8</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> <i>WHOLE BLOOD EDTA</i>	120	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.JEEVAN DSOUZA	Collected : 25/Nov/2023 09:24AM
Age/Gender : 36 Y 11 M 18 D/M	Received : 25/Nov/2023 01:50PM
UHID/MR No : CJPN.0000089496	Reported : 25/Nov/2023 03:52PM
Visit ID : CJPNOPV181539	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 265801	

**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	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	97	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>142</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>123.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.97		0-4.97	Calculated

**Comment:**

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.





Patient Name	: Mr.JEEVAN DSOUZA	Collected	: 25/Nov/2023 09:24AM
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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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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.62	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	5.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.09	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.46</b>		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





Patient Name	: Mr.JEEVAN DSOUZA	Collected	: 25/Nov/2023 09:24AM
Age/Gender	: 36 Y 11 M 18 D/M	Received	: 25/Nov/2023 01:50PM
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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	0.82	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	35.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	16.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.46	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.54	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	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 MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	<55	IFCC





Patient Name	: Mr.JEEVAN DSOUZA	Collected	: 25/Nov/2023 09:24AM
Age/Gender	: 36 Y 11 M 18 D/M	Received	: 25/Nov/2023 12:54PM
UHID/MR No	: CJPN.0000089496	Reported	: 25/Nov/2023 05:33PM
Visit ID	: CJPNOPV181539	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 265801		

**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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.526</b>	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.JEEVAN DSOUZA	Collected	: 25/Nov/2023 09:24AM
Age/Gender	: 36 Y 11 M 18 D/M	Received	: 25/Nov/2023 02:32PM
UHID/MR No	: CJPN.0000089496	Reported	: 25/Nov/2023 04:55PM
Visit ID	: CJPNOPV181539	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 265801		

**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	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		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





Patient Name	: Mr.JEEVAN DSOUZA	Collected	: 25/Nov/2023 09:24AM
Age/Gender	: 36 Y 11 M 18 D/M	Received	: 25/Nov/2023 02:32PM
UHID/MR No	: CJPN.0000089496	Reported	: 25/Nov/2023 04:53PM
Visit ID	: CJPNOPV181539	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 265801		

**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 \*\*\*

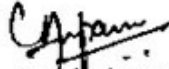
Result/s to Follow:  
PERIPHERAL SMEAR



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