

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Roy Ashok Kumar on 11/09/2023

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>	✓
<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. <u>Sr. Calcium v</u>.....</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> </ul>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

**Dr. Dr Samruddhi D. Jagdale**  
 Medical Officer  
 Apollo Clinic, Kharadi  
 Reg. No. RA21097453

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

**Apollo Health and Lifestyle Limited**

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

**APOLLO CLINICS NETWORK MAHARASHTRA**  
 Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

**1860 500 7788**

Date : 09-09-2023  
 MR NO : CKHA.0000068659  
 Name : Mr. ROY ASHOK KUMAR  
 Age/ Gender : 57 Y / Male  
 Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

Consultation Timing: 07:26	Weight : 73.3	BMI : 28	Waist Circum : 107
Height : 160	Pulse :	Resp : 22	B.P : 140/90
Temp : 97			

**General Examination / Allergies History**

Adv. :-  
 - Vit. B12  
 - Vit. D3

**Clinical Diagnosis & Management Plan**

Present complains - No  
 Comorbidity - None  
 Allergies - Nil  
 Surgical H/O - Nil  
 Family H/O - Nil  
 Addiction - Nil  
 Mixed diet  
 OE }  
 CVS- }  
 CNS- } NAD  
 P/A- }  
 Chest- }  
 H/O covid infection - No  
 Vaccinated with - 2 doses

Follow up date: :

Doctor Signature

# POWER PRESCRIPTION

NAME: *Mr Roy Ashok Kumar*

GENDER: *M/F*

DATE: *9.9.23*

AGE: *57*

UHID: *68659*

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>-0.75</i>	<i>70°</i>	<i>6/6</i>
NEAR	<i>+2.25</i>			

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>-1.00</i>	<i>90°</i>	<i>6/6</i>
NEAR	<i>+2.25</i>			

INSTRUCTIONS:

SIGNATURE 

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



भारत सरकार

GOVERNMENT OF INDIA



अशोक कुमार राय

Ashok Kumar Roy

जन्म तारीख/DOB: 05/07/1966

पुरुष/ MALE

9475 1520 8136

VID : 9177 3128 4642 0058

माझे आधार, माझी ओळख

S. No.	Company Name	PACKAGE NAME	Booking	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date
1	Arcofemi/Mediwheel/ MALE/FEMALE	Full Body Annual Plus Male Above 50 2D ECHO (Metro)	bobE45425	MR. ROY ASHOK KUMAR	54	Male	ashokroy.bob@g mail.com	9890271001	09-09-23
2	Arcofemi/Mediwheel/ MALE/FEMALE	Full Body Annual Plus Check Advanced Female 2D ECHO	bobS45423	kusum roy	49	Female	ashokroy.bob@g mail.com	9890271001	09-09-23

APOLLO CLINIC  
KHARADI  
PUNE-411014

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: ROY, ASHOK KUMAR  
Patient ID: 68659  
Height: 160 cm  
Weight: 73 kg

DOB: 15.07.1966  
Age: 57 yrs  
Gender: Male  
Race:

Study Date: 09.09.2023  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:  
NO

Medical History:  
NO

Reason for Exercise Test:  
HEALTH CHECK UP

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ km/h ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	00:26	0.00	0.30	53		
	STANDING	00:07	0.00	0.30	54	140/90	
	HYPERV.	00:14	0.00	0.30	56	140/90	
	WARM-UP	00:33	1.60	0.00	59		
EXERCISE	STAGE 1	03:00	2.70	10.00	98	140/90	
	STAGE 2	03:00	4.00	12.00	121	150/100	
	STAGE 3	02:30	5.40	14.00	141	150/100	
RECOVERY		03:05	0.00	0.40	104	150/100	

The patient exercised according to the BRUCE for 8:30 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 52 bpm rose to a maximal heart rate of 142 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 140/90 mmHg, rose to a maximum blood pressure of 150/100 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

--

### Conclusions

--

*Exercise Stress Ech test is negative  
for reversible myocardial ischemia.*

Cardiologist

  
DR ARVIND PATIL  
MD (Medicine) AFMC  
Consultant (Internal Medicine) &  
Diabetologist  
MMC Regn # 58971

**ROY, ASHOK KUMAR**

Patient ID: 68659

Male 160 cm 73 kg

57 yrs

Meds: NO

Test Reason: HEALTH CHECK UP

Medical History: NO

Ref. MD: Ordering MD:

Technician: Test Type: Treadmill Stress Test

Comment:

Exercise Test / Tabular Summary

APOLLO CLINIC

BRUCE: Exercise Time 08:30  
 Max HR: 142 bpm 87 % of max predicted 163 bpm HR at rest: 52  
 Max BP: 150/100 mmHg BP at rest: 140/90 Max RPP: 21300 mmHg\*bpm  
 Maximum Workload: 10.00 METS

Max. ST: -0.14 mV, -0.17 mV/s in III; EXERCISE STAGE 3 8:30  
 Arrhythmia: PVC:16, PSVC:65, CPLT:1

ST/HR index: 1.62  $\mu$ V/bpm

ST/HR slope: 1.28  $\mu$ V/bpm (II)

HR reserve used: 80 %

HR recovery: 8 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.001 mV (III)

QRS duration: BASELINE: 82 ms, PEAK EX: 80 ms, REC: 80 ms

**Reasons for Termination:** Target heart rate achieved

Room:

Location: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed [ km/h ]	Grade [ % ]	Workload [ METS ]	HR [ bpm ]	BP [ mmHg ]	RPP [ mmHg*bpm ]	VE [ /min ]	ST Level III [ mV ]	Comment
PRETEST	SUPINE	00:26	0.00	0.30	1.0	53			0	-0.01	
	STANDING	00:07	0.00	0.30	1.0	54	140/90	7560	0	-0.01	
	HYPERV.	00:14	0.00	0.30	1.0	56	140/90	7840	0	-0.01	
	WARM-UP	00:33	1.60	0.00	1.3	59		8260	0	0.00	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	98	140/90	13720	0	-0.01	
	STAGE 2	03:00	4.00	12.00	7.0	121	150/100	18150	1	-0.01	
	STAGE 3	02:30	5.40	14.00	10.0	141	150/100	21150	2	-0.14	
RECOVERY		03:05	0.00	0.40	1.0	104	150/100	15600	0	0.01	

**ROY, ASHOK KUMAR**

Patient ID: 68659

09.09.2023 Male 160 cm 73 kg

13:32:20 57 yrs

Exercise Test / ECG Strips

52 bpm

PRETEST

SUPINE

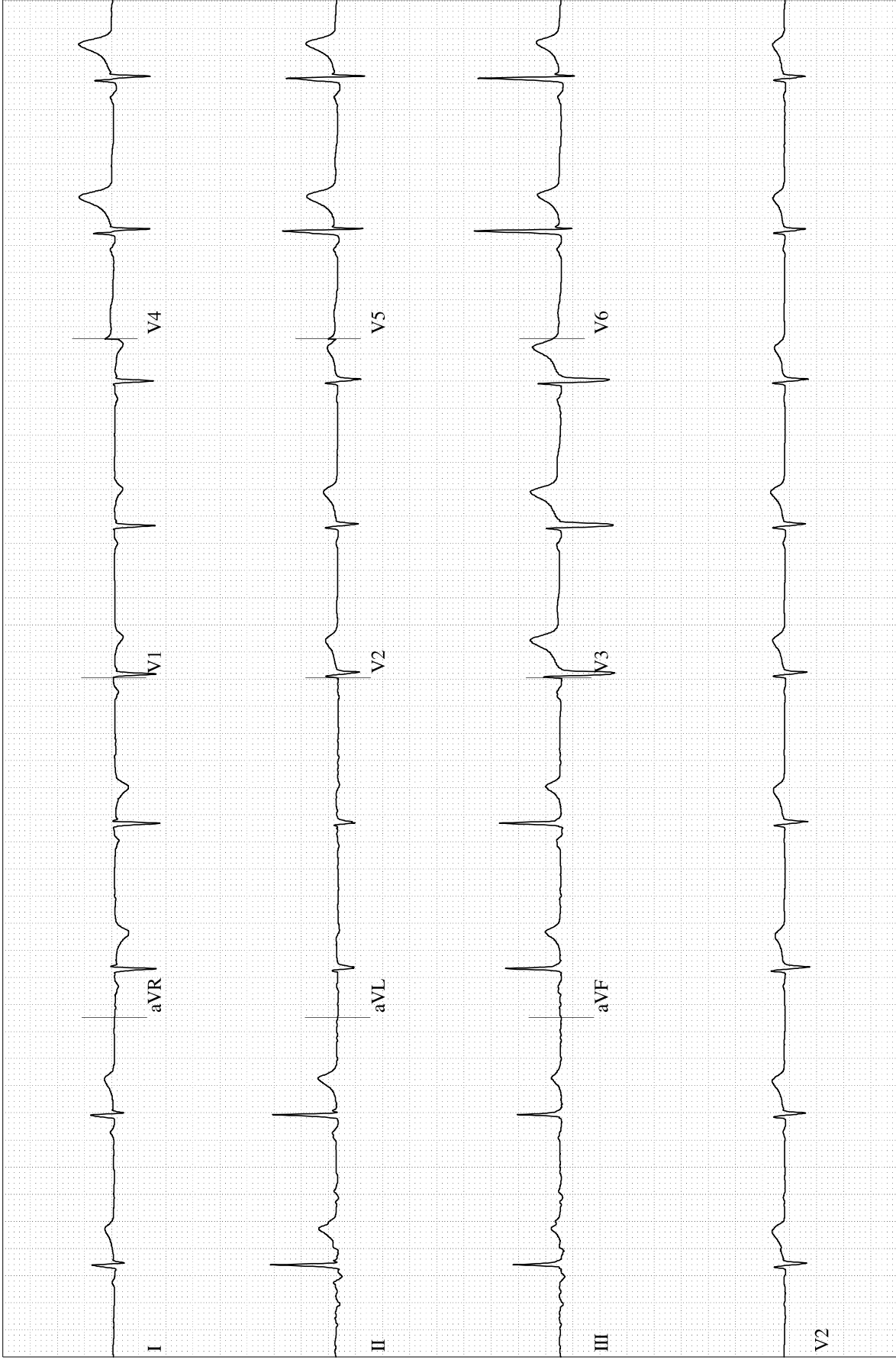
0:22

BRUCE

0.0 km/h

0.3 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed  
Attending MD:



**ROY, ASHOK KUMAR**

Patient ID: 68659

09.09.2023 Male 160 cm 73 kg

13:32:28 57 yrs

Exercise Test / ECG Strips

53 bpm

140/90 mmHg

PRETEST

STANDING

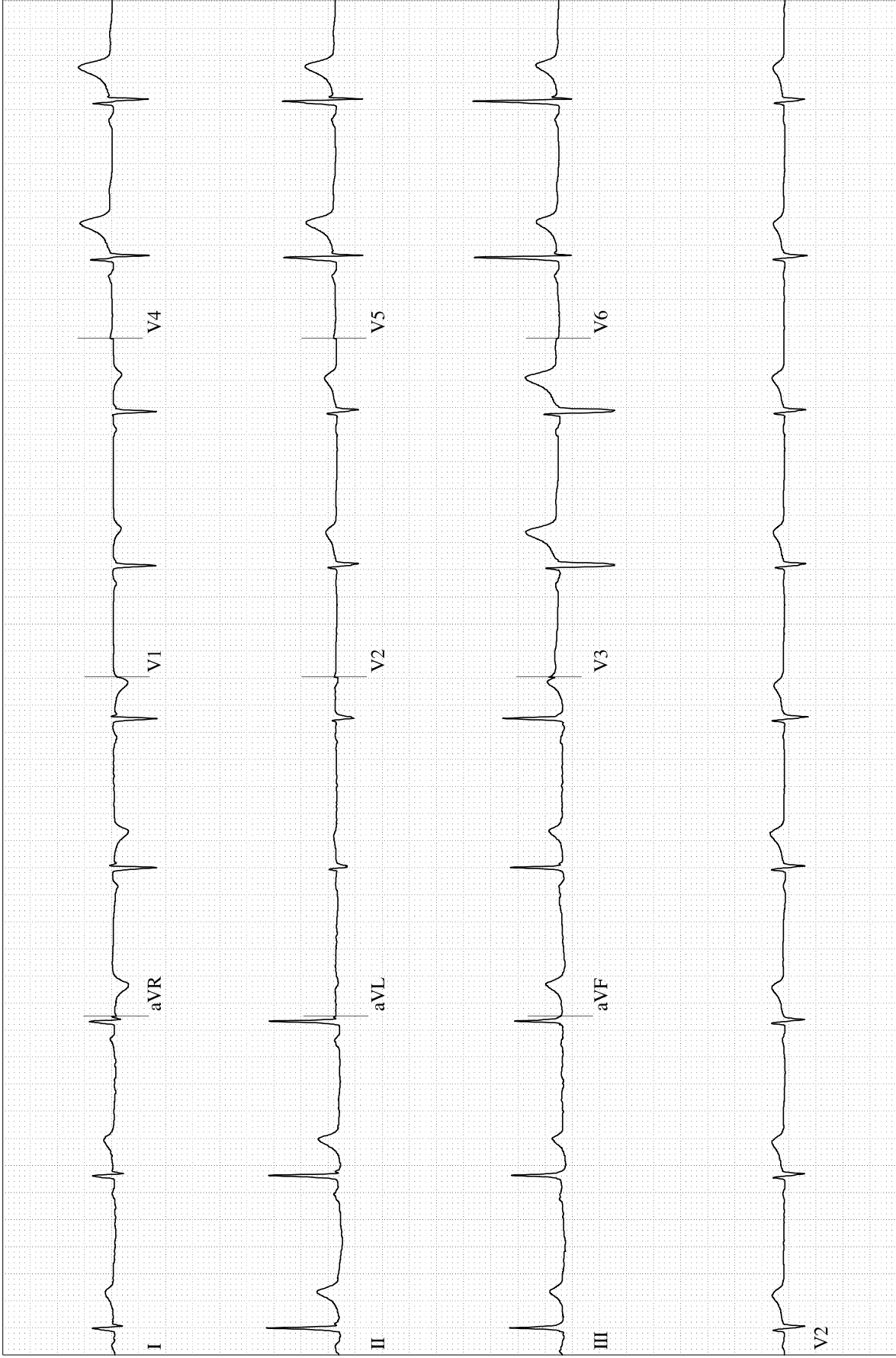
0:30

BRUCE

0.0 km/h

0.3 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed

Attending MD:

Page 3

**ROY, ASHOK KUMAR**

Patient ID: 68659

09.09.2023 Male 160 cm 73 kg

13:32:42 57 yrs

Exercise Test / ECG Strips

56 bpm

140/90 mmHg

PRETEST

HYPERV.

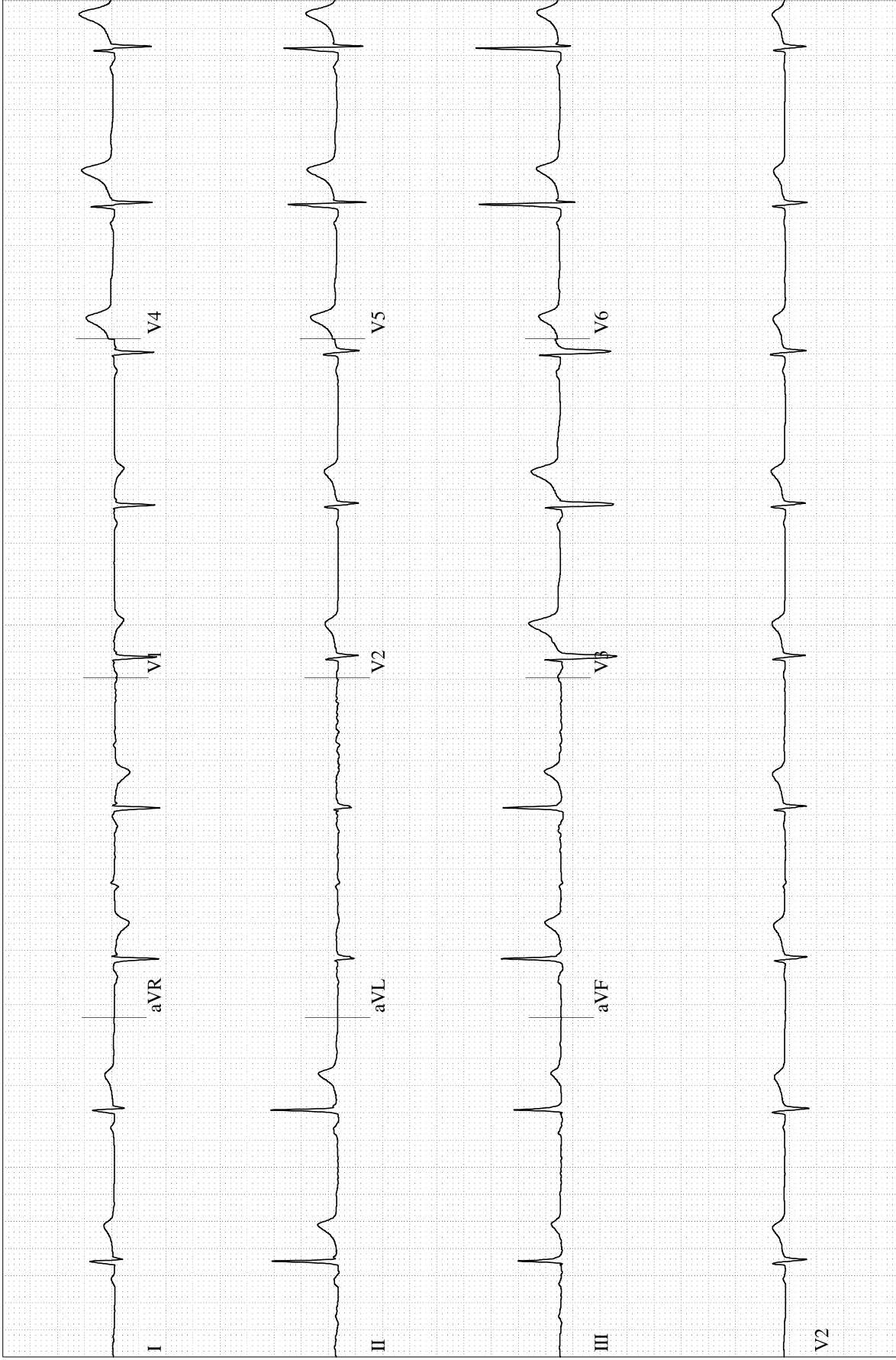
0:44

BRUCE

0.0 km/h

0.3 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed  
Attending MD:

**ROY, ASHOK KUMAR**

Patient ID: 68659

09.09.2023 Male 160 cm 73 kg

13:33:16 57 yrs

Exercise Test / ECG Strips

59 bpm

140/90 mmHg

PRETEST

WARM-UP

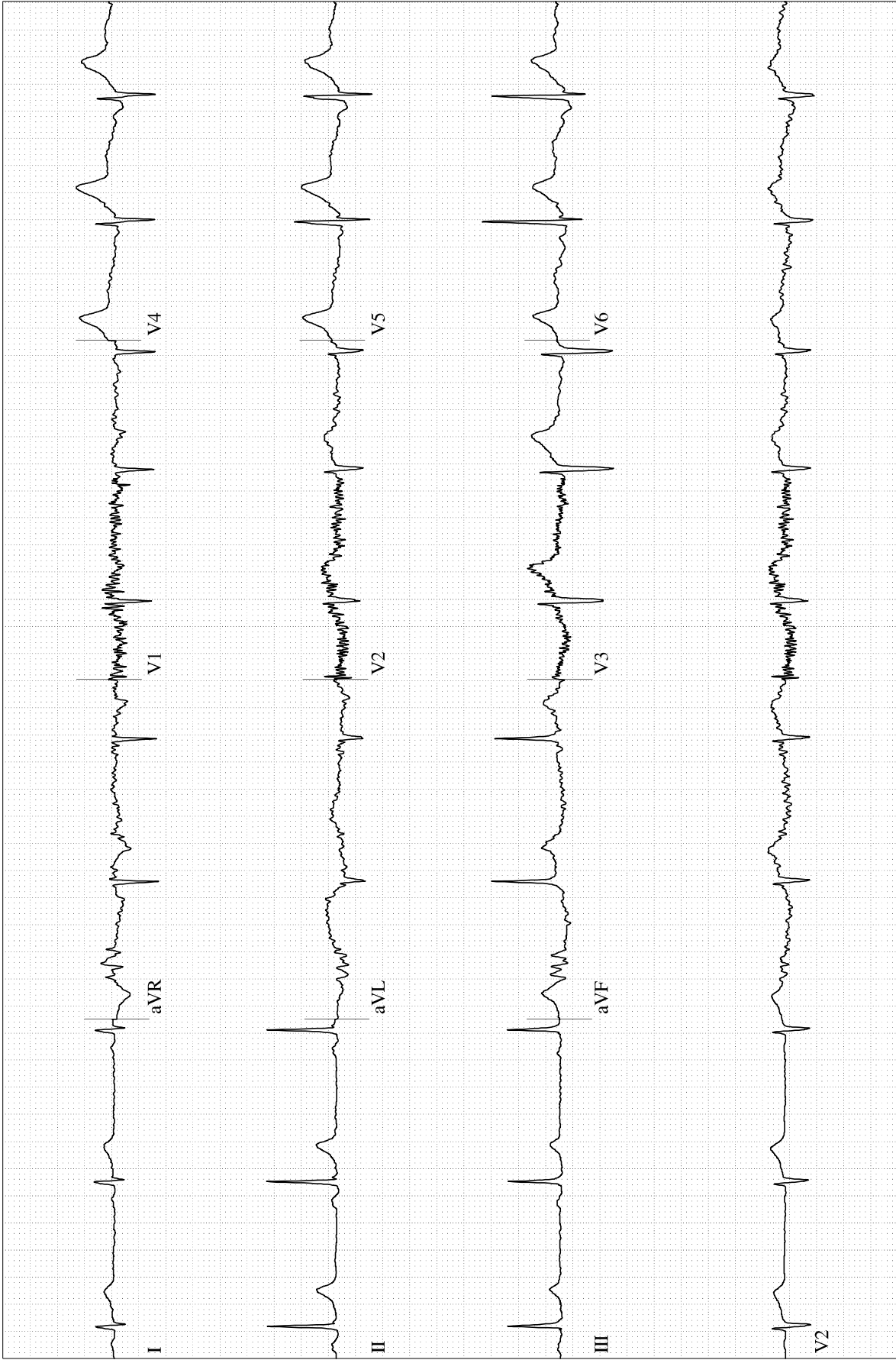
1:19

BRUCE

1.6 km/h

0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed  
Attending MD:

**ROY, ASHOK KUMAR**

Patient ID: 68659

09.09.2023 Male 160 cm 73 kg

13:36:06 57 yrs

Exercise Test / ECG Strips

100 bpm

140/90 mmHg

EXERCISE

STAGE 1

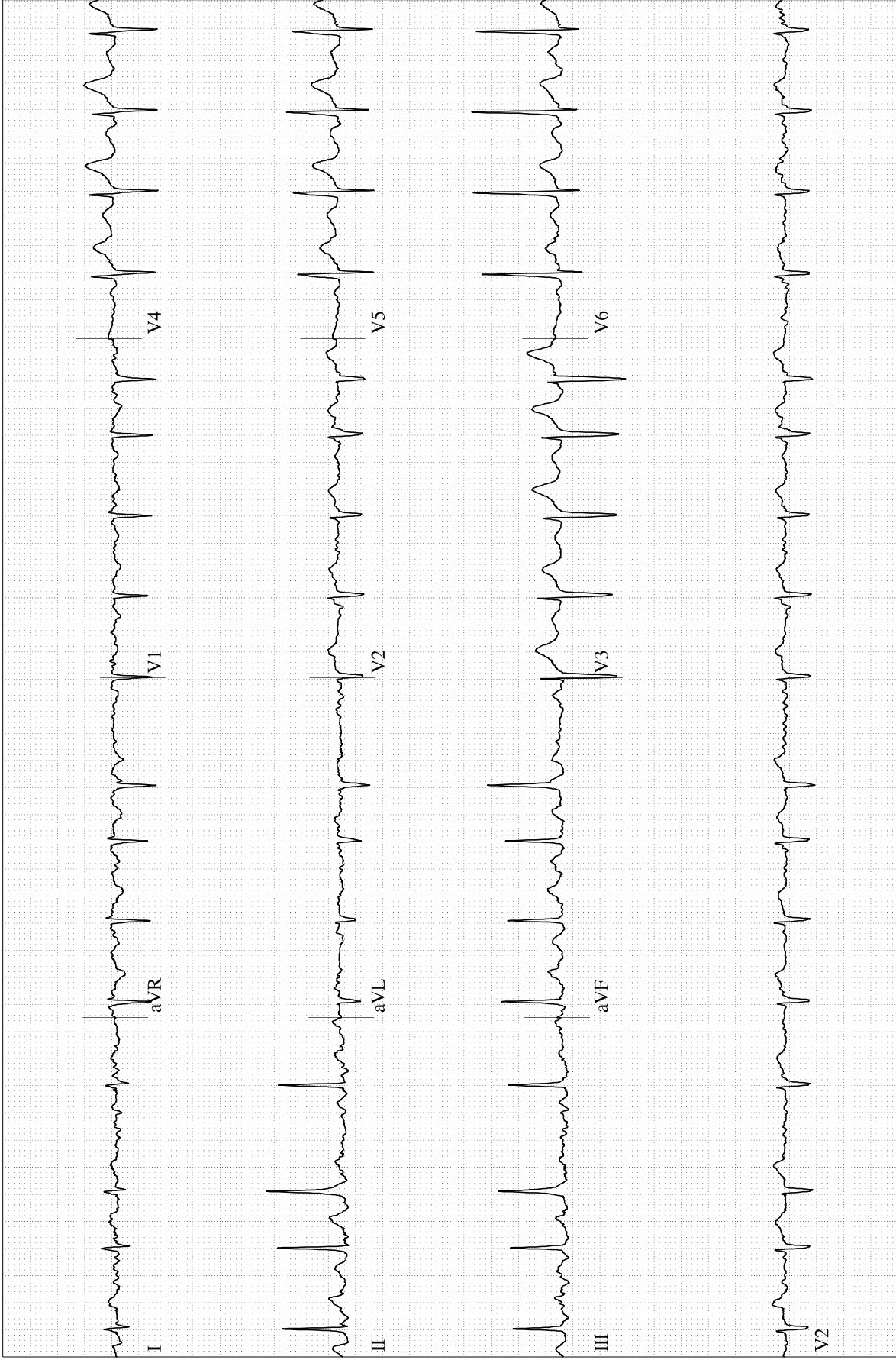
2:50

BRUCE

2.7 km/h

10.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed  
Attending MD:

**ROY, ASHOK KUMAR**

Patient ID: 68659

09.09.2023 Male 160 cm 73 kg

13:39:06 57 yrs

Exercise Test / ECG Strips

121 bpm

150/100 mmHg

EXERCISE

STAGE 2

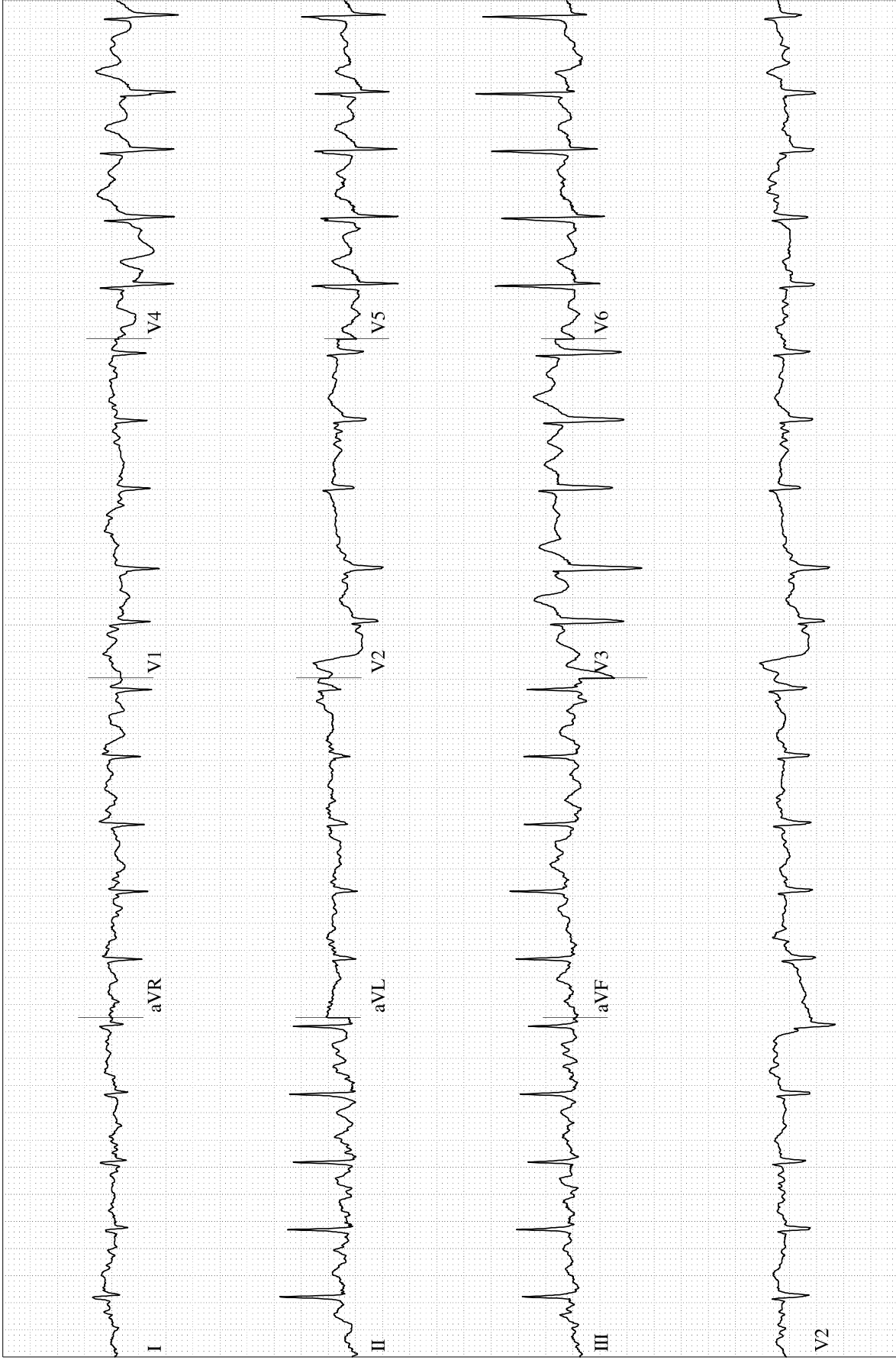
5:50

APOLLO CLINIC

BRUCE

4.0 km/h

12.0 %



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed  
Attending MD:

**ROY, ASHOK KUMAR**

Patient ID: 68659

09.09.2023 Male 160 cm 73 kg

13:41:46 57 yrs

Exercise Test / ECG Strips

141 bpm

150/100 mmHg

EXERCISE

STAGE 3

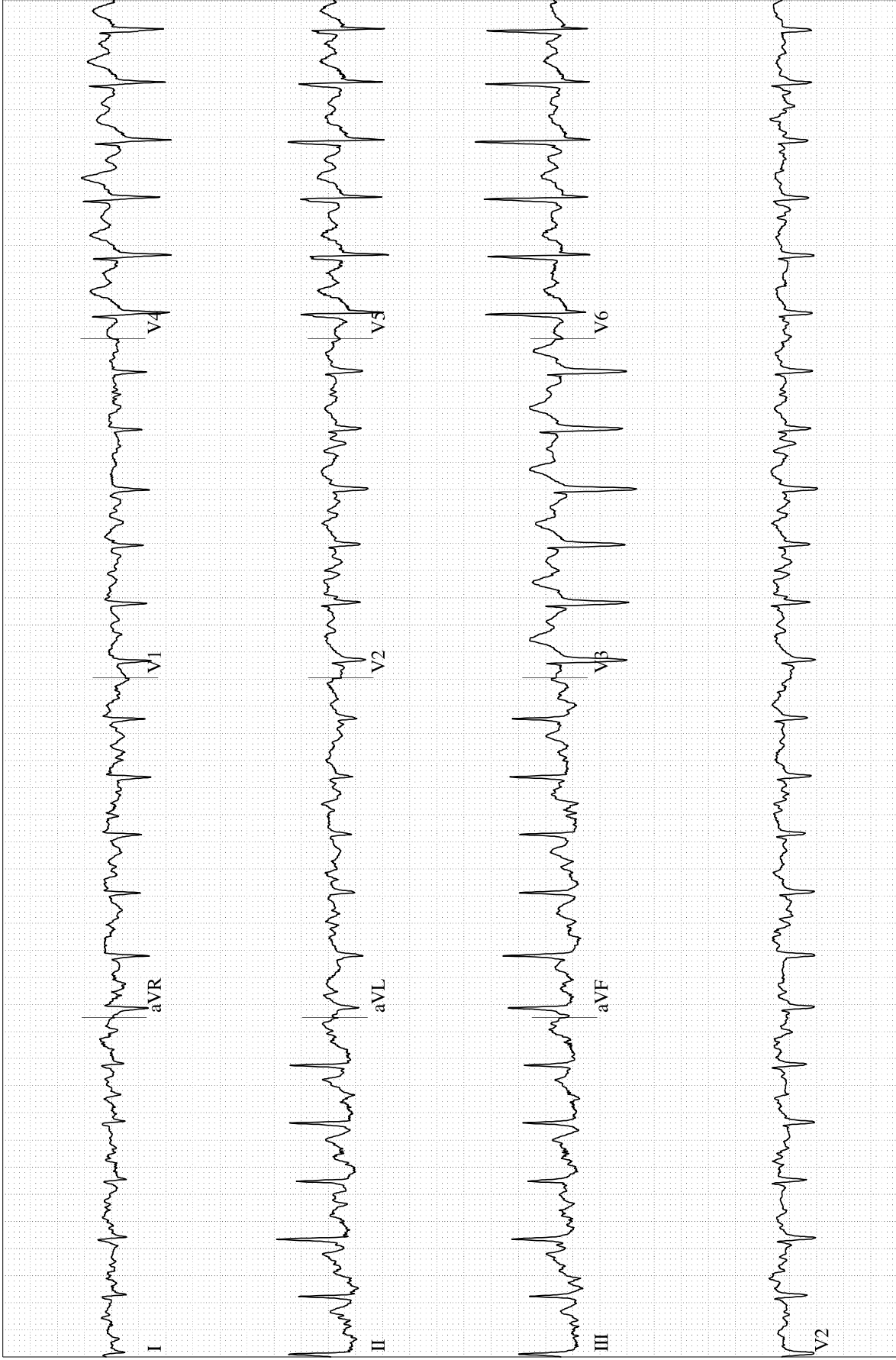
8:30

APOLLO CLINIC

BRUCE

5.4 km/h

14.0 %



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed

Attending MD:

Page 8

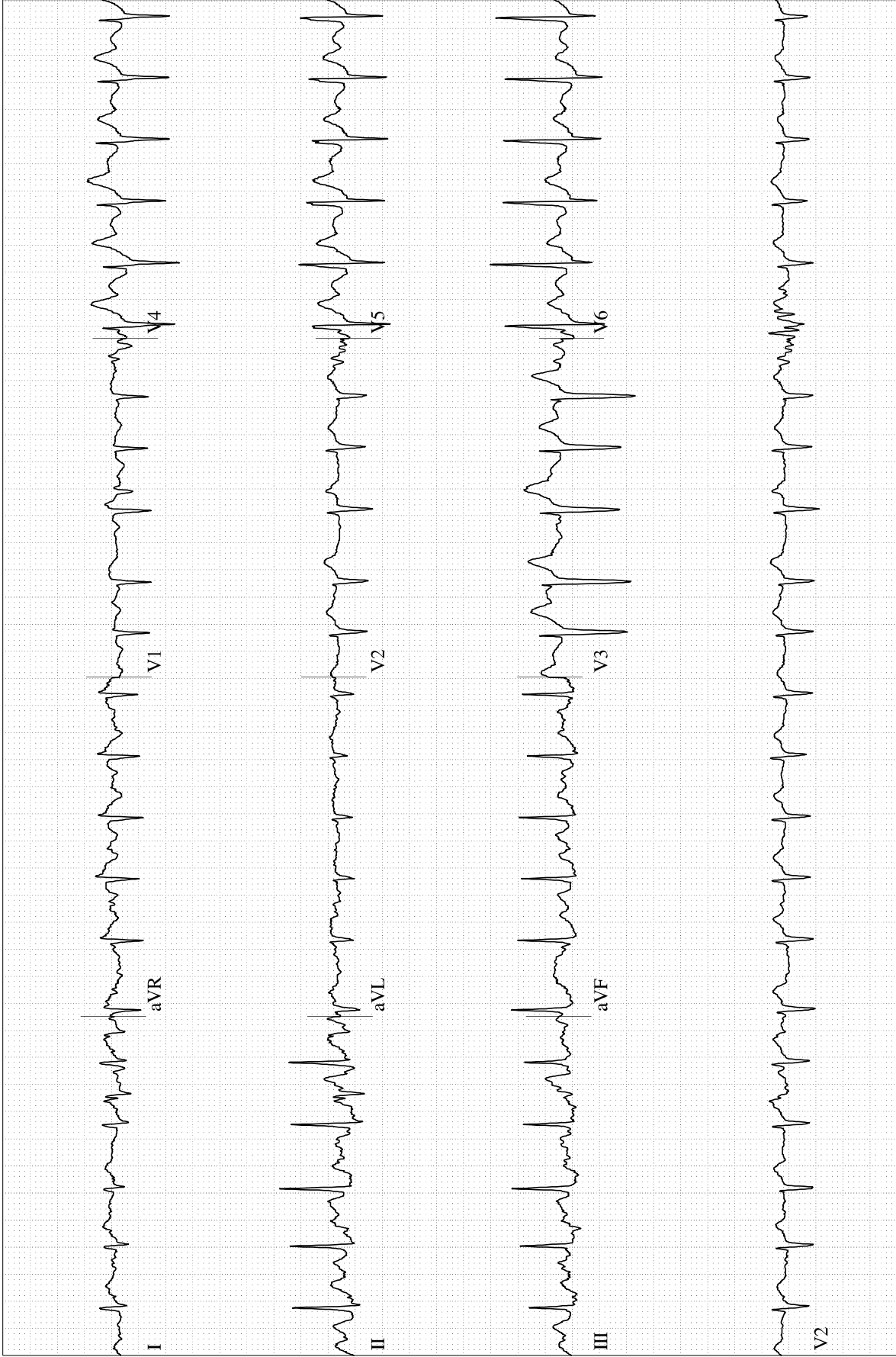
**ROY, ASHOK KUMAR**

Patient ID: 68659  
09.09.2023 Male 160 cm 73 kg  
13:42:36 57 yrs

Exercise Test / ECG Strips  
133 bpm

APOLLO CLINIC

RECOVERY 0:50  
BRUCE 0.0 km/h  
0.4 %



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed  
Attending MD:

**ROY, ASHOK KUMAR**

Patient ID: 68659

Male 160 cm 73 kg

09.09.2023 13:43:36

Exercise Test / ECG Strips

100 bpm

RECOVERY

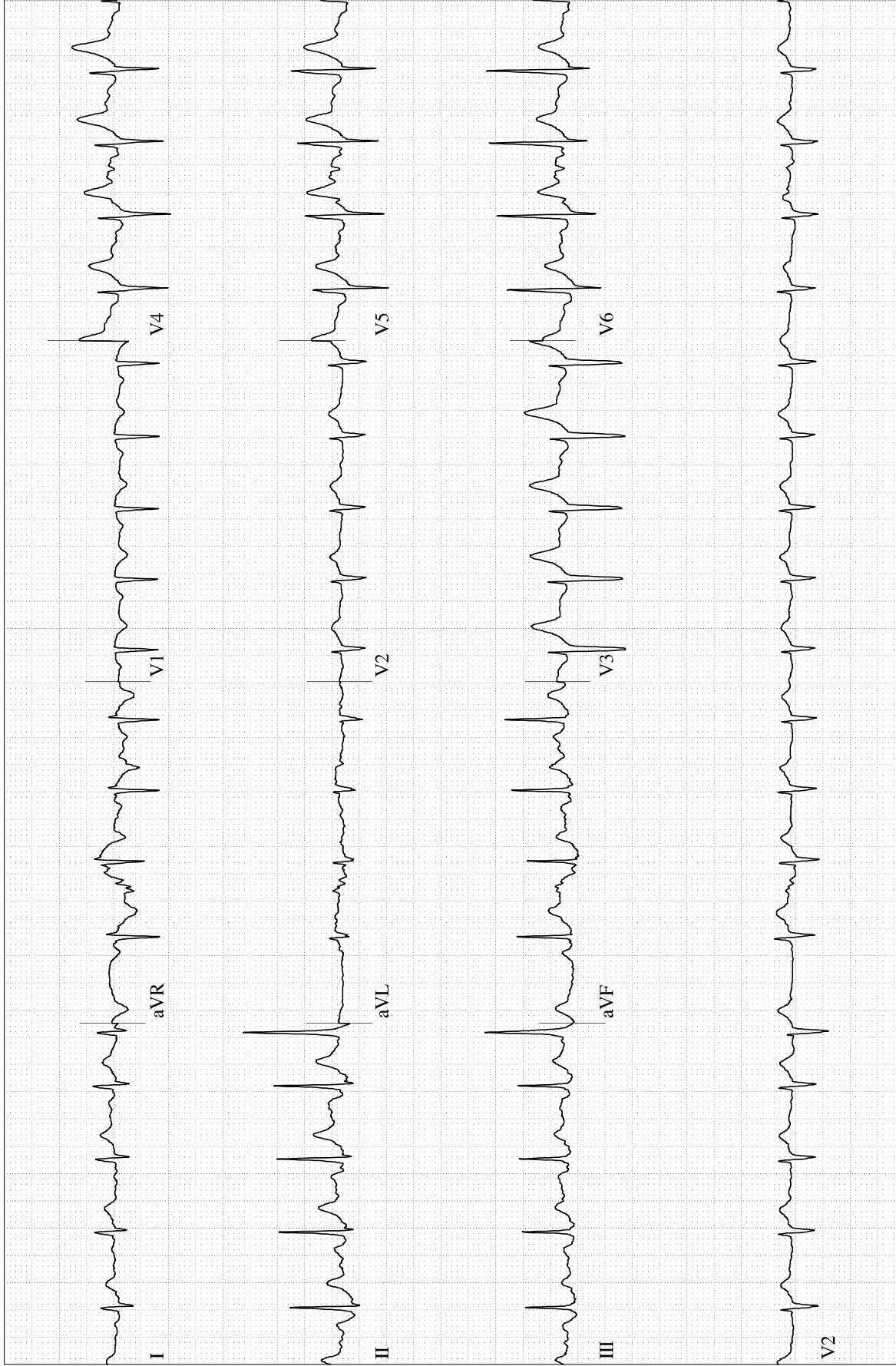
1:50

BRUCE

0.0 km/h

0.4 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed

Attending MD:

Page 10



**ROY, ASHOK KUMAR**

Patient ID: 68659

09.09.2023 Male 160 cm 73 kg

13:44:36 57 yrs

Exercise Test / ECG Strips

108 bpm

150/100 mmHg

RECOVERY

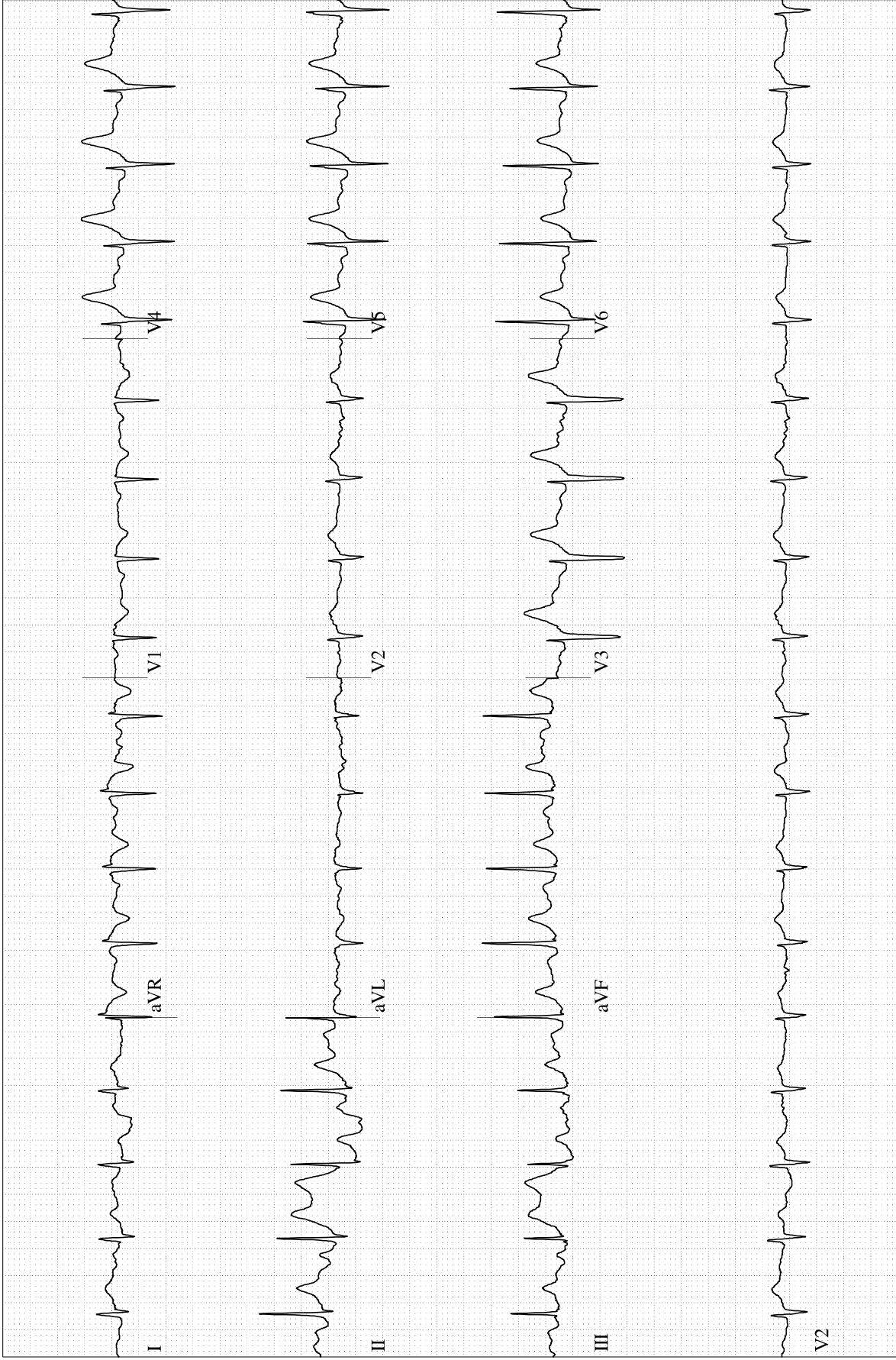
2:50

BRUCE

0.0 km/h

0.4 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,V6)

Unconfirmed  
Attending MD:

<b>Patient Name</b>	: Mr. ROY ASHOK KUMAR	<b>Age/Gender</b>	: 57 Y/M
<b>UHID/MR No.</b>	: CKHA.0000068659	<b>OP Visit No</b>	: CKHAOPV102120
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-09-2023 15:47
<b>LRN#</b>	: RAD2093773	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobE45425		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

**Gall bladder:** is partially distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

**Spleen:** appears normal in size, shape and echotexture. No focal lesion is noted.

**Pancreas:** appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

**Right kidney :** normal in size ms 9.0 x 3.9 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

**Left kidney :** normal in size ms 9.2 x 4.2 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen. **Tiny concretions noted.**

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

**Urinary bladder:** is partially distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

**Prostate:** appears mildly enlarged in size measures 3.6 x 4.0 x 3.9 cms. Volume- 29.7 cc. **Prostatic calcification noted.**

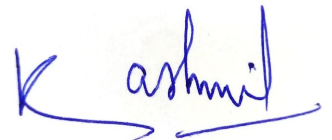
Visualised bowel loops appear normal. No wall edema or mass noted.

#### IMPRESSION :

- **Grade I fatty changes in liver.**
- **Mild prostatomegaly.**

Clinical correlation, full bladder suggested....

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



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology

**Patient Name** : Mr. ROY ASHOK KUMAR

**Age/Gender** : 57 Y/M

**UHID/MR No.** : CKHA.0000068659

**OP Visit No** : CKHAOPV102120

**Sample Collected on** :

**Reported on** : 09-09-2023 16:13

**LRN#** : RAD2093773

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE45425

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

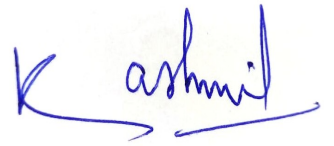
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology

Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 12:43PM
UHID/MR No : CKHA.0000068659	Reported : 09/Sep/2023 02:20PM
Visit ID : CKHAOPV102120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45425	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	42.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.41	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	97.3	fL	83-101	Calculated
MCH	32	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,870	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	63.9	%	40-80	Electrical Impedence
LYMPHOCYTES	24.3	%	20-40	Electrical Impedence
EOSINOPHILS	4.7	%	1-6	Electrical Impedence
MONOCYTES	7	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4389.93	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1669.41	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	322.89	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	480.9	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	6.87	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	150000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC ANISOCYTOSIS+.  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN.



Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 12:43PM
UHID/MR No : CKHA.0000068659	Reported : 09/Sep/2023 03:10PM
Visit ID : CKHAOPV102120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45425	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 12:43PM
UHID/MR No : CKHA.0000068659	Reported : 09/Sep/2023 02:13PM
Visit ID : CKHAOPV102120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45425	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

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

<b>GLUCOSE, FASTING , NAF PLASMA</b>	95	mg/dL	70-100	HEXOKINASE
--------------------------------------	----	-------	--------	------------

**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>	119	mg/dL	70-140	HEXOKINASE
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**Comment:**

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

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

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 12:43PM
UHID/MR No : CKHA.0000068659	Reported : 09/Sep/2023 02:13PM
Visit ID : CKHAOPV102120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45425	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 01:08PM
UHID/MR No : CKHA.0000068659	Reported : 09/Sep/2023 05:24PM
Visit ID : CKHAOPV102120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45425	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>143</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>127.92</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.57	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.40		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.





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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.48	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.5	U/L	<50	IFCC
ALKALINE PHOSPHATASE	75.79	U/L	30-120	IFCC
PROTEIN, TOTAL	6.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.11	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated



Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 01:08PM
UHID/MR No : CKHA.0000068659	Reported : 09/Sep/2023 05:24PM
Visit ID : CKHAOPV102120	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	<b>0.66</b>	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.66	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.02	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	<b>8.35</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.71	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.82	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.74	mmol/L	101–109	ISE (Indirect)



Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	23.10	U/L	<55	IFCC



Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 01:08PM
UHID/MR No : CKHA.0000068659	Reported : 09/Sep/2023 02:26PM
Visit ID : CKHAOPV102120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45425	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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)	1.15	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.07	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.320	µIU/mL	0.35-4.94	CMIA

**Comment:**

**Note:**

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

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.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 01:08PM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.322	ng/mL	<4	CMIA



Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 03:54PM
UHID/MR No : CKHA.0000068659	Reported : 09/Sep/2023 04:32PM
Visit ID : CKHAOPV102120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45425	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	1.010		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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mr.ROY ASHOK KUMAR	Collected : 09/Sep/2023 08:50AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Sep/2023 03:54PM
UHID/MR No : CKHA.0000068659	Reported : 09/Sep/2023 04:30PM
Visit ID : CKHAOPV102120	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 ABOVE 50Y MALE - TMT - 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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