

Patient Name : **Sujeet Kumar**  
Gender/Age : Male / 39 Y  
Weight/Height : 167 Cms / 67.6 Kgs  
Appointment Id : kw7m3k9tm1 -

Doctor Name : Navneet Kaur  
Qualification : MBBS

Lab Report Summary



**Blood**

• 15 Parameters



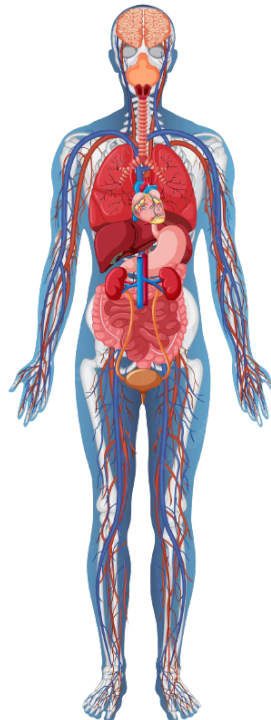
**Glands & Endocrine System**

• 5 Parameters



**Heart/Circulatory System**

• 3 Parameters



**Stomach & Liver/Digestive System**

• 9 Parameters



**Kidney/Genito-Urinary System**

• 5 Parameters

• 4 Parameters

image

Navneet Kaur

**Doctor's Signature**

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**Lab Parameters Needing Attention**

Test Name	Values	Reference Ranges
Kidney/Genito-Urinary System 4		
UREA	<b>15.80*</b> Mg/DL	19.26 - 42.8 Mg/DL
BLOOD UREA NITROGEN	<b>7.4*</b> Mg/DL	8 - 23 Mg/DL
SODIUM	<b>134*</b> Mmol/L	135 - 145 Mmol/L
CHLORIDE	<b>97*</b> Mmol/L	98 - 107 Mmol/L

Purpose Of Visit : Corporate Health Check  
 ARCOFRMI  
 Current Symptoms : Snoring Symptoms

**Past Medical History**

Personal History  
 Diet : Veg And Nonveg  
 Habits : Alcohol  
 Physical Activity : Walking

**Lab Panel Results**

**BLOOD GROUP ABO AND RH FACTOR**

Sample Collected On : 09-09-2023



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BLOOD GROUP TYPE

O

Rh TYPE

POSITIVE

**GLUCOSE, FASTING**

Sample Collected On : 09-09-2023

GLUCOSE, FASTING

**100** Mg/DL

70 - 100 Mg/DL

**THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)**

Sample Collected On : 09-09-2023

TRI-IODOTHYRONINE (T3, TOTAL)

**1.11** Ng/ML

0.67 - 1.81 Ng/ML

THYROXINE (T4, TOTAL)

**6.16** Mg/DL

4.66 - 9.32 Mg/DL

THYROID STIMULATING HORMONE (TSH)

**2.190** MIU/ML

0.25 - 5 MIU/ML

**HBA1C, GLYCATED HEMOGLOBIN**

Sample Collected On : 09-09-2023

HBA1C, GLYCATED HEMOGLOBIN

**5.7\*** %

0 - 0 %

ESTIMATED AVERAGE GLUCOSE (EAG)

**117\*** Mg/DL

0 - 0 Mg/DL

**LIPID PROFILE**

Sample Collected On : 09-09-2023

TOTAL CHOLESTEROL

**177** Mg/DL

0 - 200 Mg/DL



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TRIGLYCERIDES	<b>132</b> Mg/DL	50 - 150 Mg/DL
HDL CHOLESTEROL	<b>42*</b> Mg/DL	40 - 0 Mg/DL
NON-HDL CHOLESTEROL	<b>135*</b> Mg/DL	0 - 130 Mg/DL
LDL CHOLESTEROL	<b>108.6*</b> Mg/DL	0 - 100 Mg/DL
VLDL CHOLESTEROL	<b>26.4</b> Mg/DL	5 - 30 Mg/DL
CHOL / HDL RATIO	<b>4.21</b>	0 - 4.97

**RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)**

Sample Collected On : **09-09-2023**

CREATININE	<b>1.00</b> Mg/DL	0.66 - 1.25 Mg/DL
UREA	<b>15.80*</b> Mg/DL	19.26 - 42.8 Mg/DL
BLOOD UREA NITROGEN	<b>7.4*</b> Mg/DL	8 - 23 Mg/DL
URIC ACID	<b>6.20</b> Mg/DL	3.5 - 8.5 Mg/DL
CALCIUM	<b>9.20</b> Mg/DL	8.4 - 10.2 Mg/DL



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PHOSPHORUS, INORGANIC	<b>3.10</b> Mg/DL	2.5 - 4.5 Mg/DL
SODIUM	<b>134*</b> Mmol/L	135 - 145 Mmol/L
POTASSIUM	<b>4.3</b> Mmol/L	3.5 - 5.1 Mmol/L
CHLORIDE	<b>97*</b> Mmol/L	98 - 107 Mmol/L

**COMPLETE URINE EXAMINATION**

Sample Collected On : 09-09-2023

COLOUR PALE YELLOW	TRANSPARENCY CLEAR	URINE PROTEIN NEGATIVE	GLUCOSE NEGATIVE	URINE BILIRUBIN NEGATIVE
URINE KETONES (RANDOM) NEGATIVE	UROBILINOGEN NORMAL	BLOOD NEGATIVE	NITRITE NEGATIVE	LEUCOCYTE ESTERASE NEGATIVE
PUS CELLS 2-3 /Hpf	EPITHELIAL CELLS 1-2 /Hpf	RBC ABSENT /Hpf	CASTS ABSENT	CRYSTALS ABSENT

PH	<b>7.5</b>	5 - 7.5
SP. GRAVITY	<b>1.015</b>	1.002 - 1.03

**HEMOGRAM**

Sample Collected On : 09-09-2023

TOTAL LEUCOCYTE COUNT (TLC) 6,000 cells/Cu.mm		
HAEMOGLOBIN	<b>14.8</b> G/DL	13 - 17 G/DL



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PCV	<b>45.10</b> %	40 - 50 %
RBC COUNT	<b>5.33</b> Million/Cu.mm	4.5 - 5.5 Million/Cu.mm
MCV	<b>84.6</b> FL	83 - 101 FL
MCH	<b>27.8</b> Pg	27 - 32 Pg
MCHC	<b>32.8</b> G/DL	31.5 - 34.5 G/DL
R.D.W	<b>14</b> %	11.6 - 14 %
NEUTROPHILS	<b>62.6</b> %	40 - 80 %
LYMPHOCYTES	<b>23.9</b> %	20 - 40 %
EOSINOPHILS	<b>5.6</b> %	1 - 6 %
MONOCYTES	<b>7.2</b> %	2 - 10 %
BASOPHILS	<b>0.7</b> %	0 - 2 %



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NEUTROPHILS	<b>3756</b> Cells/Cu.mm	2000 - 7000 Cells/Cu.mm
LYMPHOCYTES	<b>1434</b> Cells/Cu.mm	1000 - 3000 Cells/Cu.mm
EOSINOPHILS	<b>336</b> Cells/Cu.mm	20 - 500 Cells/Cu.mm
MONOCYTES	<b>432</b> Cells/Cu.mm	200 - 1000 Cells/Cu.mm
BASOPHILS	<b>42</b> Cells/Cu.mm	0 - 100 Cells/Cu.mm
PLATELET COUNT	<b>213000</b> Cells/Cu.mm	150000 - 410000 Cells/Cu.mm
ERYTHROCYTE SEDIMENTATION RATE (ESR)	<b>09</b> Mm At The End Of 1 Hour	0 - 15 Mm At The End Of 1 Hour
<b>GAMMA GLUTAMYL TRANFERASE (GGT)</b>		Sample Collected On : <b>09-09-2023</b>
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	<b>22.00</b> U/L	15 - 73 U/L
<b>LIVER FUNCTION TEST (LFT)</b>		Sample Collected On : <b>09-09-2023</b>
BILIRUBIN, TOTAL	<b>1.50*</b> Mg/DL	0.2 - 1.2 Mg/DL
BILIRUBIN CONJUGATED (DIRECT)	<b>0.20</b> Mg/DL	0 - 0.3 Mg/DL

image

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BILIRUBIN (INDIRECT)	<b>1.30*</b> Mg/DL	0 - 1.1 Mg/DL
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>25</b> U/L	0 - 49.99 U/L
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>36.0</b> U/L	17 - 59 U/L
ALKALINE PHOSPHATASE	<b>126.00</b> U/L	38 - 126 U/L
PROTEIN, TOTAL	<b>7.90</b> G/DL	6.3 - 8.2 G/DL
ALBUMIN	<b>4.40</b> G/DL	3.5 - 5 G/DL
GLOBULIN	<b>3.50</b> G/DL	2 - 3.5 G/DL
A/G RATIO	<b>1.26</b>	0.9 - 2
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</b>		Sample Collected On : <b>09-09-2023</b>
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	<b>96</b> Mg/DL	70 - 140 Mg/DL

#### Radiology Test

Radiology Reports Are Available Separately For Your Reference If Applicable



Navneet Kaur  
Doctor's Signature



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#### Physical Examination

##### Vitals

Weight : 67.6 Kgs  
Height : 167 Cms  
BMI : 24.24 BMI  
Pulse : 80 BPM  
SpO2 : 98 %  
Temperature : 98.6 F

##### Physical Exam

Pallor : No  
Icterus : No  
Cyanosis : No  
Clubbing : No  
Koilonychia : No  
Edema : No

##### Cardiovascular System

Rhythm : Regular  
Systolic(Mm Of Hg) : 140  
Diastolic(Mm Of Hg) : 88  
Heart Sounds : S1S2+

##### Respiratory System

Breath Sounds : Normal

#### Work Life Style

Type Of Work : Low Activity  
Exposure To Computer : Medium



Navneet Kaur

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### Happiness Score

Sleeping Well : Disturb  
Stress At Home : No  
Stress At Work : No

### Wellness Prescription

Advice On Physical Activity : Exercise  
Advice On Diet : Hypertension  
Low Cholesterol

### Follow Up And Review Plan

### Other Recommendations

Others : ENT

### Medications

Medication	Dosage	Frequency	When To Take	Start Date	End Date
CAP MEDOSHA OMG	1	Once Daily	After Food	09/08/2023	11/30/2023
Tayo-60K 6000 IU Oral Tablet	1	Once In The Week	After Food	09/08/2023	10/31/2023



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### Risk Scores

#### Apollo Hospitals Thank You For Your Consent

Based On Current Parameters, Personal & Family History, AI Enabled Tools Derive Health Risk Scores To Alert Participant On His/Her Likely Predisposition To A Disease To Aid Early Detection & Early Medical Intervention To Mitigate The Risk.

#### AICVD Risk Score **Low Risk**

Report Name	Risk Score	Acceptable Score
Risk Of Heart Disease	3	4

Info: Your Likelihood To Cardiovascular Disease Is With In Acceptable Range To Other People Of Your Age & Gender In Next 10 Years

Note: The Risk Category Is Determined Through The Ratio Between Patient Score And Acceptable Score At Multiple Decimal Points. The Outputs Are Shown In Whole Numbers

#### Pre-Diabetes Risk Score **Low Risk**


Report Name	Risk Score
Prediabetes	1.4

Note: The Risk Status Is Computed With The Machine Learning Algorithm And Categorised Based On The Individual's Chances Of Prediabetes / Diabetes. It Also Provides A Score Based On The Probability Of The Risk Status.



Navneet Kaur

**Doctor's Signature**

<b>Name</b> : Mr. Sujeet Kumar	<b>Age</b> : 39 Y	<b>UHD</b> :SCHL0000015136
<b>Address</b> : M-52 Srinivaspuri	<b>Sex</b> : M	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :SCHL0PV21079
		<b>Bill No</b> :SCHL-OCR-8046
		<b>Date</b> : 09.09.2023 08:14

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	HbA1c, GLYCATED HEMOGLOBIN ✓	
3	LIVER FUNCTION TEST (LFT) ✓	
4	X-RAY CHEST PA ✓	
5	GLUCOSE, FASTING ✓	
6	HEMOGRAM + PERIPHERAL SMEAR ✓	
7	FITNESS BY GENERAL PHYSICIAN	
8	COMPLETE URINE EXAMINATION ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	BLOOD GROUP ABO AND RH FACTOR ✓	
12	LIPID PROFILE ✓	
13	BODY MASS INDEX (BMI)	
14	OPHTHAL BY GENERAL PHYSICIAN ✓ <i>100m pending</i>	
15	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
16	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ <i>8:40 → 10:40</i>	

Height:.....	167cm
Weight:.....	67.6
B.P:.....	140/88mmHg
Pulse:.....	80/min

SpO2 - 98.

*10:35am*  
*Bp - 142/90mmHg*

3	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOI2006	SUJEET KUMAR	39	Male	sujeet1234@gmail.com
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Thanks & Regards  
Ankur Parchha

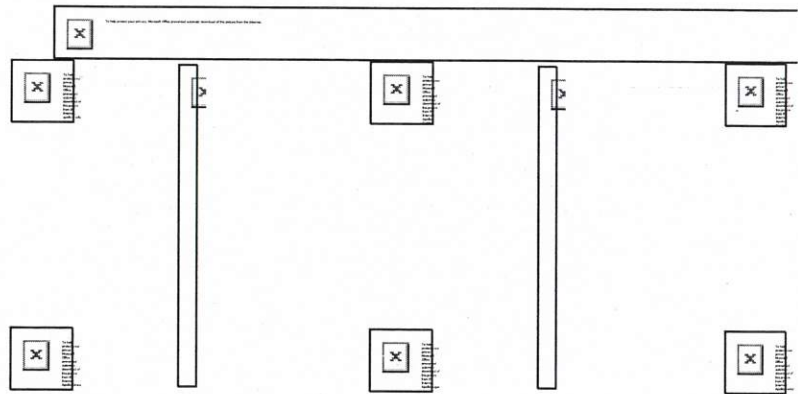


Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030  
M. 9599084283 Email : [wellness@mediwheel.in](mailto:wellness@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)

### Corporate Apollo Clinic

- › **Mob :**
- › **Direct :**
- › **Board No :** 040 4904 7777

**Apollo Health & Lifestyle Limited**  
#7-1-617/A, 615 & 616, Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad 500038, Telangana.





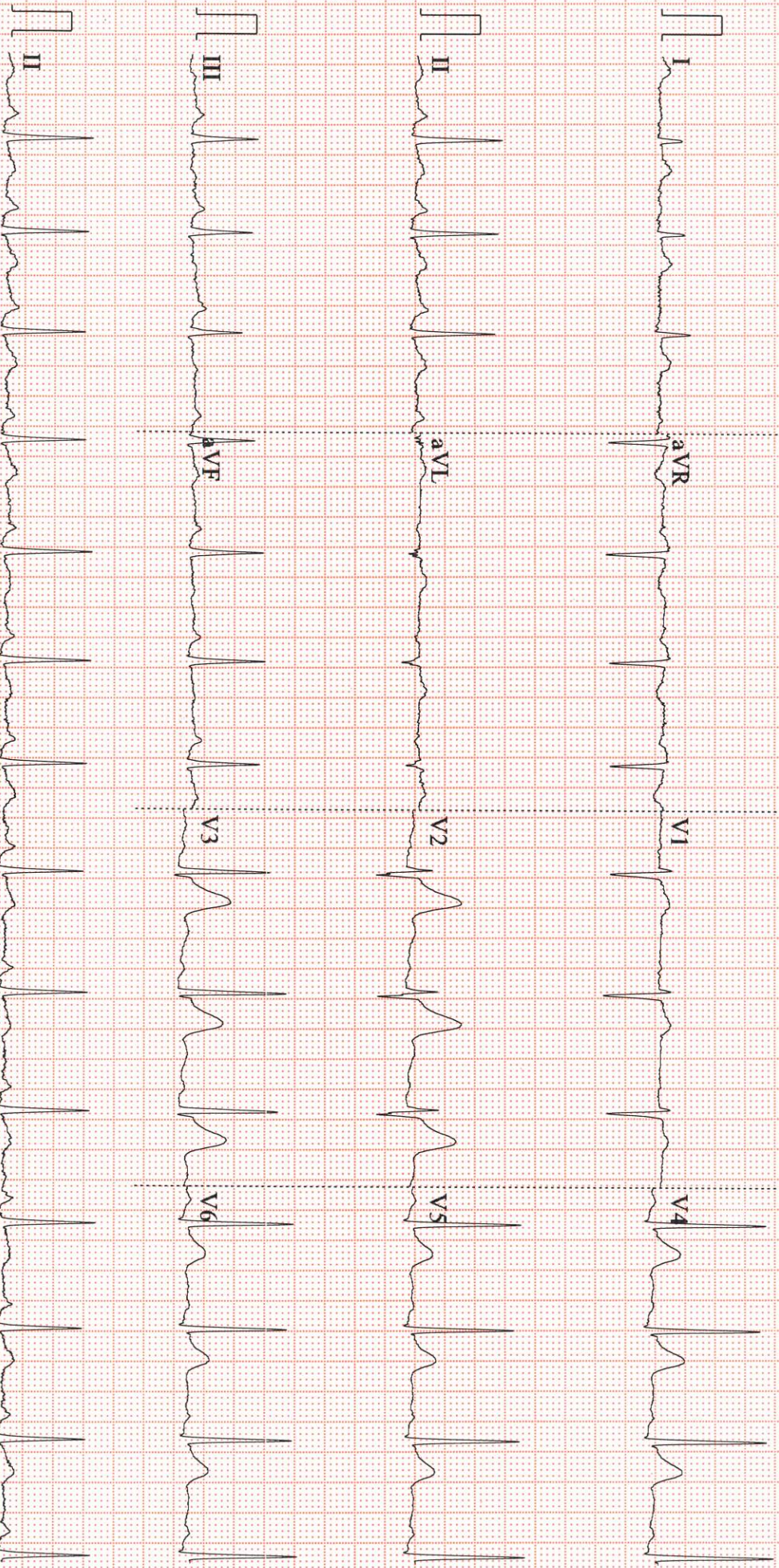
ID: 15136  
SUJEET KUMAR  
Male 39Years  
Req. No. :

09-09-2023 09:14:18  
HR : 82 bpm  
P : 100 ms  
PR : 170 ms  
QRS : 77 ms  
QT/QTcBz : 344/404 ms  
P/QRS/T : 80/69/44 °  
RV5/SV1 : 1.800/0.827 mV

Diagnosis Information:  
Sinus Arrhythmia

*WNL*

Report Confirmed by:





## DIGITAL X-RAY REPORT

NAME: SUJEET JHA	DATE: 09.09.2023
UHID NO : 15138	AGE: 22YRS/ 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.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
Age/Gender : 39 Y 6 M 17 D/M	Received : 09/Sep/2023 08:47AM
UHID/MR No : SCHI.0000015136	Reported : 09/Sep/2023 12:10PM
Visit ID : SCHIOPV21079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : szfsdfh	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs: Count is within normal limits. RBCs are predominantly normocytic normochromic. No immature cells / haemolysis seen.

WBCs: TLC and DLC are within normal limits. No immature / atypical cells seen.

Platelets: Count is within normal limits. Morphology is within normal limits.

Impression: Normal study.





Patient Name : Mr.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
Age/Gender : 39 Y 6 M 17 D/M	Received : 09/Sep/2023 08:47AM
UHID/MR No : SCHI.0000015136	Reported : 09/Sep/2023 12:10PM
Visit ID : SCHIOPV21079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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

<b>HAEMOGLOBIN</b>	14.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.6	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	62.6	%	40-80	Electrical Impedance
LYMPHOCYTES	23.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.6	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3756	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1434	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	336	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	432	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	42	Cells/cu.mm	0-100	Electrical Impedance

**PLATELET COUNT**

PLATELET COUNT	213000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	09	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

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Impression: Normal study.



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Age/Gender : 39 Y 6 M 17 D/M	Received : 09/Sep/2023 08:47AM
UHID/MR No : SCHI.0000015136	Reported : 09/Sep/2023 04:26PM
Visit ID : SCHIOPV21079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : szfsdfh	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
Age/Gender : 39 Y 6 M 17 D/M	Received : 09/Sep/2023 12:46PM
UHID/MR No : SCHI.0000015136	Reported : 09/Sep/2023 01:12PM
Visit ID : SCHIOPV21079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : szfsdfh	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	100	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:**

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>	96	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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> <i>WHOLE BLOOD EDTA</i>	5.7	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> <i>WHOLE BLOOD EDTA</i>	117	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.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
Age/Gender : 39 Y 6 M 17 D/M	Received : 09/Sep/2023 12:46PM
UHID/MR No : SCHI.0000015136	Reported : 09/Sep/2023 01:12PM
Visit ID : SCHIOPV21079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : szfsdfh	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
Age/Gender : 39 Y 6 M 17 D/M	Received : 09/Sep/2023 08:53AM
UHID/MR No : SCHI.0000015136	Reported : 09/Sep/2023 11:20AM
Visit ID : SCHIOPV21079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : szfsdfh	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	132	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>135</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>108.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.21		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 STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method





Patient Name : Mr.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	<b>1.50</b>	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	<b>1.30</b>	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	126.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.90	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated





Patient Name : Mr.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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

CREATININE	1.00	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>15.80</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>7.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>134</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>97</b>	mmol/L	98 - 107	Direct ISE



Patient Name : Mr.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	15-73	Glycylglycine Nitoranalide



Patient Name : Mr.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
Age/Gender : 39 Y 6 M 17 D/M	Received : 09/Sep/2023 08:54AM
UHID/MR No : SCHI.0000015136	Reported : 09/Sep/2023 02:37PM
Visit ID : SCHIOPV21079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : szfsdfh	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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)	1.11	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.16	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.190	µIU/mL	0.25-5.0	ELFA

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.SUJEET KUMAR	Collected	: 09/Sep/2023 08:18AM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.SUJEET KUMAR	Collected : 09/Sep/2023 08:18AM
Age/Gender : 39 Y 6 M 17 D/M	Received : 09/Sep/2023 09:46AM
UHID/MR No : SCHI.0000015136	Reported : 09/Sep/2023 11:20AM
Visit ID : SCHIOPV21079	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	2-3	/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

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

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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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