

Patient Name	: Mr.RAJENDRA KUMAR SHARMA	Collected	: 07/Sep/2024 11:03AM
Age/Gender	: 55 Y 1 M 18 D/M	Received	: 07/Sep/2024 12:24PM
UHID/MR No	: CIND.0000077479	Reported	: 07/Sep/2024 03:36PM
Visit ID	: RINDOPV16525	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7568		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240225134

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	47.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.4	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3000	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1700	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	150	Cells/cu.mm	20-500	Calculated
MONOCYTES	150	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
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Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




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Patient Name : Mr.RAJENDRA KUMAR SHARMA	Collected : 07/Sep/2024 04:14PM
Age/Gender : 55 Y 1 M 18 D/M	Received : 07/Sep/2024 04:51PM
UHID/MR No : CIND.0000077479	Reported : 07/Sep/2024 05:12PM
Visit ID : RINDOPV16525	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	118	mg/dL	70-100	GOD - POD

Kindly correlate clinically.

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:

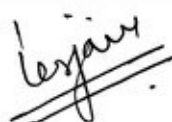
- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	mg/dl	70-140	GOD, POD

Comment:

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

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



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Patient Name : Mr.RAJENDRA KUMAR SHARMA	Collected : 07/Sep/2024 11:03AM
Age/Gender : 55 Y 1 M 18 D/M	Received : 07/Sep/2024 03:42PM
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Visit ID : RINDOPV16525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	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)



Dr Nidhi Sachdev
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SIN No:EDT240089957



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UHID/MR No : CIND.0000077479	Reported : 07/Sep/2024 05:08PM
Visit ID : RINDOPV16525	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	266	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	32	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	157	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.47	mg/dL	<100	Calculated
VLDL CHOLESTEROL	53.15	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.95		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.56		<0.11	Calculated

Kindly correlate clinically.

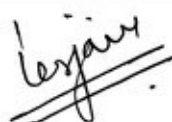
Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.20	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33.87	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.3	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	97.05	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.57	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.89		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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DEPARTMENT OF BIOCHEMISTRY

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



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SIN No:SE04822098

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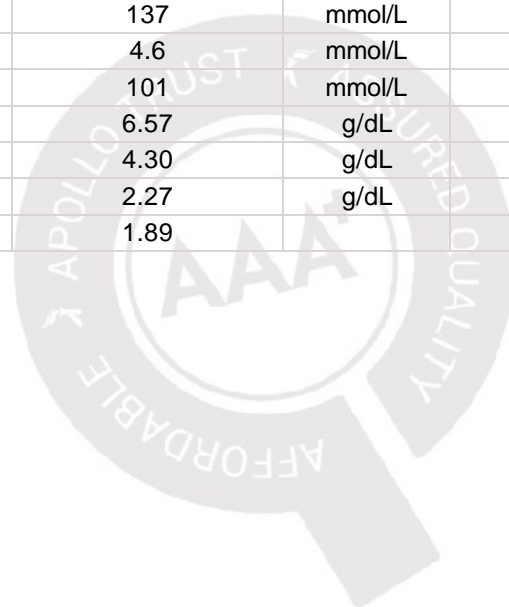


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.14	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	26.01	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	4.0-7.0	URICASE
CALCIUM	9.70	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.57	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.89		0.9-2.0	Calculated




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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	97.05	U/L	38-126	p-nitrophenyl phosphate

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	42.76	U/L	15-73	Glycylglycine Nitoranalide




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Age/Gender : 55 Y 1 M 18 D/M	Received : 07/Sep/2024 03:45PM
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Visit ID : RINDOPV16525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7568	

DEPARTMENT OF IMMUNOLOGY

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

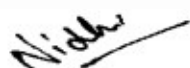
Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.649	µIU/mL	0.38-5.33	CLIA

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



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SIN No:SPL24138452



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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	8.02	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

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

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

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.



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

SIN No:SPL24138452



Patient Name : Mr.RAJENDRA KUMAR SHARMA	Collected : 07/Sep/2024 11:03AM
Age/Gender : 55 Y 1 M 18 D/M	Received : 07/Sep/2024 03:45PM
UHID/MR No : CIND.0000077479	Reported : 07/Sep/2024 04:31PM
Visit ID : RINDOPV16525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7568	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	215	pg/mL	200-900	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.




Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24138452



Patient Name : Mr.RAJENDRA KUMAR SHARMA	Collected : 07/Sep/2024 11:03AM
Age/Gender : 55 Y 1 M 18 D/M	Received : 07/Sep/2024 03:45PM
UHID/MR No : CIND.0000077479	Reported : 07/Sep/2024 05:22PM
Visit ID : RINDOPV16525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7568	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	2.020	ng/mL	0-4	CLIA




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

SIN No:SPL24138452



Patient Name : Mr.RAJENDRA KUMAR SHARMA	Collected : 07/Sep/2024 02:40PM
Age/Gender : 55 Y 1 M 18 D/M	Received : 07/Sep/2024 03:19PM
UHID/MR No : CIND.0000077479	Reported : 07/Sep/2024 03:47PM
Visit ID : RINDOPV16525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7568	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 16 of 17



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: UR2411051

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Name : Mr.RAJENDRA KUMAR SHARMA	Collected : 07/Sep/2024 02:40PM
Age/Gender : 55 Y 1 M 18 D/M	Received : 07/Sep/2024 03:19PM
UHID/MR No : CIND.0000077479	Reported : 07/Sep/2024 03:42PM
Visit ID : RINDOPV16525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7568	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



Page 17 of 17



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: UF012089

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient Name : Mr.RAJENDRA KUMAR SHARMA
Age/Gender : 55 Y 1 M 18 D/M
UHID/MR No : CIND.0000077479
Visit ID : RINDOPV16525
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35E7568

Collected : 07/Sep/2024 02:40PM
Received : 07/Sep/2024 03:19PM
Reported : 07/Sep/2024 03:42PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF012089

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Patient Name	: Mr. RAJENDRA KUMAR SHARMA	Age/Gender	: 55 Y/M
UHID/MR No.	: CIND.0000077479	OP Visit No	: RINDOPV16525
Sample Collected on	:	Reported on	: 10-09-2024 10:55
LRN#	: RAD2413923	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 35E7568		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Liver is enlarged in size (17.5cm) and the parenchymal echotexture shows grade-2 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre. 14.1 x 13.3 mm sized well defined rounded small hyperechoic areas seen in segment VII of right lobe of liver.

GALL BLADDER : Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

PANCREAS : Pancreas is normal in size and echopattern.

SPLEEN : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

KIDNEYS : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents. No obvious mass lesion seen.

PROSTATE : Prostate is enlarged in size measures 51 cc.

Prevoid volume of urine - 762 cc.

Post void volume of urine - 280 cc.

No free fluid is seen in the peritoneal cavity.

IMPRESSION:

1. Hepatomegaly with grade 2 Fatty infiltration of the liver with small hemangioma in right lobe of liver.
2. Prostatomegaly.
3. Significant post void residual volume.

SUGGEST CLINICAL CORRELATION

Patient Name : Mr. RAJENDRA KUMAR SHARMA

Age/Gender

: 55 Y/M

(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. SANGEETA AGGARWAL
MBBS, MD
Radiology

KINDLY NOTE: FITNESS BY GENERAL PHYSICIAN PENDING



भारत सरकार
GOVERNMENT OF INDIA

Download Date: 14/09/2021



राजेंद्र कुमार शर्मा
RAJENDRA KUMAR SHARMA
जन्म तिथि/DOB: 20/07/1969
पुरुष/ MALE
Mobile No: 9810933902

7080 5602 6245
VID : 9105 9342 3612 7282

NOT ORIGINAL

मेरा आधार, मेरी पहचान

FO Cradle

From: noreply@apolloclinics.info
Sent: 06 September 2024 12:42
To: RAJENDRA.KUMAR.SH@GMAIL.COM
Cc: fo.indira@apollocradle.com
Subject: Your appointment is confirmed



Dear RAJENDRA KUMAR SHARMA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at Apollo Cradle & Children's Hospital Indirapuram clinic on 2024-09-07 at 08:00-08:30.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Rajendra Kumar. on 10/9/24

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

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

Eshu

Apollo Cradle & Children's Hospital
NH-1, Shakti Khand-2, Indrapuram,
Ghaziabad-201014

Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

Address: NH-1, Shakti Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh – 201014.
Ph No: +91 88106 85179, 1860 500 4424

OPHTHAL CHECKUP REPORT

Date Of Examine: 7/9/2024

Patient Name: Mr. Rajendra Kumar Sharma Age:

UHID ID: 77479

R

L

Vision without Correction		Vision with Correction	
Distance	Near	Distance	Near
6/60	N136	6/6	N16
Left 6/6	N136	6/6	N16
<input checked="" type="checkbox"/> Normal		<input checked="" type="checkbox"/> Abnormal	

BE + 1.25 sph

Add + 2.50 sph

Normal

Address: NH-1, Shakti Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh – 201014.

Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.

Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

Mr. Rajendra kumar
Age - 55y/M

Height : 162cm	Weight 68kg	BMI : 25.9kg/m ²	Waist Circum :
Temp : 96.8 F	Pulse 80 b/m	Resp : 20 b/m	B.P : 126 / 71

General Examination/Allergies
History

Cinical Diagnosis & Management Plan

Follow up date

Doctor Signature

Date:

Dr. NILOTPAL MISHRA
B.D.S. | M.D.S.
Fellow Head & Neck Oncology
Sr. Consultant Dental
Mobile Number: +91 9625328945, 9667406341



PATIENT NAME:	Mr. Rajender Kumar Sharma
UHID:	CIND 0000077479

O/E - oral prophylaxis
- caries wst $\frac{+8}{6}$

A/O - Scaling
Restoration wst $\frac{+8}{6}$

Dr. Sharma

Doctor Signature

Address: NH-1, Shakti Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh – 201014.
Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

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Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

D: 15764

07-09-2024 12:01:30

HR : 59 bpm

P : 101 ms

PR : 145 ms

QRS : 83 ms

QT/QTcBz : 405/403 ms

P/QRS/T : 51/42/58 °

RV5/SV1 : 0.737/0.418 mV

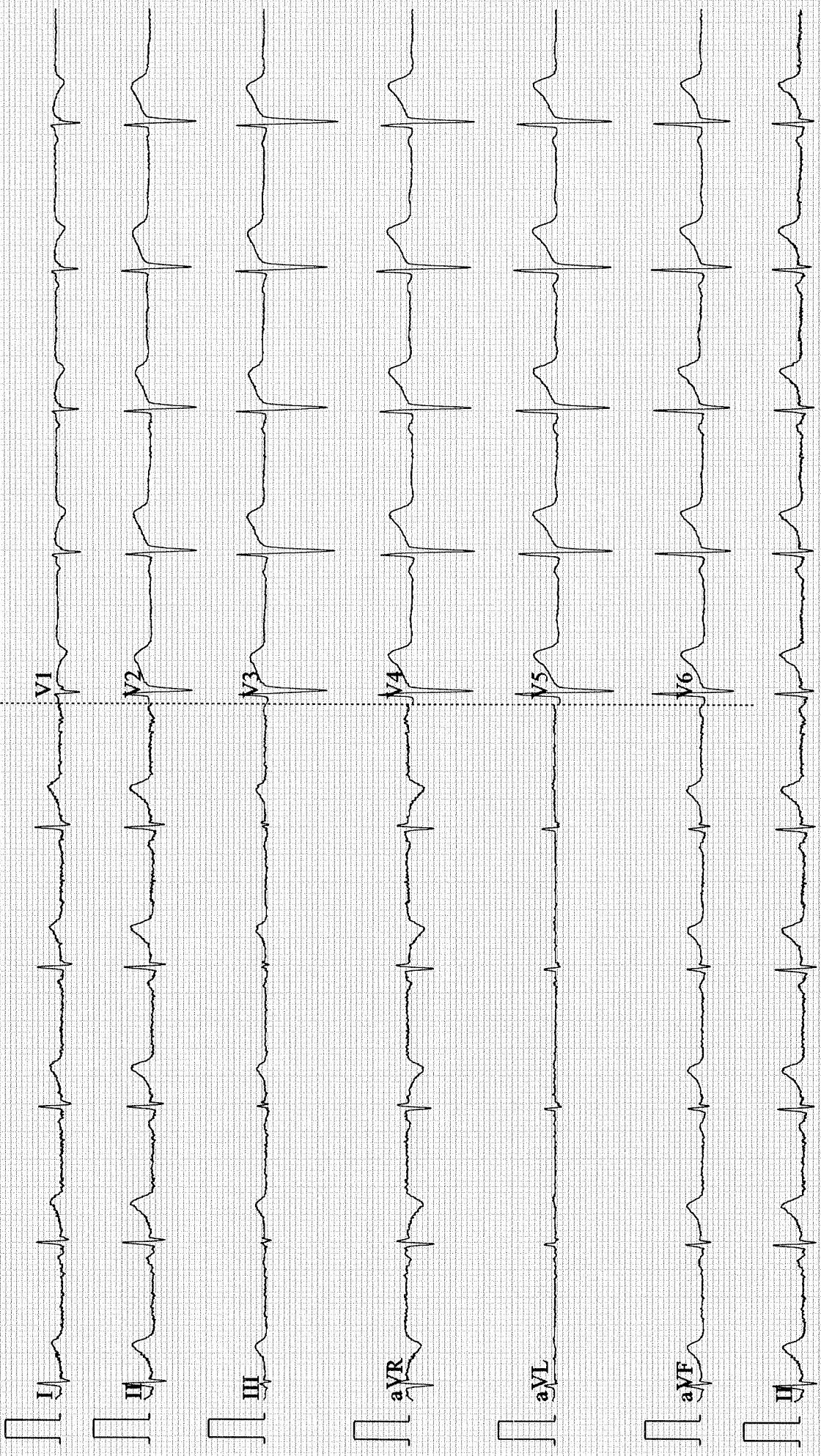
Male Years 55Y

Req. No. :

Diagnosis Information:

M91 Rajendray Kuman

Unconfirmed Report.



APOLLO CRADLE- INDRAPURAM

DIET CHART

NAME: Rajenderg

DATE: 9/9/24

AGE:

UHID: Fiber protein rich diet -
Avoid refined carbs

DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snacks such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3 - 4

small sneaks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

FOOD TO BE AVOIDED

Avoid

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pckees, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.

Patient Name	: Mr. RAJENDRA KUMAR SHARMA	Age/Gender	: 55 Y/M
UHID/MR No.	: CIND.0000077479	OP Visit No	: RINDOPV16525
Sample Collected on	:	Reported on	: 09-09-2024 10:24
LRN#	: RAD2413923	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 35E7568		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name : Mr. RAJENDRA KUMAR SHARMA Age : 55 Y/M
UHID : CIND.0000077479 OP Visit No : RINDOPV16525
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 09-09-2024 09:30
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.54 CM
LA (es)	3.44 CM
LVID (ed)	4.35 CM
LVID (es)	2.95 CM
IVS (Ed)	1.22 CM
LVPW (Ed)	1.36 CM
EF	60.00%
%FD	30.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name : Mr. RAJENDRA KUMAR SHARMA Age : 55 Y/M
UHID : CIND.0000077479 OP Visit No : RINDOPV16525
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 09-09-2024 09:30
Referred By : SELF

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES NORMAL

PWD: A>E AT MITRAL INFLOW NORMAL

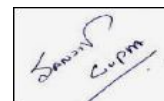
VELOCITY ACROSS THE AV NORMAL

IMPRESSION:

GOOD LV/RV FUNCTION

NO MR/NO AR /NO TR/NOPAH.NO CLOT

NO PERICARDIAL EFFUSION.



Dr. SANJIV
KUMAR

Patient Name : Mr. RAJENDRA KUMAR SHARMA Age : 55 Y/M
UHID : CIND.0000077479 OP Visit No : RINDOPV16525
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 09-09-2024 09:30
Referred By : SELF

GUPTA