

Patient Name : Mr.ABISHEK B
Age/Gender : 36 Y 4 M 22 D/M
UHID/MR No : SALW.0000143747
Visit ID : SALWOPV222832
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9920144559-

Collected : 04/Oct/2024 08:41AM
Received : 04/Oct/2024 10:56AM
Reported : 04/Oct/2024 11:14AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240235031

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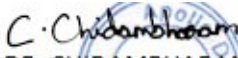
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	42.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.08	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82.9	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,860	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.5	%	40-80	Electrical Impedence
LYMPHOCYTES	37.1	%	20-40	Electrical Impedence
EOSINOPHILS	2.3	%	1-6	Electrical Impedence
MONOCYTES	2.7	%	2-10	Electrical Impedence
BASOPHILS	1.4	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3310.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2174.06	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	134.78	Cells/cu.mm	20-500	Calculated
MONOCYTES	158.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	82.04	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.52		0.78- 3.53	Calculated
PLATELET COUNT	257000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	07	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240235031

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Patient Name : Mr.ABISHEK B	Collected : 04/Oct/2024 08:41AM
Age/Gender : 36 Y 4 M 22 D/M	Received : 04/Oct/2024 04:37PM
UHID/MR No : SALW.0000143747	Reported : 04/Oct/2024 06:13PM
Visit ID : SALWOPV222832	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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

SIN No:HA07784605

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.ABISHEK B	Collected : 04/Oct/2024 08:41AM
Age/Gender : 36 Y 4 M 22 D/M	Received : 04/Oct/2024 02:22PM
UHID/MR No : SALW.0000143747	Reported : 04/Oct/2024 02:28PM
Visit ID : SALWOPV222832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559-	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry


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.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLF02209018



Patient Name : Mr.ABISHEK B	Collected : 04/Oct/2024 11:43AM
Age/Gender : 36 Y 4 M 22 D/M	Received : 04/Oct/2024 02:01PM
UHID/MR No : SALW.0000143747	Reported : 04/Oct/2024 02:54PM
Visit ID : SALWOPV222832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559-	


DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	mg/dL	70-140	HEXOKINASE

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.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1486659



Patient Name : Mr.ABISHEK B	Collected : 04/Oct/2024 08:41AM
Age/Gender : 36 Y 4 M 22 D/M	Received : 04/Oct/2024 11:53AM
UHID/MR No : SALW.0000143747	Reported : 04/Oct/2024 01:39PM
Visit ID : SALWOPV222832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559-	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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)

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DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240092225

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559-	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	123	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	111	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	26	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	97	mg/dL	<130	Calculated
LDL CHOLESTEROL	74.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.73		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.27		<0.11	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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04832272




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324


DR. CHIDAMBHARAM C
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	97.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.00	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.60	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		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:

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
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AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	97.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.00	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.60	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	27.00	U/L	16-73	catalytic activity-reflectance spectrophotometry

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DR. CHIDAMBHARAM C
M.D., D.N.B.
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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:

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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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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.93	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	10.49	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	4.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.30	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	143	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.8	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.00	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.60	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY


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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	97.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophot

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

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Patient Name : Mr.ABISHEK B	Collected : 04/Oct/2024 08:41AM
Age/Gender : 36 Y 4 M 22 D/M	Received : 04/Oct/2024 12:30PM
UHID/MR No : SALW.0000143747	Reported : 04/Oct/2024 01:19PM
Visit ID : SALWOPV222832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559-	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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)	1.05	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.71	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.780	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24142461

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.ABISHEK B
Age/Gender : 36 Y 4 M 22 D/M
UHID/MR No : SALW.0000143747
Visit ID : SALWOPV222832
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9920144559-

Collected : 04/Oct/2024 08:41AM
Received : 04/Oct/2024 12:30PM
Reported : 04/Oct/2024 01:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24142461

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Patient Name : Mr.ABISHEK B	Collected : 04/Oct/2024 08:41AM
Age/Gender : 36 Y 4 M 22 D/M	Received : 04/Oct/2024 12:30PM
UHID/MR No : SALW.0000143747	Reported : 04/Oct/2024 01:14PM
Visit ID : SALWOPV222832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559-	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.5	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Page 19 of 23



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24142461

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.ABISHEK B	Collected : 04/Oct/2024 08:41AM
Age/Gender : 36 Y 4 M 22 D/M	Received : 04/Oct/2024 12:30PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

VITAMIN B12 , SERUM	126	pg/mL	120-914	CLIA
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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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.650	ng/mL	0-4	CLIA



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24142461

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.ABISHEK B	Collected : 04/Oct/2024 08:41AM
Age/Gender : 36 Y 4 M 22 D/M	Received : 04/Oct/2024 11:54AM
UHID/MR No : SALW.0000143747	Reported : 04/Oct/2024 12:14PM
Visit ID : SALWOPV222832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559-	

DEPARTMENT OF CLINICAL PATHOLOGY

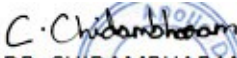
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		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	2-4	/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 21 of 23


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2415160




Patient Name : Mr.ABISHEK B
Age/Gender : 36 Y 4 M 22 D/M
UHID/MR No : SALW.0000143747
Visit ID : SALWOPV222832
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9920144559-

Collected : 04/Oct/2024 08:41AM
Received : 04/Oct/2024 11:54AM
Reported : 04/Oct/2024 12:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UR2415160

Page 22 of 23



Patient Name : Mr.ABISHEK B	Collected : 04/Oct/2024 08:41AM
Age/Gender : 36 Y 4 M 22 D/M	Received : 04/Oct/2024 11:57AM
UHID/MR No : SALW.0000143747	Reported : 04/Oct/2024 12:16PM
Visit ID : SALWOPV222832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559-	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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 ***

C. Chidambaram
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UF012129

Page 23 of 23



Patient Name : Mr.ABISHEK B
Age/Gender : 36 Y 4 M 22 D/M
UHID/MR No : SALW.0000143747
Visit ID : SALWOPV222832
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9920144559-

Collected : 04/Oct/2024 08:41AM
Received : 04/Oct/2024 11:57AM
Reported : 04/Oct/2024 12:16PM
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. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UF012129



APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Patient Name	: Mr. ABISHEK B	Age/Gender	: 36 Y/M
UHID/MR No.	: SALW.0000143747	OP Visit No	: SALWOPV222832
Sample Collected on	:	Reported on	: 05-10-2024 13:38
LRN#	: RAD2422598	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9920144559-		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, Shows fatty changes (Grade I).
Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Partially distended, No calculi imaged.
Wall thickness appear normal.

Pancreas appears normal.
Spleen measures 10.8cm and shows uniform echotexture.

Visualised aorta and IVC are normal.
No evidence of ascites or lymphadenopathy.

Right kidney measures 9.4 x 4.8cm.
Left kidney measures 10.1 x 5.4cm.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.7 x 2.7 x 2.7cm (Vol-11ml).

Bladder is normal in contour.

IMPRESSION:

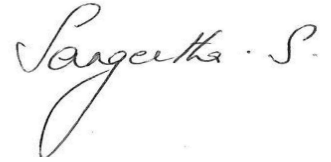
FATTY LIVER.

- SUGGESTED CLINICAL CORRELATION.

Patient Name : Mr. ABISHEK B

Age/Gender : 36 Y/M

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



Dr. S SANGEETHA
MBBS., TRAINED IN ULTRASONOGRAPHY
Radiology

From: noreply@apolloclinics.info
Sent: 01 October 2024 17:17
To: abishek.b@jmfl.com
Cc: hc.alwarpet@apollospectra.com; alwarpet@apollospectra.com; syamsunder.m@apollohl.com
Subject: Your appointment is confirmed



Dear ABISHEK B,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA ALWARPET clinic** on **2024-10-04** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: #12 CP RAMASWAMY ROAD, ALWARPET CHENNAI,600018.

Contact No: 044 – 2467 2200.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of _____ on 09-10-24

After that he Mr. ABISHEK B clinical examination it has been found
SALW.0000143747 36/M

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

Dr. RAJMADHANGI .D
 M.D. INTERNAL MEDICINE
 GENERAL PHYSICIAN
 Apollo Spectra Hospitals
 Alwarpet, REG No: 104481

Dr. _____
Medical Officer
Apollo Spectra Alwarpet

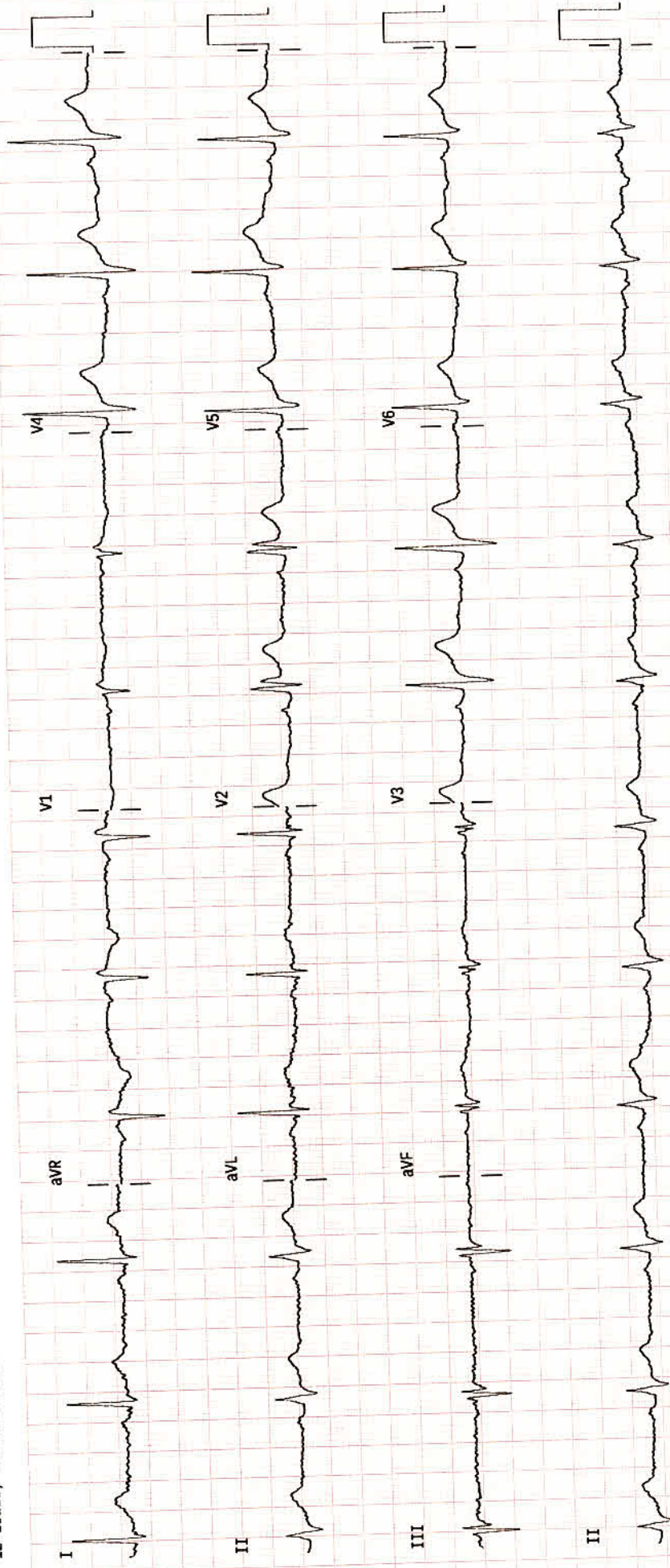
This certificate is not meant for medico-legal purposes

Rate: 64 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . IVCD, consider RBBB.....QRSd>120ms, terminal axis(90,270)
 . ST elev, probable normal early repol pattern.....ST elevation, age<55
 . Baseline wander in lead(s) V1 V2 V3 V4 V5 V6

--AXIS--
 P 18
 QRS 0
 T 25

- ABNORMAL ECG -
 Unconfirmed Diagnosis

12 Leads; Standard Placement



110C CL P?

F 50- 0.15-100 HZ

Chest: 10.00mm/mv

Limb: 10.0mm/mv

Speed: 25mm/sec

Device:

APOLLO SPECTRA HOSPITALS

No:12, CP.Ramaswamy Road

Alwarpet, Chennai 600 018.

Ph: 044 24672200

Patient Information

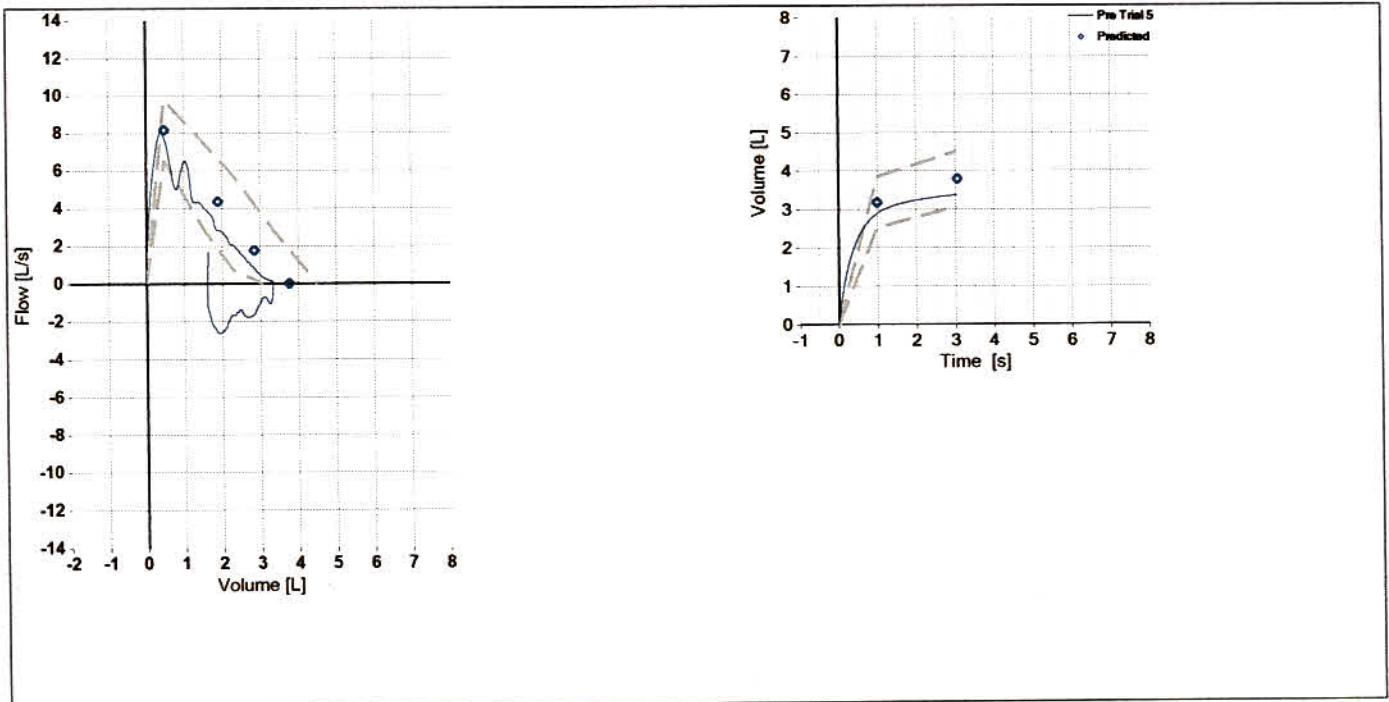
Name	MR.ABISHEK , B	Test Type	FVL (ex/in)
ID	143747	Test Date	04-10-2024 09:03:52
Age	36 (13-05-1988)	Interpretation	GOLD(2008)/Hardie
Height	164 cm	Predicted	Knudson 83 * 0.95
Weight	79 kg	Value Selection	Best Trial
Gender	Male		
Ethnicity	Asian		
Asthma	--		
Smoker	--		

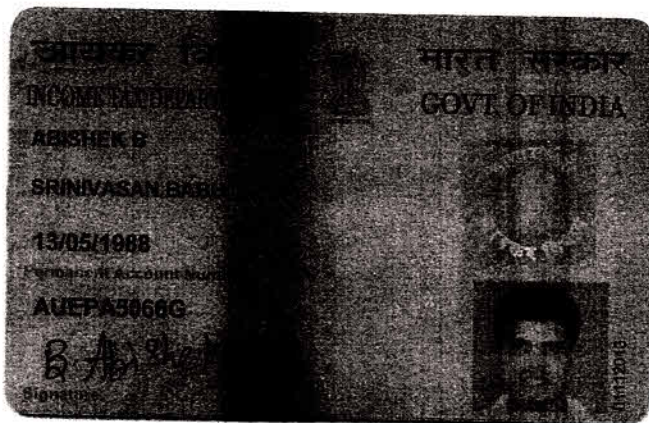
Parameter	Pred	LLN	Best	
			Trial 5	%Pred
FVC [L]	3.79	3.07	3.36	89
FEV1 [L]	3.17	2.51	2.88	91
FEV1/FVC	0.829	0.720	0.857	103
PEF [L/s]	8.16	-	8.10	99
FIVC [L]	3.79	3.07	1.70*	45
FEV1/FEV6	-	-	0.857	-

System Interpretation Pre Normal Spirometry

Caution: Poor session quality. Interpret with care

* Indicates value outside normal range or significant post change.





Patient Name : Mr. ABISHEK B
UHID : SALW.0000143747
Conducted By: :
Referred By : SELF
Age : 36 Y/M
OP Visit No : SALWOPV222832
Conducted Date : 04-10-2024 14:21

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.5 CM
LA (es)	2.2 CM
LVID (ed)	4.5 CM
LVID (es)	2.6 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	72%
%FD	41%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES

PWD: A<E AT MITRAL INFLOW

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTCO99414

Registered Office : No.7-1-617A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana - 500 038.

E/A-E: 0.6m/sec A: 0.4m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.0m/sec

VELOCITY ACROSS THE AV UPTO 1.3m/sec

IMPRESSION

NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-72%)
TRIVIAL MITRAL REGURGITATION
NO PULMONARY ARTERY HYPERTENSION
NORMAL RIGHT VENTRICULAR SYSTOLIC FUNCTION
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

DR CECILY MARY MAJELLA MD DM (Cardio)



Patient Name	: Mr. ABISHEK B	Age/Gender	: 36 Y/M
UHID/MR No.	: SALW.0000143747	OP Visit No	: SALWOPV222832
Sample Collected on	:	Reported on	: 04-10-2024 21:49
LRN#	: RAD2422598	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9920144559-		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

■ **NORMAL STUDY.**



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology