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Patient Name	: Mr.GAURAV KHARI	Collected	: 14/Oct/2023 [illegible]
Age/Gender	: 38 Y 3 M 16 D/M	Received	: 14/Oct/2023 12:34PM
UHID/MR No	: SKAR.0000099708	Reported	: 14/Oct/2023 01:08PM
Visit ID	: SKAROPV127986	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121545		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation

SIN No:BED230252806

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	15.1	g/dL	13-17	Spectrophotometer
PCV	47.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	**5.58**	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.0	fL	83-101	Calculated
MCH	27.0	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	**16.0**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3355	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2318	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	122	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	305	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	165000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination

SIN No:BED230252806

Patient Name	: Mr.GAURAV KHARI	Collected	: 14/Oct/2023 02:20PM
Age/Gender	: 38 Y 3 M 16 D/M	Received	: 14/Oct/2023 03:13PM
UHID/MR No	: SKAR.0000099708	Reported	: 14/Oct/2023 03:42PM
Visit ID	: SKAROPV127986	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121545		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	97	mg/dL	70-100	GOD - POD

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	150	mg/dL	70-140	GOD - POD

Please correlate with clinical details and other relevant investigations

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.

SIN No:PLF02041404,PLP1378424

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Patient Name	: Mr.GAURAV KHARI	Collected	: 14/Oct/2023 11:38AM
Age/Gender	: 38 Y 3 M 16 D/M	Received	: 14/Oct/2023 04:39PM
UHID/MR No	: SKAR.0000099708	Reported	: 14/Oct/2023 05:05PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , *WHOLE BLOOD EDTA*	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD EDTA*	100	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
   A: HbF >25%
   B: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

SIN No:EDT230094948

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Patient Name	: Mr.GAURAV KHARI	Collected	: 14/Oct/2023 11:33AM
Age/Gender	: 38 Y 3 M 16 D/M	Received	: 14/Oct/2023 01:59PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**211**	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	**196**	mg/dL	<150	
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	**169**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**129.8**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**39.2**	mg/dL	<30	Calculated
CHOL / HDL RATIO	**5.02**		0-4.97	Calculated

Please 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

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

SIN No:SE04512469

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	**0.50**	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	92.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	**5.10**	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	**2.22**		0.9-2.0	Calculated

Please correlate clinically.

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. **Hepatocellular Injury:**

• AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.

• ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.

• Disproportionate increase in AST, ALT compared with ALP.

• Bilirubin may be elevated.

• AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. **Cholestatic Pattern:**

• ALP – Disproportionate increase in ALP compared with AST, ALT.

• Bilirubin may be elevated.

• ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. **Synthetic function impairment:**

• Albumin- Liver disease reduces albumin levels.

• Correlation with PT (Prothrombin Time) helps.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method

SIN No:SE04512469

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	1.00	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	26.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	96	mmol/L	98-107	Direct ISE

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	42.00	U/L	16-73	Glycylglycine Kinetic method

SIN No:SE04512469

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.03	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.880	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

SIN No:SPL23147411

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

SIN No:UR2202858

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

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

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38 years
Male

Vent. rate	99	bpm
PR interval	150	ms
QRS duration	92	ms
QT/QTc	342/438	ms
P-R-T axes	65 91 63	

Normal sinus rhythm
Possible Left atrial enlargement
Rightward axis
Incomplete right bundle branch block
Borderline ECG

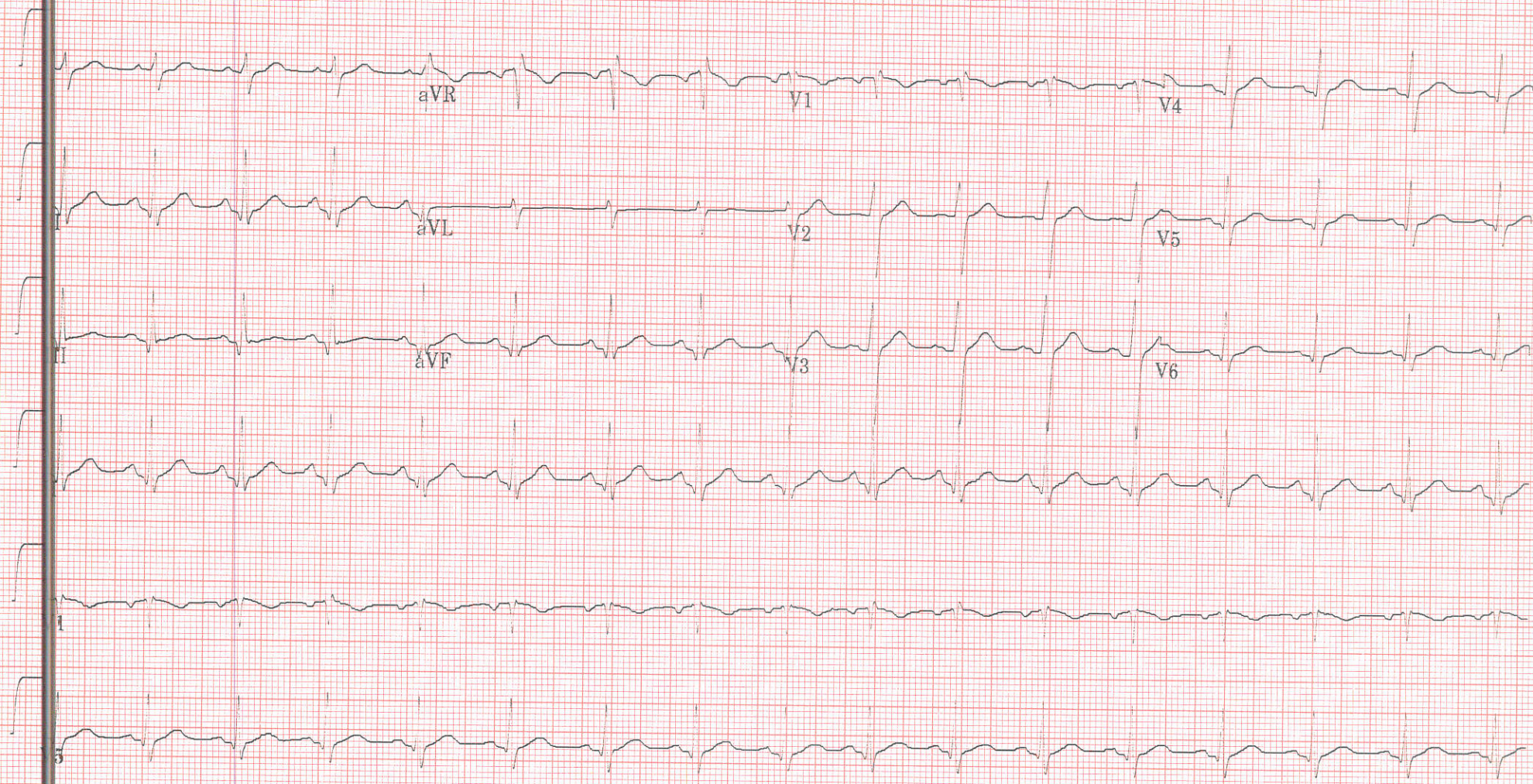
MR. Gaurav Khan
30 Im - SKAR - 99708.

Ht. 166cm
Wt. 83kg
B.P. 140/90
BMI. 30.1

Technician:
Test ind:

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 3 rhythm lds MAC55 009C 12SL™ v239

ARROW CE

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra® HOSPITALS
Specialists in Surgery

Dr. Sanjiv Dang

MBBS, MS (ENT)
Ear, Nose & Throat Consultant
DMC Regn. No. 9555
Timing : 5.30 pm - 8.30 pm
E : sanjivdang.mamc@gmail.com

For appointment please contact :
011-49407700, 8448702877

Gaurav Hari
M 38 years

C/P : ENT : AD
R Normal
L

TM N N

Chest : clear

No medication

14.10.2023

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NAME: GAURAV KHARI **AGE 38 Y /SEX/M**
REF. BY: HEALTH CHECK UP **UHID: SKAR0000099708**
DATE: 14.10.2023

==========

Medication: None
Protocol: BRUCE

	Resting	Peak exercise	Recovery			
			2	4	6	8
HR/min	99	178	114			
B.P. mm Hg	140/90	170/90	150/90			

Reason for termination

- Fatigue
- THR Achieved

Events during exercise and recovery

ECG Changes: Baseline ECG -WNL

Symptoms (Angina) : None

Arrhythmia : None

TET: 7:01 **METS: 8.5** **MHR (% THR): 97%**

Impression

- **TMT is Negative for inducible ischemia.**
- Appropriate chronotropic & BP response.
- Fair exercise Tolerance.

Dr. ALOK KUMAR
MD
Apollo Spectra Hospitals
Regd. No. 15653

CONSULTANT CARDIOLOGIST

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Mr Gaurav Age: 38 Y/ Sex: M
Date: October 14, 2023

ULTRASOUND WHOLE ABDOMEN

Liver is enlarged in size measuring 15.1 cm with diffuse increase in echogenicity s/o Mild hepatomegaly with grade-I fatty infiltration. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.
Portal vein is normal in caliber

Gall bladder does not show any evidence of cholecystitis or cholelithiasis.

- CBD- proximal visualized part: - is not dilated.
- CBD- Mid and distal segment is obscured due to technical limitation.
- Central IHBR:- normal in caliber

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.
Pancreas does not show any pathology.

Urinary bladder is distended and shows no mural or intraluminal pathology.
Prostate is normal in size and shape. No focal lesion is seen.
No free fluid or pelvic collection seen.

Please correlate clinically.

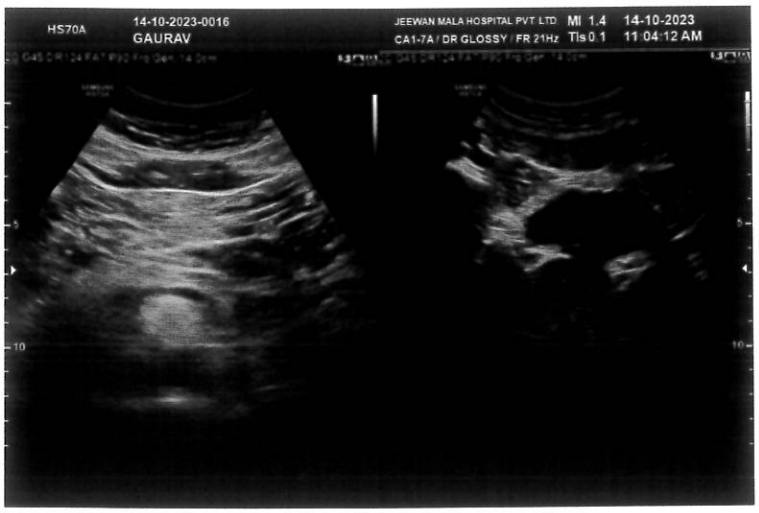
DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST
This report is only a professional opinion and it is not valid for medico-legal purposes.

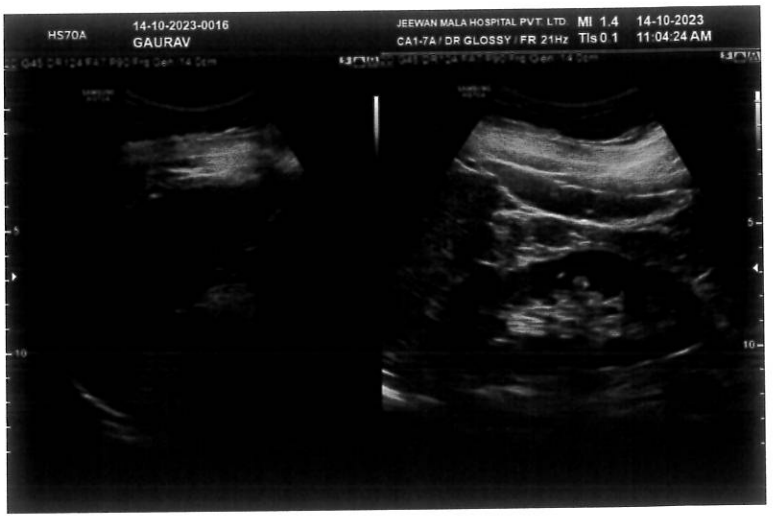
Patient

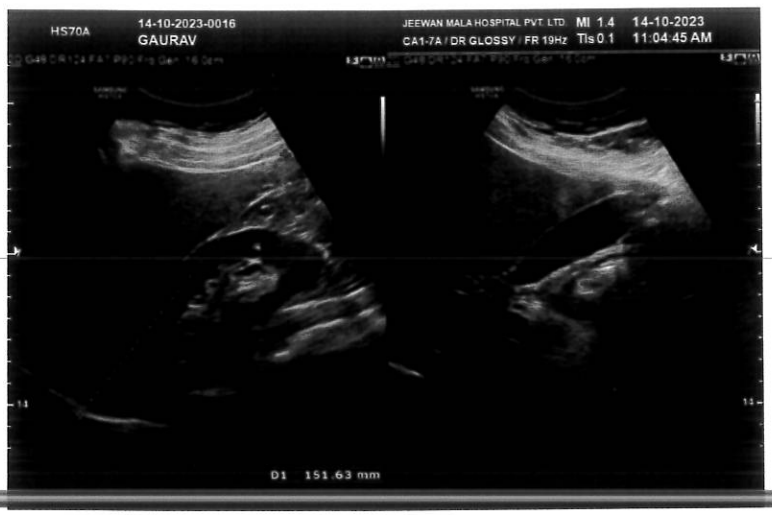
ID	14-10-2023-0016
Name	GAURAV
Birth Date	
Gender	Male

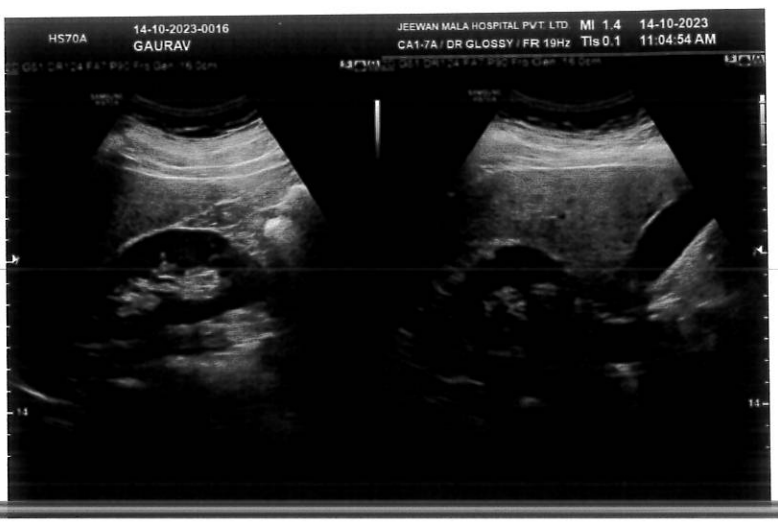
Exam

Accession #	
Exam Date	14102023
Description	
Sonographer	









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NAME: GAURAV KHARI
REF. BY: HEALTH CHECK UP
DATE: 14.10.2023

AGE 38 Y /SEX/M
UHID: SKAR0000099708
S. NO: 14117

X-RAY CHEST PA

Both lung fields are normal.

Both costophrenic angles are clear.

Heart and mediastinum appear normal.

Please correlate clinically.

DR. SAURABH, MD
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.