

Patient Name : Mr.RAVINDER KAPOOR
Age/Gender : 41 Y 9 M 9 D/M
UHID/MR No : SCHI.0000019254
Visit ID : SCHIOPV28011
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : gdfgd

Collected : 23/Mar/2024 10:32AM
Received : 23/Mar/2024 11:28AM
Reported : 23/Mar/2024 03:22PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240080178



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.8	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,880	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.2	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4507.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2600.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	283.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	433.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	251000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

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NO HEMOPARASITES SEEN



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



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Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 04:11PM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 08:59PM
Visit ID : SCHIOPV28011	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	111	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:

- 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.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	143	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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 10:46PM
Visit ID : SCHIOPV28011	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	145	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	166	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	38	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.82		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.

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

- 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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	62	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	95.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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.
- Bilirubin may be elevated.
- 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'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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	24.80	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	3.5-8.5	Uricase
CALCIUM	9.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	147	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.00	U/L	15-73	Glycylglycine Nitoranalide



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Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 04:34PM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 06:12PM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.73	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.510	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

- 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.
- 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.
- 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.
- 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



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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.430	ng/mL	0-4	CLIA



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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
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

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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SIN No:UF011375



Name : Mr. Ravinder Kapoor

Age: 41 Y

UHID: SCHI.0000019254

Sex: M



Address : east of kailash south delhi

OP Number: SCHIOPV28011

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-10066

Date : 23.03.2024 10:12

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) ✓	
3	LIVER FUNCTION TEST (LFT) ✓	
4	GLUCOSE, FASTING ✓	
5	HEMOGRAM + PERIPHERAL SMEAR ✓	
6	DIET CONSULTATION ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE (POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
12	DENTAL CONSULTATION ✓	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) . 2:55 PM ✓	
14	URINE GLUCOSE (FASTING) ✓	
15	HbA1c, GLYCATED HEMOGLOBIN ✓	
16	X-RAY CHEST PA - Pending ✓	
17	ENT CONSULTATION - Pending ✓	
18	CARDIAC STRESS TEST (TMT) - Pending ✓	
19	FITNESS BY GENERAL PHYSICIAN ✓	
20	BLOOD GROUP ABO AND RH FACTOR ✓	
21	LIPID PROFILE ✓	
22	BODY MASS INDEX (BMI) ✓	
23	OPHTHAL BY GENERAL PHYSICIAN ✓	
24	ULTRASOUND - WHOLE ABDOMEN ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

X-Ray

Height: 173 cm
 Weight: 100 kg
 B.P: 126/90 mm of Hg
 Pulse: 74 /min
 SP02: 96%

Consultation pending

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ravinder Kapoor on 23/3/24

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	
<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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none">• Unfit	

Dr. 
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Raunder kapoo	UHID No :	19254
AGE / GENDER :-	44y	RECEIPT No :-	
PANEL :	Arcofemi	EXAMINED ON :-	23/3.

4c

Chief Complaints:

Past History:

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

Personal History:

Alcohol	o/c	:	Nil	Activity	:	Active
Smoking		:	Nil	Allergies	:	Nil

Family History: DM

General Physical Examination:

Height	173	:	cms	Pulse	74/m	bpm
Weight	100kg	:	Kgs	BP	128/80	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Ravinder</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

Wm

Recommendation:

- low fat / sugar free diet
Cap @ Active 102 x 1-2 months
My vita D₃ 60 k once a week
2 months

Review to Reports

Dr. Navneet Kaur
Consultant Physician



GOVT OF PUNJAB MOTOR VEHICLES DEPTT. P. U. LUDHIANA
DRIVING LICENCE FORM 7 RULE 16(2) OF CMV RULES, 1989



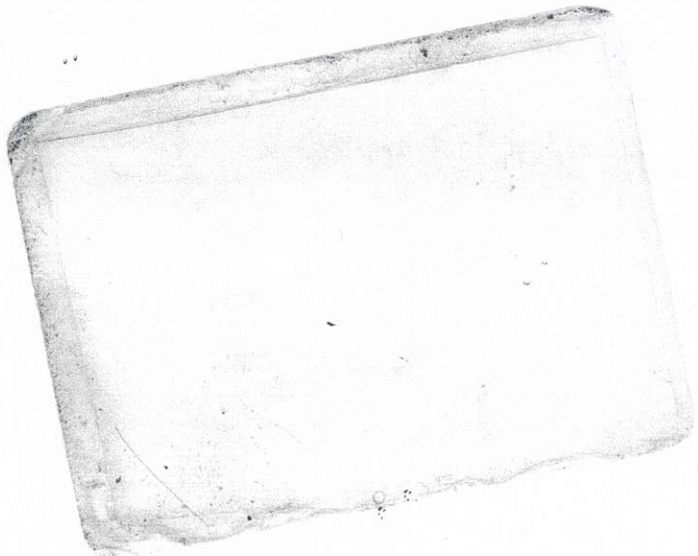
No 0044241 Date 09/05/2008
Name RAVINDER KAPOOR
S/D/W SOM NATH KAPOOR
D.O.B. 14/06/1982
Address 45-C MOTI NGR
LDH

R Kapoor
No. sig Valid Upto 08/05/2028

M. CYCLE/M. CAR ONLY

Authorized to drive the above mentioned
vehicle class throughout India

Licence for Punjab (MV)
Ludhiana



PHC_Desk

From: Mediwheel <wellness@mediwheel.in>
Sent: 20 March 2024 17:15
To: phc.klc@apollospectra.com
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(bobE16720),Package Code-
PKG10000367, Beneficiary Code-311328



011-41195959

Hi **Apollo Spectra - Nehru Enclave,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Hospital Address : R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi - 110019

Contact Details : 8587081726

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
MR. KAPOOR RAVINDER	41 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App





LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KAPOOR RAVINDER
EC NO.	159424
DESIGNATION	BRANCH HEAD
PLACE OF WORK	NEW DELHI, NEHRU PLACE
BIRTHDATE	14-06-1982
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M159424100102258E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **19-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

20/12/24

Rounder Report

h P 4/6 →
G 4/6 →
(unvisited)

90 - ml

100% h

NC 19/15
19/15

Ref P - 0.50 to 0.75 890 - 4/6
U - 0.200 - 4/6

honda - 4/6

2/1/24 - 11 BE

Day: 0

col water 9/15/24 now

Adv. Prescribed Care

Dr. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DDC No: A-14151

For Appointment: +91 11 4046 5555

Mob.: +91 9910995018

Email: drusha.mareshwari@apollospectra.com



28/03/2024

Mr. Ravindra Kapoor
41 Y / Female


C/C:- Regular Dental Check-up

M/H:- N.R.

PDH:- FPD rest upper front region,
13 years.

O/E:-
• Missing rest 
• FPD rest  food lodgement.
• Calculus +, Stains rest

Advised:- Scaling & Oral Prophylaxis.

Rx
Warm Saline Rinse 

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048
Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414
Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040-4904 7777 | www.apollohl.com

PS

2/1/24

Mr. Pooja K...
34F

20/1/24
20/1/24

20/1/24

(unreadable)

NCTP/16
H m m

9.00

10.30

Hand - 10.00
8/1/24

20/1/24 - 10.00 - 10.30
20/1/24 - 10.00 - 10.30

Adv. - Lubex Eye Sp. SOS

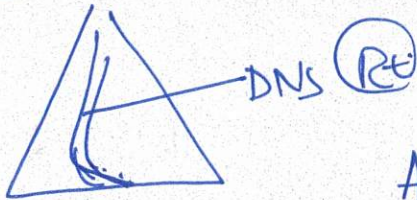
Mr Ravinder Kapoor
41y / M

(R) ear small cp. anterior (Pt c80m)

H/o Ear discharge in childhood

H/o, tonsillectomy done in childhood

Tonsillar fossa - clear.
ITH (L)



Adw

- PTA

- HRCT Temporal bone
(Axial + coronal + sagittal)

0.6mm cuts

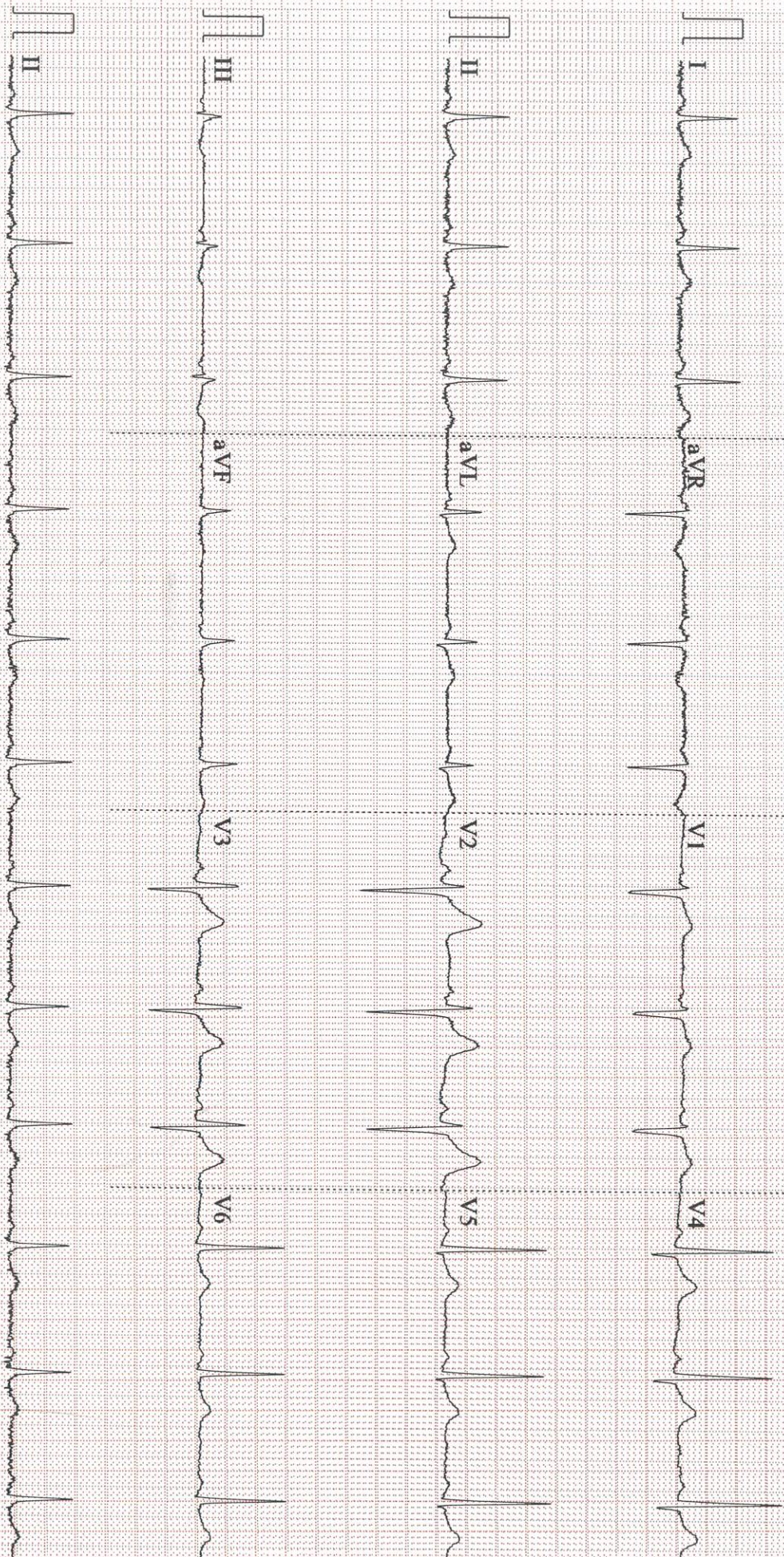
↓
26/8/2024

ID: 19254
MR. RAVINDER KAPOOR
Male 41 Years
Req. No. :

23-03-2024 12:09:23
HR : 71 bpm
P : 101 ms
PR : 134 ms
QRS : 86 ms
QT/QTcBz : 368/402 ms
P/QRS/T : -5/35/10 °
RV5/SV1 : 1.700/0.828 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+1r V2.22 SEMIP V1.92 APOLLO SPECIALITY HOSPITAL

REC'D

112195

NAME :	RAVINDRA KAPOOR	AGE/SEX:	41	YRS./M
UHID :	19254			
REF BY :	APOLLO SPECTRA	DATE:-	23.03.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

Gall Bladder: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Prostate: normal in size, weight 15.6Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

IMPRESSION: FATTY CHANGES IN LIVER GRADE II

Please correlate clinically and with lab. Investigations.


DR. MONICA CHHABRA
Consultant Radiologist



Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph:011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No:040-4904 7777 | www.apollohl.com



Apollo Clinic

CONSENT FORM

Patient Name: Ravinder Age: 41
UHID Number: 19254 Company Name: Arcofem

I Mr/Mrs/Ms Ravinder Employee of Arcofem
(Company) Want to inform you that I am not interested in getting xray
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 20/07/21

Patient Name : Mr.RAVINDER KAPOOR
Age/Gender : 41 Y 9 M 9 D/M
UHID/MR No : SCHI.0000019254
Visit ID : SCHIOPV28011
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : gdfgd

Collected : 23/Mar/2024 10:32AM
Received : 23/Mar/2024 11:28AM
Reported : 23/Mar/2024 03:22PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Page 1 of 15



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240080178



Patient Name	: Mr.RAVINDER KAPOOR	Collected	: 23/Mar/2024 10:32AM
Age/Gender	: 41 Y 9 M 9 D/M	Received	: 23/Mar/2024 11:28AM
UHID/MR No	: SCHI.0000019254	Reported	: 23/Mar/2024 03:22PM
Visit ID	: SCHIOPV28011	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: gdfgd		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.8	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,880	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.2	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4507.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2600.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	283.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	433.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	251000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

Page 2 of 15



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240080178



Patient Name : Mr.RAVINDER KAPOOR
Age/Gender : 41 Y 9 M 9 D/M
UHID/MR No : SCHI.0000019254
Visit ID : SCHIOPV28011
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : gdfgd

Collected : 23/Mar/2024 10:32AM
Received : 23/Mar/2024 11:28AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240080178



Patient Name : Mr.RAVINDER KAPOOR	Collected : 23/Mar/2024 10:32AM
Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 03:22PM
Visit ID : SCHIOPV28011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gdfgd	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240080178



Patient Name	: Mr.RAVINDER KAPOOR	Collected	: 23/Mar/2024 03:40PM
Age/Gender	: 41 Y 9 M 9 D/M	Received	: 23/Mar/2024 04:11PM
UHID/MR No	: SCHI.0000019254	Reported	: 23/Mar/2024 08:59PM
Visit ID	: SCHIOPV28011	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: gdfgd		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	111	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:

- 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.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	143	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.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:PLP1436761



Patient Name : Mr.RAVINDER KAPOOR	Collected : 23/Mar/2024 10:32AM
Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 03:34PM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 06:29PM
Visit ID : SCHIOPV28011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gdfgd	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

Page 6 of 15



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



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



SIN No:EDT240036838

Patient Name : Mr.RAVINDER KAPOOR	Collected : 23/Mar/2024 10:32AM
Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 10:46PM
Visit ID : SCHIOPV28011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gdfgd	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	145	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	166	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	38	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.82		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.

Page 7 of 15



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04673309



Patient Name : Mr.RAVINDER KAPOOR
Age/Gender : 41 Y 9 M 9 D/M
UHID/MR No : SCHI.0000019254
Visit ID : SCHIOPV28011
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : gdfgd

Collected : 23/Mar/2024 10:32AM
Received : 23/Mar/2024 11:28AM
Reported : 23/Mar/2024 10:46PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

- 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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04673309



Patient Name : Mr.RAVINDER KAPOOR	Collected : 23/Mar/2024 10:32AM
Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 08:56PM
Visit ID : SCHIOPV28011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gdfgd	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	62	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	95.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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.
- Bilirubin may be elevated.
- 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'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.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04673309



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Visit ID	: SCHIOPV28011	Status	: Final Report
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Emp/Auth/TPA ID	: gdfgd		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	24.80	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	3.5-8.5	Uricase
CALCIUM	9.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	147	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04673309



Patient Name : Mr.RAVINDER KAPOOR	Collected : 23/Mar/2024 10:32AM
Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 07:21PM
Visit ID : SCHIOPV28011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gdfgd	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA
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SIN No:SE04673309



Patient Name : Mr.RAVINDER KAPOOR	Collected : 23/Mar/2024 10:32AM
Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 04:34PM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 06:12PM
Visit ID : SCHIOPV28011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gdfgd	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.73	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.510	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

- 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.
- 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.
- 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.
- 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



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

SIN No:SPL24053849



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



Patient Name : Mr.RAVINDER KAPOOR
Age/Gender : 41 Y 9 M 9 D/M
UHID/MR No : SCHI.0000019254
Visit ID : SCHIOPV28011
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : gdfgd

Collected : 23/Mar/2024 10:32AM
Received : 23/Mar/2024 04:34PM
Reported : 23/Mar/2024 05:50PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.430	ng/mL	0-4	CLIA

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Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24053849



Patient Name : Mr.RAVINDER KAPOOR	Collected : 23/Mar/2024 10:32AM
Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 04:31PM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 06:14PM
Visit ID : SCHIOPV28011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gdfgd	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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
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

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2314507



Patient Name : Mr.RAVINDER KAPOOR	Collected : 23/Mar/2024 10:32AM
Age/Gender : 41 Y 9 M 9 D/M	Received : 23/Mar/2024 04:31PM
UHID/MR No : SCHI.0000019254	Reported : 23/Mar/2024 06:14PM
Visit ID : SCHIOPV28011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gdfgd	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF011375



Patient Name : Mr. Ravinder Kapoor Age : 41 Y/M
UHID : SCHI.0000019254 OP Visit No : SCHIOPV28011
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 26-03-2024 16:21
Referred By : SELF

Protocol : Bruce Protocol
Medication :
Target Heart Rate : 179 BPM
Heart Rate Achieved : 173 BPM
Percentage of THR Achieved : 96%
Maximum Blood Pressure : 144/90 mmHg
Total Exercise Duration : 09:42 Min.
Maximum Worked Attained : 12.40 Mets
Reason for termination : Max HR attained.

Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically
Not valid for medico legal purpose.

Dr. M K Gupta
M.B.B.S, MD,FIACM
Senior Consultant Cardiologist

Patient Name	: Mr. Ravinder Kapoor	Age	: 41 Y/M
UHID	: SCHI.0000019254	OP Visit No	: SCHIOPV28011
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 26-03-2024 16:21
Referred By	: SELF		
