

Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
Age/Gender : 45 Y 8 M 19 D/M  
UHID/MR No : SKOR.0000197479  
Visit ID : SKOROPV287194  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 74207

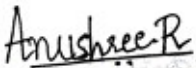
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Reported : 08/Apr/2024 09:47AM  
Status : Final Report  
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**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs are normocytic normochromic.  
WBCs are normal in number with normal distribution and morphology.  
Platelets are adequate.  
No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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

SIN No:BED240096836



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>82</b>	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	64	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6208	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3007</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	97	Cells/cu.mm	20-500	Calculated
MONOCYTES	388	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.06		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	313000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs are normocytic normochromic.

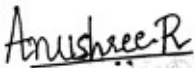
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Dr. Anushree R  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:BED240096836



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
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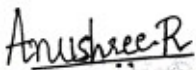
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	121	mg/dL	70-100	GOD - POD

Result Rechecked

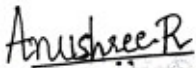
**Comment:**

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.



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

SIN No:PLF02142652



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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

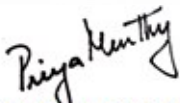
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>148</b>	mg/dL	70-140	GOD - POD

Result Rechecked

**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 Priya Murthy  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist

SIN No:PLP1444008





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6.6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	mg/dL		Calculated

**Comment:**

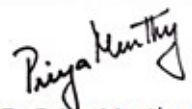
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)

  
Govinda Raju N L  
MSc, MPhil, (Phd)  
Consultant Biochemist

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



SIN No:EDT240044758

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	138	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	105	mg/dL	<150	
HDL CHOLESTEROL	<b>24</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	93	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.75</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.28</b>		<0.11	Calculated

Result Rechecked

**Comment:**

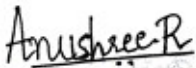
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

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



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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

- 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 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).

*Anushree R*

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	86.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	<b>3.80</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.03		0.9-2.0	Calculated

Result Rechecked

**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 diseases, Cirrhosis, but the increase is usually not >2.

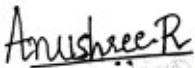
**2. Cholestatic Pattern:**

- 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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.75	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>16.90</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>7.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.20</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	<b>8.30</b>	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	<b>3.80</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.03		0.9-2.0	Calculated
Result Rechecked				

*Anushree R*

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	22.00	U/L	16-73	Glycylglycine Kinetic method

*Anushree R*

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.49	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.610	µIU/mL	0.35-4.94	CMIA

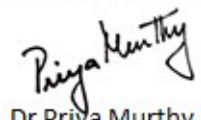
**Comment:**

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

  
Govinda Raju N L  
MSc, MPhil, (Phd)  
Consultant Biochemist

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



SIN No: SPL24065579

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru



Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
Age/Gender : 45 Y 8 M 19 D/M  
UHID/MR No : SKOR.0000197479  
Visit ID : SKOROPV287194  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 74207

Collected : 08/Apr/2024 08:50AM  
Received : 08/Apr/2024 11:00AM  
Reported : 08/Apr/2024 11:52AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.312	ng/mL	<4	CMIA

Govinda Raju N L  
MSc,MPhil,(Phd)  
Consultant Biochemist

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



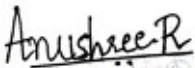
Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
Age/Gender : 45 Y 8 M 19 D/M  
UHID/MR No : SKOR.0000197479  
Visit ID : SKOROPV287194  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 74207

Collected : 08/Apr/2024 08:50AM  
Received : 08/Apr/2024 09:22AM  
Reported : 08/Apr/2024 09:28AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY



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

SIN No:UR2327303



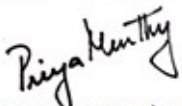
Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
Age/Gender : 45 Y 8 M 19 D/M  
UHID/MR No : SKOR.0000197479  
Visit ID : SKOROPV287194  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 74207

Collected : 08/Apr/2024 01:08PM  
Received : 08/Apr/2024 01:24PM  
Reported : 08/Apr/2024 01:40PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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



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

SIN No:UPP017554





Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
Age/Gender : 45 Y 8 M 19 D/M  
UHID/MR No : SKOR.0000197479  
Visit ID : SKOROPV287194  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 74207

Collected : 08/Apr/2024 08:50AM  
Received : 08/Apr/2024 09:22AM  
Reported : 08/Apr/2024 09:28AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

*Anushree R*

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

SIN No:UF011620



Date : 10-04-24

Department :

MRNO : 197479

Consultant : Dr. Ravi

Name : Mr. Jagirdar Abid Ahmed

Reg. No : KMC106/430

Age / Gender : 45y/m

Qualification :

Mobile No :

Consultation Timing :

Pulse : 94 /bket	B.P. : 170/116 mmHg	Resp : 22 /bket	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

FBS - 121  
PPBS - 148  
HbA1C - 6.6  
mic acid - 8.2

- Referred to  
G-Surgeon  
for Para-umbilical  
hernia.

Adv

① T. Indotel 40 1-0-0

- Avoid Milk, white Rice, Sugar  
& non Veg.

- brisk walking 30 min.  
daily

- To take low sodium iodised  
Salt (Tata Lite or Saffola Salt)  
5g/day.

Adv

- HbA1C } after - Date  
- mic acid } 3 weeks  
& review

Time B.P. P.R. (twice daily)

Follow up date: - Review after 15 days

Doctor Signature

*Pr*

**DOCTORS NOTE**

NAME: Mr. Jagirdar Abid Ahmed

AGE: 45Yr. SEX:

NO:

Diet History :- 2 meals.  
lunch skip

5am - wakeup.

Tea (Chamomile tea)

Bfast :- Poha / Kara / Idly / Dosa  
(9am) sometimes

Green tea (1-2 cup).

Dinner :- Meats (chicken + beef + veg /  
cereal.)  
Nanhep)

Lemon Juice

HT :- 5.7ft

WT :- 114 kgs

- BP - 144/105

Grade I fatty liver - (C)

FBS - 121

PPBS - 148

HbA1c - 6.6 (Prediabetic) - (C)

Uric Acid - 8.2 - (C)


↓ HDL - 24

- Working - Banker
- Food Allergies - Nil
- Sleep Hours :- 6-7 hours
- PA :- walking.  
Tread → (intermittent)

DM

- 1) Avoid white rice, sugar, jaggery honey, dates, artificial sweeteners, fruits
- 2) No maida → Brown Rice - lunch - 1 cup.  
(weekly intake).
- 3) Starchy veg (X) → Potato & sweet potato, Beet & carrot  
some
- 4) Apple / Guava / Pear / Avocado / Berries - everyday (✓)  
Other fruits → Not much.  
(X) → No fruits for dinners.

• Nonveg.

  
10/4/24

## Uric Acid

— Avoid all dals except torr dal



for lunch (1/2-cup)

No other dals.

— vegetables (x) → Tomatoes, cabbage, cauliflower.

— Nuts - Apricots & Raisins

→ Non-veg → x

— ω-3 fatty Acid. → fish oil → ✓  
Multivitamins

— PA - ✓ consistent

<b>Patient Name</b>	: Mr. Jagirdar Abid Ahmed Nizamuddin	<b>Age/Gender</b>	: 45 Y/M
<b>UHID/MR No.</b>	: SKOR.0000197479	<b>OP Visit No</b>	: SKOROPV287194
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-04-2024 11:48
<b>LRN#</b>	: RAD2295860	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 74207		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

**Dr. ABID HUSSAIN GULLENPET**  
MBBS, DMRD, FRCR  
Radiology



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಆಬಿದ್ ಆಹ್ಮದ್ ನಿಜಾಮುದ್ದೀನ್ ಜಾಗೀರ್ದಾರ್  
Abid Ahmed Nizamuddin Jagirdar  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 20/07/1978  
ಪುರುಷ/ MALE



4600 7465 1688

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

**Address:**  
S/O: Nizamuddin Jagirdar, Jangi  
Makhan Street, Near Vegetable  
Market, Ranibennur, Haveri,  
Karnataka - 581115

**ವಿಳಾಸ:**  
ತಂದೆ / ತಾಯಿಯ ಹೆಸರು: ನಿಜಾಮುದ್ದೀನ್  
ಜಾಗೀರ್ದಾರ್, ಜಂಗಿ ಮಖಾನ್ ಗಲ್ಲಿ, ತರಕಾರಿ  
ಮಾರ್ಕೆಟ್‌ನ ಹತ್ತಿರ, ರಾಣಿಬೆನ್ನೂರು,  
ಹಾವೇರಿ,  
ಕರ್ನಾಟಕ - 581115

4600 7465 1688

1847

help@uidai.gov.in

www.uidai.gov.in

*(Handwritten signature and scribbles)*

Patient Name : Mr. Jagirdar Abid Ahmed Nizamuddin Age : 45 Y M  
UHID : SKOR.0000197479 OP Visit No : SKOROPV287194  
Reported on : 08-04-2024 11:48 Printed on : 08-04-2024 11:48  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

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**Impression:** Essentially Normal Study.

Printed on:08-04-2024 11:48

---End of the Report---

  
**Dr. ABID HUSSAIN GULLENPET**  
MBBS, DMRD, FRCR  
Radiology

<b>Pt. Name: MR.JAGIRDAR ABID AHMED NIZAMUDDIN</b>	<b>MR NO:197479</b>	<b>Age/Sex: 45 Y / M</b>
<b>Ref By: H.C</b>		<b>Date: 08 / 04 / 2024</b>

### ULTRASOUND ABDOMEN AND PELVIS

**LIVER:** Normal in size measures 15.9 cms and shows increased in echotexture.  
No focal lesion is seen. No IHBR dilatation is seen.  
Portal vein and CBD are normal.

**GALL  
BLADDER:** Is contracted.  
No pericholecystic collection is seen.  
No intraluminal content or calculi are seen.

**PANCREAS:** Normal in size and echotexture. No focal lesion is seen.  
Peri-pancreatic fat planes are well preserved.

**SPLEEN:** Normal in size measures 12.8 cms and normal in echotexture.  
No focal lesion is seen. Splenic vein is normal.

**KIDNEYS:** Right Kidney measures 9.6 x 1.3 cms, Left Kidney measures 11.4 x 1.3 cms.  
Both kidneys are normal in size, shape, position, contour and echotexture.  
Cortico-medullary differentiation is well maintained.  
No calculi / hydronephrosis are seen.

**URINARY  
BLADDER:** Is well-distended with normal wall thickness.  
No intraluminal content or calculi are seen.

**PROSTATE:** Normal in size, volume 10 cc.  
Normal in echotexture. No focal lesion is seen.

**A defect seen in anterior abdominal wall in paraumbilical region the defect measuring 2.0 cm and fat is the content.**

#### IMPRESSION:

**GRADE I FATTY LIVER.  
PARAUMBILICAL HERNIA.**

Thanks for reference.

  
**DR. ABID HUSSAIN**  
M.B.B.S., D.M.R.D., F.R.C.R(LOND)  
CONSULTANT RADIOLOGIST



Zimbra

fo.krm@apollospectra.com

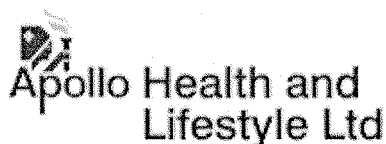
---

**Your appointment is confirmed**

---

**From :** noreply@apolloclinics.info

Fri, Apr 05, 2024 02:14 PM

**Subject :** Your appointment is confirmed**To :** bobjagirnomics@gmail.com**Cc :** Fo krm <Fo.krm@apollospectra.com>, syamsunder  
m <syamsunder.m@apollohl.com>**Dear MR. JAGIRDAR ABID AHMED NIZAMUDDIN,**

Greetings from Apollo Clinics,

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

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"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: OPUS,143,1ST CROSS,5TH BLOCK,KORAMANGALA,BANGALORE,560034..**

**Contact No: 080 - 4348 5555.**

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.

**Dr. Salim Shamsuddin BDS, MDS**

Consultant - Orthodontics & Dentofacial Orthopaedics

Email : salimshamsuddin83@gmail.com

Consultation : Mon - Sat 10am - 7pm

Ph : 8296500869 / 7259679908

\* Restorative Procedures

\* Root Canal Treatment

\* Teeth replacement

\* Oral Surgery

\* Preventive Dentistry

\* Orthodontics / Braces

\* Dental Implants

\* Pedodontics

\* Esthetics and Smile design

\* Periodontics

\* Veneers

\* Tooth jewellery

8/4/2027

MR Jaginder, Abid Ahmad H 45414

TMJ → HAD

Soft tissue → 28 causing frictional  
keratosis

Hard tissue → stain

R/V T OPG.

Rx plan

- Oral prophylaxis

- Extraction of 28



**Dr. Manaswini Ramachandra,** MBBS, MS (ENT)  
Consultant ENT and Head & Neck Surgeon  
Fellowship in Endoscopic Sinus Surgery  
Trained in Allergy (AASC)  
Email : manaswiniramachandra@gmail.com



Ma. Jasirana  
~

8-4-24

Health Check.  
~

Ob - NS  
~

Nas - Dns (GSM) to (R)

OP - NS  
~

Tr. - CT Pns  
~

**Apollo Spectra Hospitals**

TOUCHING LIVES

<b>NAME</b>	<b>MR. JAGIRDAR ABID AHMED NIZAMUDDIN</b>		<b>DATE:08/04/2024</b>
<b>AGE</b>	<b>45YRS</b>	<b>KRM NUMBER</b>	
<b>GENDER</b>	<b>MALE</b>	<b>REFERRED BY</b>	<b>H/C</b>

**DIMENSIONS:**

<b>AORTA: 3.1 cms</b>	<b>IVSD: 1.16cms</b>	<b>LVDd: 4.7 cms</b>	<b>LVPWD :1.05cms</b>
<b>LA : 2.6 CMS</b>	<b>IVSS : 1.19cms</b>	<b>LVDs: 3.1 cms</b>	<b>LVPWS:1.10cms</b>
<b>EF : 60 %</b>			<b>EDV :103ML</b>
			<b>ESV ;40 ML</b>

**VALVES:**

**MITRAL : NORMAL, NO MS, MR**  
**TRICUSPID : NORMAL.**  
**AORTIC : NORMAL.**  
**PULMONARY : NORMAL.**

**2D - ECHO:**

**IAS : Intact.**  
**IVS : Intact.**  
**RA : Normal.**  
**RV : Normal.**  
**LA : NORMAL.**  
**LV : NORMAL;**  
**IVC, AORTA AND PULMONARY ARTERY: NORMAL.**  
**PERICARDIUM : NORMAL.**

**DOPPLER DA**

**Mitral valve : E-0.78 M/sec A-0.65 m/sec, NO MR.**  
**Tricuspid valve : NO TR**  
**Aortic valve : V max -1.0 m /sec**  
**Pulmonary valve : NO PR.**

**FINAL IMPRESSION:**

**NORMAL CHAMBERS AND VALVES**  
**NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST**  
**NORMAL LV & RV SYSTOLIC FUNCTION, EF-60%**  
**DIASTOLIC FLOW PATTERN NORMAL FOR THE AGE**  
**NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.**

**DR. MOHAN MURALI**  
**Consultant Cardiologist**

# OPHTHAL REPORT

NAME: Mr. J. J. J. J. J.  
AGE: 45 GENDER: MALE/FEMALE

## RIGHT EYE

	SPH	CYL	AXIS	VA
DV	— plano —			6/6
NV	+1.00DS	—	—	N6

## LEFT EYE

	SPH	CYL	AXIS	VA
DV	— plano —			6/6
NV	+1.00DS	—	—	N6

REMARK: Bifocal / progressive glass

DATE: 8/4/24

  
OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

ID: 197479

08-04-2024 09:48:00

Mr Jagirdar Abid ahmed

Male 45Years

Req. No. :

HR : 78 bpm

P : 104 ms

PR : 152 ms

QRS : 85 ms

QT/QTcBz : 344/393 ms

P/QRS/T : 54/5/23 °

RV5/SV1 : 1.2790.709 mV

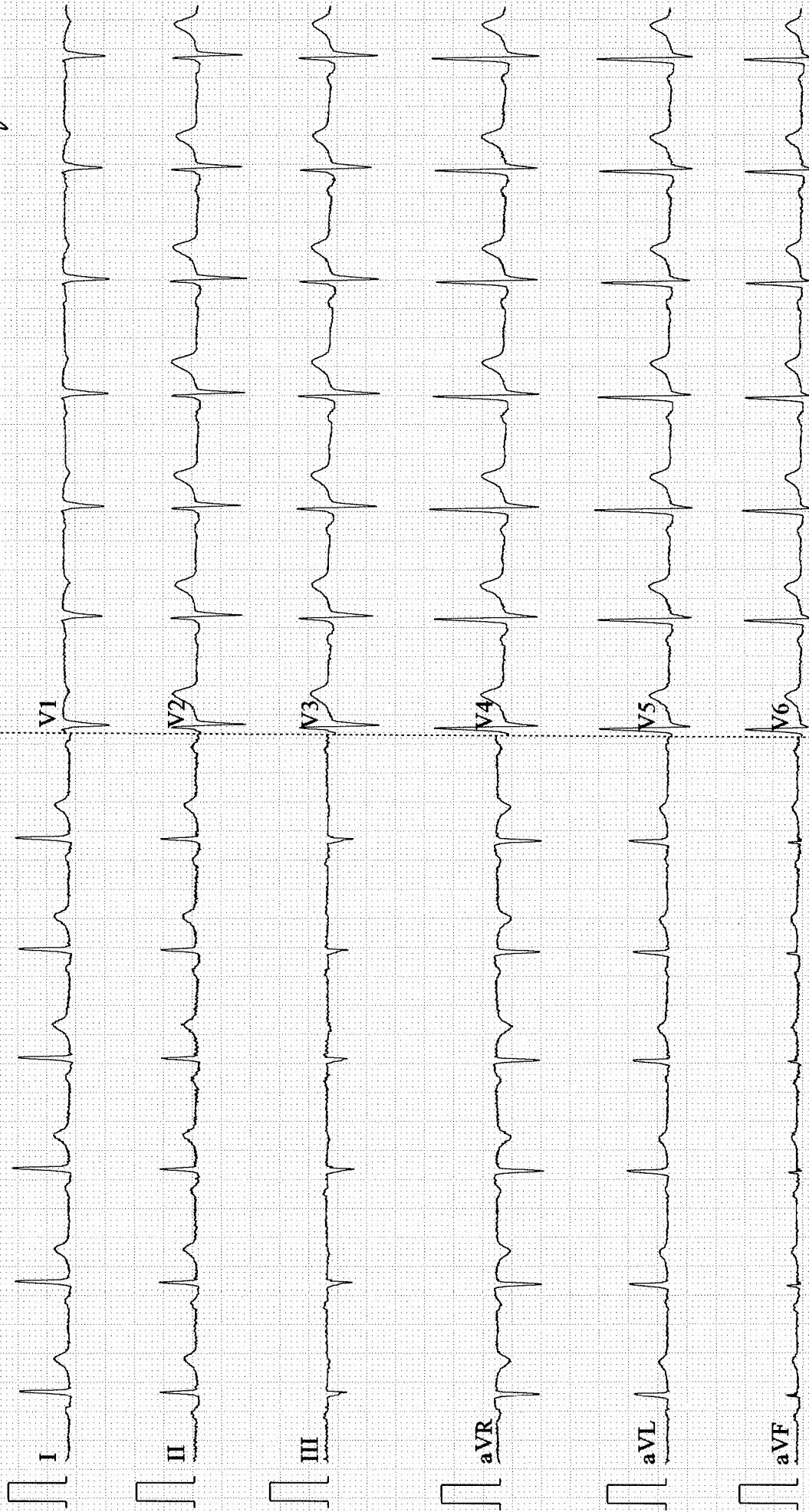
Diagnosis Information:

Sinus Rhythm

QS Wave in lead V1

BP - 144/105 mmHg

Report Confirmed by:





TOUCHING LIVES  
Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
Age/Gender : 45 Y 8 M 19 D/M  
UHID/MR No : SKOR.0000197479  
Visit ID : SKOROPV287194  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 74207



Collected : 08/Apr/2024 08:30AM  
Received : 08/Apr/2024 09:04AM  
Reported : 08/Apr/2024 09:47AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

Page 1 of 17

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

SIN No:BED240096836







Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
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Collected : 08/Apr/2024 08:30AM  
Received : 08/Apr/2024 09:04AM  
Reported : 08/Apr/2024 09:47AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,700	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTC COUNT (DLC)</b>				
NEUTROPHILS	64	%	40-80	Electrical Impedence
LYMPHOCYTES	31	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6208	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3007	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	97	Cells/cu.mm	20-500	Calculated
MONOCYTES	388	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.06		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	313000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren

#### PERIPHERAL SMEAR

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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*Anushree R*

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

SIN No:BED240096836





Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
Age/Gender : 45 Y 8 M 19 D/M  
UHID/MR No : SKOR.0000197479  
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Emp/Auth/TPA ID : 74207



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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*Anushree R*

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

SIN No:BED240096836





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

*Anushree R*

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

SIN No:BED240096836





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	121	mg/dL	70-100	GOD - POD

Result Rechecked

**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.

*Anushree R*

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

SIN No:PLF02142652





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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

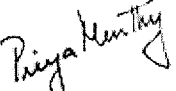
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	148	mg/dL	70-140	GOD - POD

Result Rechecked

**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 Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:PLP1444008



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6.6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	mg/dL		Calculated

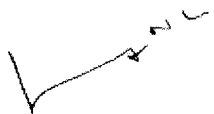
**Comment:**

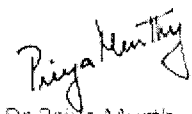
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)

  
 Govinda Raju N L  
 MSc,MPhil,(Phd)  
 Consultant Biochemist

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



SIN No:EDT240044758



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	138	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	105	mg/dL	<150	
HDL CHOLESTEROL	24	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	93	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<0.11	Calculated

Result Rechecked

**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.

*Anushree R*

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



SIN No:SE04690399



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

- 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 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).

*Anushree R*

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

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### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	86.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	<b>3.80</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.03		0.9-2.0	Calculated

Result Rechecked

#### 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 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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Anushree R

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

SIN No:SE04690399





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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.75	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>16.90</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>7.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.20</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	<b>8.30</b>	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	<b>3.80</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.03		0.9-2.0	Calculated

Result Rechecked

*Anushree R*

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

SIN No:SE04690399





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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	22.00	U/L	16-73	Glycylglycine Kinetic method

*Anushree R*

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

SIN No:SE04690399





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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.49	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.610	µIU/mL	0.35-4.94	CMIA

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

Govinda Raju N L  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

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



SIN No: SPL24065579




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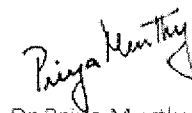
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.312	ng/mL	<4	CMIA

  
 Govinda Raju N L  
 MSc,MPhil,(Phd)  
 Consultant Biochemist

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





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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY

*Anushree R*

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

SIN No:UR2327303





Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
 Age/Gender : 45 Y 8 M 19 D/M  
 UHID/MR No : SKOR.0000197479  
 Visit ID : SKOROPV287194  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 74207



Collected : 08/Apr/2024 01:08PM  
 Received : 08/Apr/2024 01:24PM  
 Reported : 08/Apr/2024 01:40PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

*Priya Murthy*

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

SIN No:UPP017554





Patient Name : Mr.JAGIRDAR ABID AHMED NIZAMUDDIN  
 Age/Gender : 45 Y 8 M 19 D/M  
 UHID/MR No : SKOR.0000197479  
 Visit ID : SKOROPV287194  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 74207



Collected : 08/Apr/2024 08:50AM  
 Received : 08/Apr/2024 09:22AM  
 Reported : 08/Apr/2024 09:28AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

*Anushree R*

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

SIN No:UF011620

