

Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 32 Y 11 M 30 D/M	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068950	Reported	: 10/Aug/2024 02:43PM
Visit ID	: SJAiopV55267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC - Predominantly macrocytic, mild hypochromic with presence of few tear drop cells & ovalocytes. NRBC are not seen.

Wbc- Total count is reduced with mild shift to left. Hypersegmented neutrophils are seen.
N 59, L 30, M 03, E 04, band 03, metamyelocyte 01

Platelets - Adequate in number showing few large platelets.

Parasite- Not seen.

Impression- Leucopenia.

Kindly correlate with clinical findings, Vitamin B12/ folic acid levels for further evaluation.




Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208228



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	3.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	107.4	fL	83-101	Calculated
MCH	35.8	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	2,780	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
META-MYELOCYTE	1	%		Microscopic
BANDS	3	%		Microscopic
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1723.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	834	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	111.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	83.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
PLATELET COUNT	166000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC - Predominantly macrocytic, mild hypochromic with presence of few tear drop cells & ovalocytes. NRBC are not seen.

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DEPARTMENT OF HAEMATOLOGY

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

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



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Patient Name : Mr.DESHRAJ MEENA	Collected : 10/Aug/2024 11:43AM
Age/Gender : 32 Y 11 M 30 D/M	Received : 10/Aug/2024 12:49PM
UHID/MR No : SJA1.0000068950	Reported : 10/Aug/2024 01:48PM
Visit ID : SJA1OPV55267	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	mg/dL	70-140	GOD - POD

Kindly correlate with dietary history &/ or with any relevant medication if taking.

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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SIN No:PLP1481133



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	151	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	152	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	36	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	84.35	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.32	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.20		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.27		<0.11	Calculated

Kindly correlate clinically.

Comment:

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

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

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

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.85	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41.12	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	89.47	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.46	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.99		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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


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



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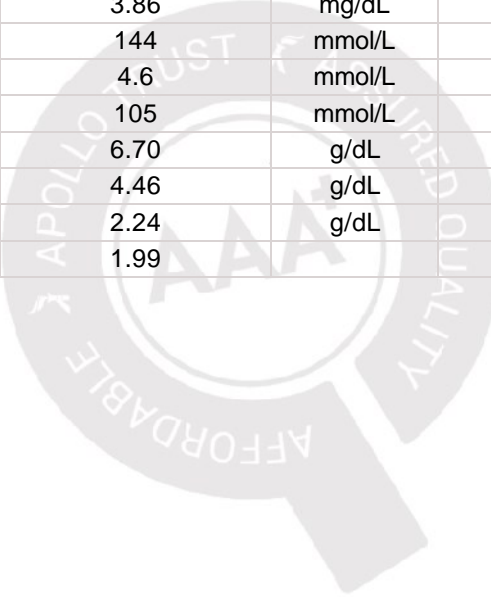


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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	20.83	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.75	mg/dL	3.5-7.2	Uricase
CALCIUM	10.03	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.86	mg/dL	2.5-4.5	PMA Phenol
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.46	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.99		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.05	U/L	15-73	Glycylglycine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.282	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	6.733	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	1.825	µIU/mL	0.35-4.75	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

- 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

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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

Comment:

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

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

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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Khushbu Jain
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M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:UR2401789





Patient ID :



TEST REPORT

Reg. No : 408101353	Reg. On : 10-Aug-2024 01:09 PM
Name : Mr. DESHRAJ MEENA	Collected On : 10-Aug-2024 01:09 PM
Age/Sex : 32 Years / Male	Report Date : 10-Aug-2024 01:58 PM
Ref. By :	Dispatch At :
Client Name : APOLLO HEALTH AND LIFE STYLE LTD	Tele No :

BIO - CHEMISTRY

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
Hb A1C <i>Turbidimetric InhibitionImmunoassay</i>	4.60	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose <i>Calculated</i>	85.32	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

----- End Of Report -----

DR KHUSHBU JAIN
MD PATHOLOGY

TERMS AND CONDITIONS GOVERNING THIS REPORT

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

Laboratories not be responsible for any interpretation whatsoever.

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

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

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

This report is not valid for medico legal purposes.

Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 32 Y 11 M 30 D/M	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068950	Reported	: 10/Aug/2024 02:43PM
Visit ID	: SJAIOPV55267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC - Predominantly macrocytic, mild hypochromic with presence of few tear drop cells & ovalocytes. NRBC are not seen.

Wbc- Total count is reduced with mild shift to left. Hypersegmented neutrophils are seen.
N 59, L 30, M 03, E 04, band 03, metamyelocyte 01


Platelets - Adequate in number showing few large platelets.

Parasite- Not seen.

Impression- Leucopenia.

Kindly correlate with clinical findings, Vitamin B12/ folic acid levels for further evaluation.

Page 1 of 14


Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208228



Patient Name : Mr.DESHRAJ MEENA
Age/Gender : 32 Y 11 M 30 D/M
UHID/MR No : SJAI.000068950
Visit ID : SJAIOPV55267
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 113373

Collected : 10/Aug/2024 08:18AM
Received : 10/Aug/2024 08:50AM
Reported : 10/Aug/2024 02:43PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

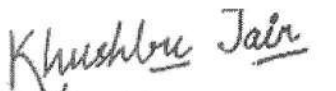
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	3.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	107.4	fL	83-101	Calculated
MCH	35.8	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	2,780	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
META-MYELOCYTE	1	%		Microscopic
BANDS	3	%		Microscopic
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1723.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	834	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	111.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	83.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
PLATELET COUNT	166000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC - Predominantly macrocytic, mild hypochromic with presence of few tear drop cells & ovalocytes. NRBC are not seen.

Wbc- Total count is reduced with mild shift to left. Hypersegmented neutrophils are seen.

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Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:BED240208228

Patient Name : Mr.DESHRAJ MEENA
Age/Gender : 32 Y 11 M 30 D/M
UHID/MR No : SJAI.0000068950
Visit ID : SJAIOPV55267
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 113373

Collected : 10/Aug/2024 08:18AM
Received : 10/Aug/2024 08:50AM
Reported : 10/Aug/2024 02:43PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

N 59, L 30, M 03, E 04, band 03, metamyelocyte 01


Platelets - Adequate in number showing few large platelets.

Parasite- Not seen.

Impression- Leucopenia.

Kindly correlate with clinical findings, Vitamin B12/ folic acid levels for further evaluation.

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Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208228



Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 32 Y 11 M 30 D/M	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068950	Reported	: 10/Aug/2024 02:22PM
Visit ID	: SJAiopv55267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:BED240208228

Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 11:43AM
Age/Gender	: 32 Y 11 M 30 D/M	Received	: 10/Aug/2024 12:49PM
UHID/MR No	: SJAI.0000068950	Reported	: 10/Aug/2024 01:48PM
Visit ID	: SJAiopV55267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	mg/dL	70-140	GOD - POD

Kindly correlate with dietary history &/ or with any relevant medication if taking.

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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Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:PLP1481133

Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 32 Y 11 M 30 D/M	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068950	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	151	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	152	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	36	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	84.35	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.32	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.20		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.27		<0.11	Calculated

Kindly correlate clinically.

Comment:

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

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

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

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

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Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04804967



Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 32 Y 11 M 30 D/M	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068950	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.85	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41.12	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	89.47	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.46	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.99		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.


2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:SE04804967


Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 32 Y 11 M 30 D/M	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068950	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF BIOCHEMISTRY

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

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

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Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04804967



Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
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Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	20.83	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.75	mg/dL	3.5-7.2	Uricase
CALCIUM	10.03	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.86	mg/dL	2.5-4.5	PMA Phenol
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.46	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.99		0.9-2.0	Calculated

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Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:SE04804967


Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
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Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	17.05	U/L	15-73	Glycylglycine Nitoranalide

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Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04804967



Patient Name : Mr.DESHRAJ MEENA	Collected : 10/Aug/2024 08:18AM
Age/Gender : 32 Y 11 M 30 D/M	Received : 10/Aug/2024 08:50AM
UHID/MR No : SJAI.0000068950	Reported : 10/Aug/2024 01:49PM
Visit ID : SJAIOPV55267	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 113373	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.282	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	6.733	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	1.825	µIU/mL	0.35-4.75	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

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

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

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Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:SPL24130204


Patient Name : Mr.DESHRAJ MEENA
Age/Gender : 32 Y 11 M 30 D/M
UHID/MR No : SJAI.0000068950
Visit ID : SJAIOPV55267
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 113373

Collected : 10/Aug/2024 08:18AM
Received : 10/Aug/2024 08:50AM
Reported : 10/Aug/2024 01:49PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--


Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 32 Y 11 M 30 D/M	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068950	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

Comment:

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

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

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Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:UR2401789

Patient Name	: Mr.DESHRAJ MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 32 Y 11 M 30 D/M	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068950	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 113373		

DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***

Page 14 of 14


Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:UR2401789



Patient ID :



TEST REPORT

Reg. No : 408101353	Reg. On : 10-Aug-2024 01:09 PM
Name : Mr. DESHRAJ MEENA	Collected On : 10-Aug-2024 01:09 PM
Age/Sex : 32 Years / Male	Report Date : 10-Aug-2024 01:58 PM
Ref. By :	Dispatch At :
Client Name : APOLLO HEALTH AND LIFE STYLE LTD	Tele No :

BIO - CHEMISTRY

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
Hb A1C <i>Turbidimetric Inhibition Immunoassay</i>	4.60	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose <i>Calculated</i>	85.32	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

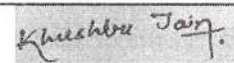
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

----- End Of Report -----



DR KHUSHBU JAIN
MD PATHOLOGY

DATE: 10-AUG-24

NAME: DESHRAJ MEENA

32Y/M

REF. BY: APOLLO HOSPITAL

X-RAY CHEST PA VIEW:

- Lung fields appear radiologically clear.
- Hilar shadows appear normal.
- Both C.P. angles are clear.
- Cardio-thoracic ratio is within normal limits.
- Both domes of diaphragms appear normal.
- Bony thoracic cage and soft tissue appear normal.

IMPRESSION:


- Normal study of chest X-ray.

Dr. N.M. Kumawat
DNB (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 17614)

Dr. Vaishali Singh
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 27095)

Dr. Sumita Choudhary
DNB (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 22866)

Dr. Ravi Kasniya
MD (Radiodiagnosis)
Consultant radiologist
(RMC reg. No. - 24691)


Dr. Mitesh Gupta (khandelwal)
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 41952)

There is only a professional opinion and should be correlated clinically. Not valid for medico-legal purpose. Typographical errors should be notified within 7 days.

DIAGNOSIS IS Must For Cure, We Are Committed To Make It Sure

Ground Floor, Akshat Retreat, Opp. Gate No.1 of SMS Hospital, Tonk Road, Jaipur

Ph.: 0141-2369763/64, 4021683 • Email: care@suryamdiagnostic.in • Website: www.suryamdiagnostic.in

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DATE: 10-AUG-24

NAME: DESHRAJ MEENA

32Y/M

REF. BY: APOLLO HOSPITAL

ULTRASOUND WHOLE ABDOMEN REPORT:

LIVER: is normal in size and shows raised echotexture. No focal solid or cystic lesion is seen in liver. The hepatic and portal veins are normal in diameter.

GALL BLADDER: is well visualized and is normal wall thickness. There is no evidence of any calculi or biliary sludge in gall bladder. The CBD is normal in course and caliber. Intrahepatic biliary canaliculi are not dilated.

PANCREAS: to the extent visualized is normal. The pancreatic duct is not visualized.

RIGHT KIDNEY:

Right kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

LEFT KIDNEY:

Left kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

SPLEEN: It is normal in size. It appears normal in shape and echotexture. No focal solid/cystic lesion is seen in spleen.


URINARY BLADDER: Is minimally filled.

PROSTATE: prostate is normal in shape, size and contour. Seminal vesicles appear normal.

IMPRESSION:

- Grade I fatty liver.

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Dr. Vaishali Singh
Consultant Radiologist
RMC Reg. No. 27095

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DATE: 10-AUG-24

NAME: DESHRAJ MEENA

32Y/M

REF. BY: APOLLO HOSPITAL

2-D ECHO-CARDIOGRAPHY WITH COLOUR DOPPLER

M MODE-2D ECHO FINDINGS

DIMENSIONS:

IVST (DIASTOLIC)	11 mm	AO	30 mm
LVID (DIASTOLIC)	46 mm	LA	35 mm
LVPW (DIASTOLIC)	11 mm		
IVST (SYSTOLIC)	16 mm		
LVID (SYSTOLIC)	31 mm		
LVPW (SYSTOLIC)	17 mm		

LV FUNCTIONS:

HR	bpm	SV	ml
LVEDV	ml	EF	60 %
LVESV	ml	FS	%

MORPHOLOGY:

SITUS	:	SOLITUS
ANTRIOVENTRICULAR RELATION	:	CONCORDANT
VENTRICULOARTERIAL RELATION	:	CONCORDANT
MITRAL AORTIC CONTINUITY	:	NORMAL
SEPTAL AORTIC CONTINUITY	:	NORMAL
IAS	:	INTACT
IVS	:	INTACT
CARDIAC CHAMBERS	:	NORMAL SIZE
GREAT VESSELS	:	NORMAL SIZE

VALVES:

MITRAL	:	NORMAL
TRICUSPID	:	NORMAL
PULMONARY	:	NORMAL
AORTIC	:	NORMAL

L.V.:

REGIONAL WALL MOTION	:	NORMAL
SYSTOLIC FUNCTION	:	NORMAL
DIASTOLIC FUNCTION	:	NORMAL

Cont..... Page (2)

DIAGNOSIS IS Must For Cure, We Are Committed To Make It Sure

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DATE: 10-AUG-24

NAME: DESHRAJ MEENA

32Y/M

REF. BY: APOLLO HOSPITAL

THROMBUS : NIL
VEGETATION : NIL
PERICARDIUM : NIL

VALVE		VELOCITY (m/sec)	REGURG Grade	STENOSIS GRADIENT (peak/mean-mm Hg)
MITRAL	E	0.83	NIL	
MITRAL	A	0.51	NIL	
TRICUSPID		0.52	NIL	
PULMONARY		0.73	NIL	
AORTIC		1.26	NIL	

MV AREA cm² (BY PHT/PLANIMETRY)
AV AREA NORMAL
PULMONARY ARTERY PRESSURE : NORMAL

IMPRESSION:

- ALL CARDIAC CHAMBERS ARE NORMAL.
- ALL VALVES ARE NORMAL.
- IAS/IVS INTACT.
- NO WALL MOTION ABNORMALITY.
- PERICARDIUM NORMAL.
- NO CLOT/VEGETATION SEEN.
- NORMAL SYSTOLIC AND DIASTOLIC FUNCTIONS OF THE LV.

Consultant Cardiologist.

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ID: ~~622~~

10-08-2024 09:15:11 AM

Arrow CE

Dr. Dehraj Meena

male

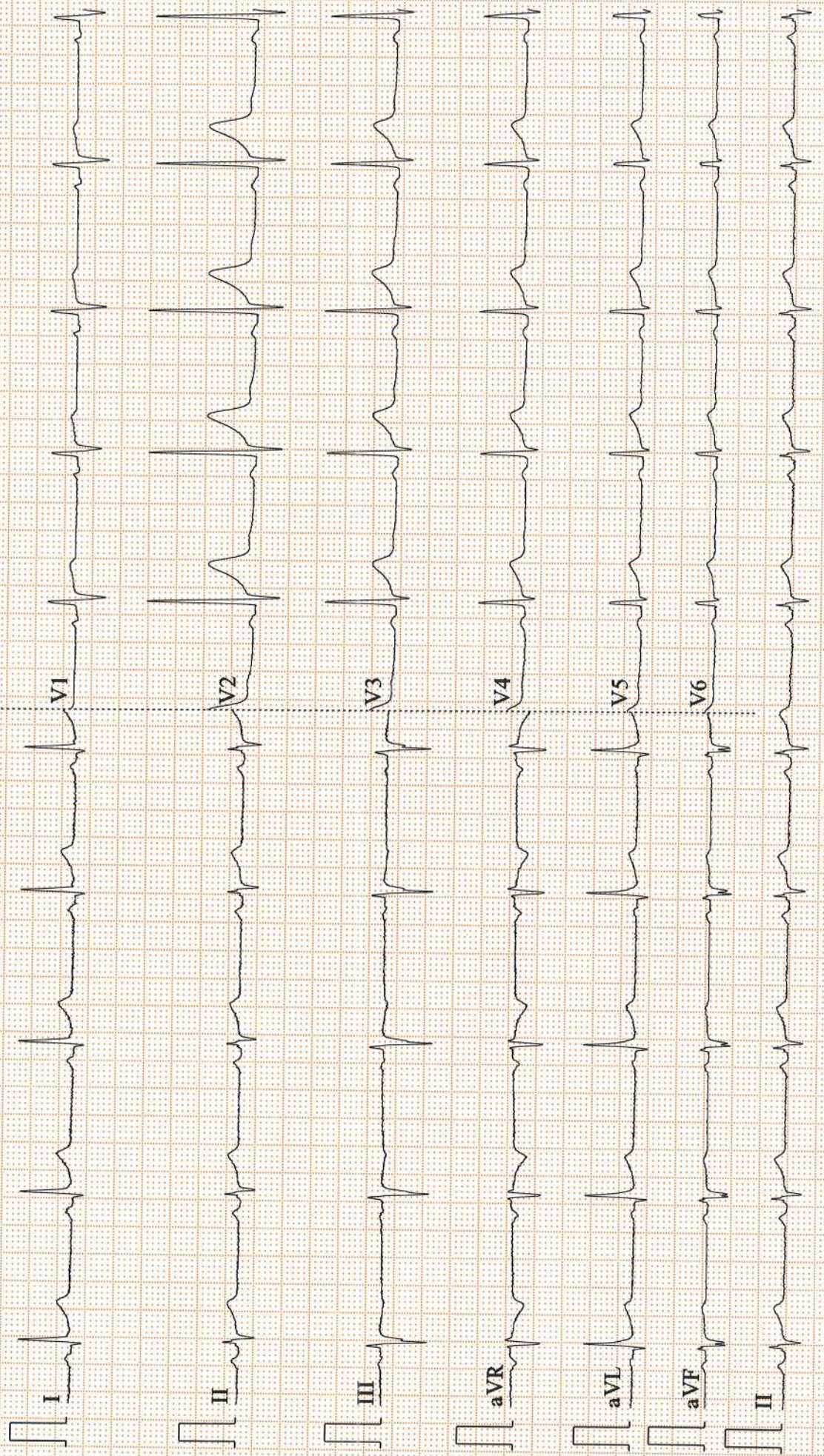
Years

Req. No. :

Diagnosis Information:
Sinus Bradycardia

HR : 56 bpm
 P : 103 ms
 PR : 164 ms
 QRS : 89 ms
 QT/QTcBz : 398/387 ms
 P/QRS/T : 28/-17/34 °
 RV5/SV1 : 0.586/0.467 mV

Report Confirmed by:



 भारत सरकार
GOVERNMENT OF INDIA

 देशराज मीना
Deshraj Meena
जन्म तिथि/ DOB: 11/08/1991
पुरुष / MALE



3561 5150 9112

Deshraj

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O: रामचरन मीना, मकान
नंबर बी-56-डी/ओ एच,
रेलवे कॉलोनी, रेलवे
कॉलोनी, अम्बाला छावनी,
अम्बाला, अम्बाला,
हरियाणा - 133001

Address:
S/O: Ramcharan Meena, House
Number B-56-D/O H, Railway
Colony, Railway Colony, Ambala
Cantt, Ambala, Ambala,
Haryana - 133001

3561 5150 9112

CERTIFICATE OF MEDICAL FITNESS


This is to certify that I have conducted the clinical examination

of Ms. Deshray Meeng on 10/8/24

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

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

Dr. Munish Bohra
Medical Officer
The Apollo Clinic



This certificate is not meant for medico-legal purposes

APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED

CIN- U85100KA2009PTC049961

Apollo Spectra Hospitals
 Plot no. 5-6, Vidhayak Nagar, Sahakar Marg,
 Near Vidhan Sabha, Lal Kothi, Jaipur- 302005

Phone. : 0141- 4959900
 www.apollospectra.com

Registered Address
 Imperial Towers, 7th Floor,
 Opp. to : Ameerpet Metro Station, Ameerpet,
 Hyderabad-500038, Telangana (INDIA)

Diet Consultation

Mr Deshray Meeng.
32yr male.

Diet Consultation.

- fibre intake ↑↑.
- water ↑↑.
- right food for few days



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

Dental Consultation



Deshraj Meena 32 yrs 10/8/24

O/E: 76/67 Carious.

B. - Omnident Tooth paste

Ameen



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

Name : Ms. Destrav meena.
Age/Sex : 32y/m.
MRN No :

Visit type: HC

BMI Report

B.P.: 118/80 mmHg. Pulse: 60/min
Weight (in KGs): 73 Kg.
Height (in cm): 166 cm.
BMI (Body Mass Index): 26.5 Kg/m².

BMI Categories:

Underweight = <18.5
Normal weight = 18.5-24.9
Overweight = 25-29.9
Obesity = BMI of 30 or greater
(According to WHO Standards)

Waist Measurement (At narrowest point): 32 in

Hip Measurement (At widest Point): 34 in

Waist to Hip Ratio: 0.9.

Chest - Expirations (cms): 95 cm

Inspirations (cms): 100 cm



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Hyderabad-500038, Telangana (INDIA)

Name : Mr. Deshpande Meene.
Age/Sex : 32/M
MRN No :

Visit type: HC

Eye Check-up Report

Present Complains: No complain

Surgical History: No.

Past History: No / Diabetes No / IHD / Asthma / TB / Kidney

Problems.....

Family History: No / Diabetes No / Retina Problem / High Myopia / Night

Blindness.....

Retinoscopy:

RE $\begin{array}{|l} +2.50 \\ \hline +2.50 \end{array}$

LE $\begin{array}{|l} +2.50 \\ \hline +2.50 \end{array}$

Ophthalmoscopy:

APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED

CIN- U85100KA2009PTC049961

RE
Apollo Spectra Hospitals
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Phone : 0141- 4959900
www.apollospectra.com

LE

Registered Address
Imperial Towers, 7th Floor,
Opp. to : Ameerpet Metro Station, Ameerpet,
Hyderabad-500038, Telangana (INDIA)

Vision:

RE		
V/A	UCVA	PH
	6/6	6/6
LE		
V/A	UCVA	PH
	6/6	6/6

GLASS PRSCRIPTION:


RE						
	SPH	CYL	AXIS	DV	NV	ADD
PG	_____					
NEW	_____					6/6

LE						
	SPH	CYL	AXIS	DV	NV	ADD
PG	_____					
NEW	_____					6/6

Colour Vision
RE
No colour vision

Lacrimal Sac




FINDINGS:
Chander

Customer Pending Tests