



: Mr.ROHIT SHARMA

Age/Gender

: 40 Y 9 M 21 D/M

UHID/MR No Visit ID

: RIND.0000017021 : RINDOPV16965

Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF : 22E33381 Collected

: 16/Sep/2024 09:25AM

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Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

# PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

PLATELETS ARE ADEQUATE. NO HEMOPARASITES SEEN



Page 1 of 15



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

SIN No:BED240228379





: Mr.ROHIT SHARMA

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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. Interval	Method
HEMOGRAM, WHOLE BLOOD EDTA				<u> </u>
HAEMOGLOBIN	12.6	g/dL	13-17	Spectrophotometer
PCV	40.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84	fL	83-101	Calculated
MCH	26.5	pg	27-32	Calculated
MCHC	31.5	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3864	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2622	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69 / / /	Cells/cu.mm	20-500	Calculated
MONOCYTES	345	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.47		0.78- 3.53	Calculated
PLATELET COUNT	270000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergrer
ERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 2 of 15



Dr.Kritika Jain

M.B.B.S,M.D(Pathology)

Consultant Pathologist

SIN No:BED240228379





Patient Name : Mr.ROHIT SHARMA Age/Gender : 40 Y 9 M 21 D/M

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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. Interval	Method
BLOOD GROUP ABO AND RH FACTOR	R , WHOLE BLOOD EDTA			<u> </u>
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Page 3 of 15



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

SIN No:BED240228379





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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	149	mg/dL	70-100	GOD - POD

Kindly correlate clinically.

#### **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)	316/40	mg/dl	70-140	GOD, POD

Kindly correlate clinically.

# **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.

Page 4 of 15



Dr.Kritika Jain

M.B.B.S,M.D(Pathology)

Consultant Pathologist

SIN No:PLP1485758







MC- 604

Patient Name : Mr.ROHIT SHARMA Age/Gender : 40 Y 9 M 21 D/M

UHID/MR No : RIND.0000017021

Visit ID : RINDOPV16965

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 22E33381 Collected : 16/Sep/2024 09:25AM Received : 16/Sep/2024 12:06PM

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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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN),	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	7.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	160	mg/dL		Calculated

#### **Comment:**

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

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

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

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

SIN No:EDT240090682

Page 5 of 15







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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. Interval	Method
LIPID PROFILE , SERUM		'		<u>'</u>
TOTAL CHOLESTEROL	221	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	133	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	167	mg/dL	<130	Calculated
LDL CHOLESTEROL	140.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.14		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.04		<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.

Page 6 of 15



Dr.Kritika Jain

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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. Interval	Method
IVER FUNCTION TEST (LFT), SERUM		<u></u>		
BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.25	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35.97	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	41.5	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2 ST		<1.15	Calculated
ALKALINE PHOSPHATASE	81.55	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.38	g/dL	6.3-8.2	Biuret
ALBUMIN	4.44	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51	7	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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

- 2. Cholestatic Pattern:
- \*ALP Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated-predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.
- 3. Synthetic function impairment:
- \*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- 4. Associated tests for assessment of liver fibrosis Fibrosis-4 and APRI Index.

Page 7 of 15



Dr.Kritika Jain

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



Page 8 of 15



Dr.Kritika Jain
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. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.82	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	21.93	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.89	mg/dL	3.5-7.2	Uricase
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.06	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	5.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.38	g/dL	6.3-8.2	Biuret
ALBUMIN	4.44	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51	A II	0.9-2.0	Calculated

Page 9 of 15



Dr.Kritika Jain M.B.B.S,M.D(Pathology)

Consultant Pathologist





: Mr.ROHIT SHARMA

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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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	49.73	U/L	15-73	Glyclyclycine Nitoranalide



Page 10 of 15



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







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Age/Gender : 40 Y 9 M 21 D/M UHID/MR No : RIND.0000017021

Visit ID : RINDOPV16965

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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. Interval	Method		
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	1.06	ng/mL	0.87-1.78	CLIA		
THYROXINE (T4, TOTAL)	11.32	μg/dL	5.48-14.28	CLIA		
THYROID STIMULATING HORMONE (TSH)	10.519	μIU/mL	0.38-5.33	CLIA		

#### **Comment:**

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

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

TSH	<b>T3</b>	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

Page 11 of 15

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

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

SIN No:SPL24139723









: Mr.ROHIT SHARMA

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# **DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Page 12 of 15

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

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

SIN No:SPL24139723









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# **DEPARTMENT OF IMMUNOLOGY**

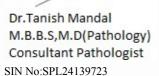
# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.550	ng/mL	0-4	CLIA



Page 13 of 15









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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. Interval	Method	
COMPLETE URINE EXAMINATION (	CUE) , URINE				
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW		PALE YELLOW	Visual	
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement	
рН	6.5		5-7.5	Double Indicator	
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue	
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator	
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase	
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction	
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside	
UROBILINOGEN	NEGATIVE		NORMAL	Modifed Ehrlich Reaction	
NITRITE	NEGATIVE		NEGATIVE	Diazotization	
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase	
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy	
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy	
RBC	ABSENT	/hpf	0-2	Microscopy	
CASTS	NIL		0-2 Hyaline Cast	Microscopy	
CRYSTALS	ABSENT		ABSENT	Microscopy	

# **Comment:**

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

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

Page 14 of 15



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

SIN No:UR2412452





: Mr.ROHIT SHARMA

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: 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. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+++)		NEGATIVE	Dipstick
Test Name	Result	Unit	Bio. Ref. Interval	Method

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



Page 15 of 15



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

SIN No:UF012107

Patient Name : Mr.ROHIT SHARMA
Age/Gender : 40 Y 9 M 21 D/M
UHID/MR No : RIND.0000017021
Visit ID : RINDOPV16965

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 22E33381 

 Collected
 : 16/Sep/2024 04:21PM

 Received
 : 16/Sep/2024 04:37PM

 Reported
 : 16/Sep/2024 06:36PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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

Laboratories not be responsible for any interpretation whatsoever.

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

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

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

This report is not valid for medico legal purposes.

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

SIN No:UF012107

This test has been performed at Apollo Health and Lifestyle Ltd/Lab









#### LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator, MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SHARMA ROHIT
EC NO.	77598
DESIGNATION	BRANCH HEAD
PLACE OF WORK	DELHI,PATPARGANJ
BIRTHDATE	25-11-1983
PROPOSED DATE OF HEALTH	16-09-2024
CHECKUP	
BOOKING REFERENCE NO.	24S77598100113954E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 13-09-2024 till 31-03-2025 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

**CERTIFICATE OF MEDICAL FITNES** 

This is to certify that I have conducted the clinical examination

SHARMA

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

	Tick
Medically Fit	
Fit with restrictions/recommendations	
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
2. TSHTE	
2 TSHTE	
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit.	<u> </u>
Review after the Consult to Physician recommend	ded
Unfit	
Dr. SHAILENDPA KUMAR, (Physician)  M.F. C.S.  Regd. No. DMC-12233  Apollo Cradle and Guild en's Hospital NH-1, Shatik thand-2, Indirapuram, Charlebod: I W. C.	

This certificate is not meant for medico-legal purposes

**Medical Officer** 

Ghaziabad; Utlar Pradesh-201014

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh - 201014. Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Date

: 16-09-2024

MR NO

RIND.0000017021

Department

Doctor

: GENERAL

Name

Mr. ROHIT SHARMA

Registration No

Age/ Gender

cm

40 Y / Male

Weight

Pulse

Qualification

Resp:

BMI:312 Kg/m2

Consultation Timing: 09:15

85:3 Kg

Waist Circum: B.P: 100 mml

(U)

165

Ciniçal Diagnosis & Management Plan

Height:

Temp:

Merelo Duri Musedi contra

Follow up date

**Doctor Signature** 

OUR NETWORK: AMRITSAR | BENGALURU | CHENNAI | HYDERABAD | DELHI NCR



Mob: 9625328945, 9667406341

# Dr. NILOTPAL MISHRA

**BDS** (Manipal) MDS (Maxillofacial Surgeon) Fellow Head & Neck Oncology (Dharamshila Hospital, New Delhi) Asst. Prof.: I.T.S College (G.N)

Add.: 333/05, Shakti Khand 1st, Indirapuram

**Appointment Time** 

Mon to Sun: 10 AM To 2 PM 5 PM To 8 PM

# FACILITIES

- Computerised Dental X-ray (RVG)
- Root Canal Treatment (RCT)-By Hand By Machine
- Tooth Coloured Dental Filling
- Tooth Capping
- Fixed Crown & Bridges
- Dental Implant
- Dental Bleaching (Teeth Whitening)
- Ultrasonic Scaling (Tooth Cleaning By Machine)
- Plainless Tooth Extraction
- Dental Jewellery
- Denture RPD 8 Complete Denture
- Cosmetic Filling
- Direct and Indirect Veneer
- Teeth Scaling and Polisihing
- Orthodontic Treatment (Metal Braces, Ceramic **Braces VS Invisalign**
- Wisdom Teeth Removal
- Gum Surgeries
- Trauma
- Oral Cancer

Of E- Oral prophylaxis.

Calculus (++)

Alv- scalling done

Dr. Pappi

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on: L						APOLLO CPADIE & CHILDRAE HOSPITAL
Diagnosis Information:						
Diagno ms W mV Uncon	IV VI	 V3	V4	AS AS	9A ~	CEMID V4.65
bpm ms ms ms 430 40.439			1			
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Ar. Rokt Shound. Male Yo. Years Reg. No. :			<u>)</u>		, A	0.67~35H7 ACSO 75mm/s
, βοβ β. . No: . No:			aVR	aVL	aVF	Hye Zyu

0.67~35Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r V2.23 SEMIP V1.92 APOLLO CRADLE & CHILDRN'S HOSPITAL



Patient Name : Mr. ROHIT SHARMA Age/Gender : 40 Y/M

 UHID/MR No.
 : RIND.0000017021
 OP Visit No
 : RINDOPV16965

 Sample Collected on
 : 16-09-2024 16:52

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 22E33381

# DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

# **CONCLUSION:**

No obvious abnormality seen

Dr. SANGEETA AGGARWAL MBBS, MD

Radiology



Age/Gender **Patient Name** : Mr. ROHIT SHARMA : 40 Y/M **OP Visit No** UHID/MR No. : RIND.0000017021 : RINDOPV16965 Sample Collected on : : 16-09-2024 13:47 Reported on LRN# : RAD2416481 **Specimen Ref Doctor** : SELF : 22E33381 Emp/Auth/TPA ID

# DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

LIVER: Liver is mildly enlarged in size (16cm) and the parenchymal echotexture shows grade-2 to 3 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

**GALL BLADDER:** Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

**PANCREAS**: Pancreas is normal in size and echopattern.

**SPLEEN:** Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

**KIDNEYS:** Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

**URINARY BLADDER:** Urinary bladder is normal in wall thickness with clear contents. No obvious mass lesion seen.

**PROSTATE**: Prostate is normal in size and echo-pattern. Capsule is intact.

No free fluid is seen in the peritoneal cavity.

IMPRESSION: Mild hepatomegaly with grade 2 to 3 Fatty infiltration of the liver.

SUGGEST CLINICAL CORRELATION

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Patient Name : Mr. ROHIT SHARMA Age/Gender : 40 Y/M

Dr. SANGEETA AGGARWAL
MBBS, MD

Radiology

Patient Name : Mr. ROHIT SHARMA Age : 40 Y/M

UHID : RIND.0000017021 OP Visit No : RINDOPV16965 Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 16-09-2024 16:05

Referred By : SELF

# **2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed) 3.40 CM LA (es) 4.12 CM LVID (ed) 4.49 CM LVID (es) 2.76 CM IVS (Ed) 1.04 CM 1.31 CM LVPW (Ed) EF 68.00% %FD 34.00%

MITRAL VALVE: NORMAL

AML NORMAL NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

Patient Name : Mr. ROHIT SHARMA Age : 40 Y/M

UHID : RIND.0000017021 OP Visit No : RINDOPV16965 Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 16-09-2024 16:05

Referred By : SELF

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES NORMAL

PWD: A>E AT MITRAL INFLOW NORMAL

VELOCITY ACROSS THE AV NORMAL

# **IMPRESSION:**

GOOD LV/RV FUNCTION

NO MR/NO AR /NO TR/NOPAH.NO CLOT

NO PERICARDIAL EFFUSION.

Dr. SANJIV KUMAR GUPTA Patient Name : Mr. ROHIT SHARMA Age : 40 Y/M

UHID : RIND.0000017021 OP Visit No : RINDOPV16965 Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 16-09-2024 16:05

Referred By : SELF