

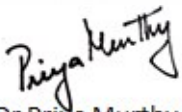
Patient Name : Mr.SONU KUMAR	Collected : 09/Mar/2024 09:48AM
Age/Gender : 32 Y 0 M 16 D/M	Received : 09/Mar/2024 10:52AM
UHID/MR No : CKOR.0000252086	Reported : 09/Mar/2024 02:43PM
Visit ID : CKOROPV402697	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386804	

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	14.5	g/dL	13-17	Spectrophotometer
PCV	44.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.14	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.2	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,720	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.1	%	40-80	Electrical Impedance
LYMPHOCYTES	22.5	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4441.92	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1512	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	201.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	490.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	73.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.94		0.78- 3.53	Calculated
PLATELET COUNT	241000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



SIN No:BED240063118

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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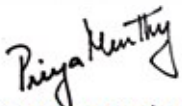
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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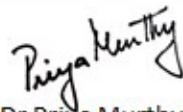
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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


Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	mg/dL	70-140	HEXOKINASE

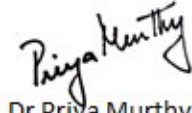
Comment:

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC


DR.SHIVARAJA SHETTY
 M.B.B.S.,M.D(Biochemistry)
 CONSULTANT BIOCHEMIST


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



SIN No:EDT240028739

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ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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Comment:

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

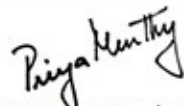
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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



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M.B.B.S.,M.D(Biochemistry)
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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. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	192	mg/dL	<200	CHO-POD
TRIGLYCERIDES	129	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	155	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.19		0-4.97	Calculated

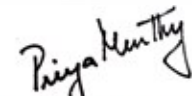
Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


DR.SHIVARAJA SHETTY
 M.B.B.S.,M.D(Biochemistry)
 CONSULTANT BIOCHEMIST


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



SIN No:SE04655699

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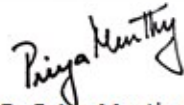
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	56	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	117.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.68	g/dL	6.6-8.3	Biuret
ALBUMIN	4.56	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In 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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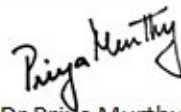
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.67-1.17	Jaffe's, Method
UREA	18.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.59	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.68	g/dL	6.6-8.3	Biuret
ALBUMIN	4.56	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



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



SIN No:SE04655699

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 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.SONU KUMAR	Collected : 09/Mar/2024 09:48AM
Age/Gender : 32 Y 0 M 16 D/M	Received : 09/Mar/2024 11:10AM
UHID/MR No : CKOR.0000252086	Reported : 09/Mar/2024 12:34PM
Visit ID : CKOROPV402697	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386804	

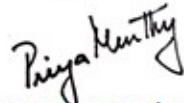
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.00	U/L	<55	IFCC



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Karnataka- 560034

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Patient Name : Mr.SONU KUMAR	Collected : 09/Mar/2024 09:48AM
Age/Gender : 32 Y 0 M 16 D/M	Received : 09/Mar/2024 11:10AM
UHID/MR No : CKOR.0000252086	Reported : 09/Mar/2024 02:18PM
Visit ID : CKOROPV402697	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386804	

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)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.241	µIU/mL	0.34-5.60	CLIA

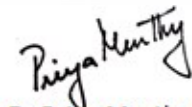
Comment:

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

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

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


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SIN No:SPL24041926

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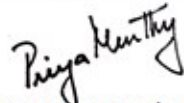
Patient Name : Mr.SONU KUMAR	Collected : 09/Mar/2024 09:48AM
Age/Gender : 32 Y 0 M 16 D/M	Received : 09/Mar/2024 11:10AM
UHID/MR No : CKOR.0000252086	Reported : 09/Mar/2024 02:18PM
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Emp/Auth/TPA ID : 386804	

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



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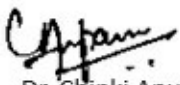
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Patient Name : Mr.SONU KUMAR	Collected : 09/Mar/2024 09:47AM
Age/Gender : 32 Y 0 M 16 D/M	Received : 09/Mar/2024 08:01PM
UHID/MR No : CKOR.0000252086	Reported : 09/Mar/2024 08:38PM
Visit ID : CKOROPV402697	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386804	

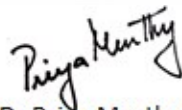
DEPARTMENT OF CLINICAL PATHOLOGY

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	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Chinki Anupam
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



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



SIN No:UR2301338

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Karnataka- 560034

 1860 500 7788
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Patient Name : Mr.SONU KUMAR	Collected : 09/Mar/2024 09:47AM
Age/Gender : 32 Y 0 M 16 D/M	Received : 09/Mar/2024 08:01PM
UHID/MR No : CKOR.0000252086	Reported : 09/Mar/2024 08:30PM
Visit ID : CKOROPV402697	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386804	

DEPARTMENT OF CLINICAL PATHOLOGY

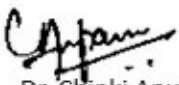
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

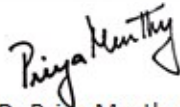
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UF011068

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www.apolloclinic.com

Patient Name	: Mr. Sonu Kumar	Age	: 32 Y/M
UHID	: CKOR.0000252086	OP Visit No	: CKOROPV402697
Conducted By:	:	Conducted Date	: 06-04-2024 18:57
Referred By	: SELF		

Patient Name	: Mr. Sonu Kumar	Age	: 32 Y/M
UHID	: CKOR.0000252086	OP Visit No	: CKOROPV402697
Conducted By:	:	Conducted Date	: 06-04-2024 18:57
Referred By	: SELF		

Customer Pending Tests
Consultation

Name : Mr. Sonu Kumar

Age: 32 Y

Sex: M

UHID:CKOR.0000252086

OP Number:CKOROPV402697

Bill No :CKOR-OCR-81328

Date : 09.03.2024 09:26

Address : KMG

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

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

Patient Name	: Mr. Sonu Kumar	Age	: 32 Y/M
UHID	: CKOR.0000252086	OP Visit No	: CKOROPV402697
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 10-03-2024 10:10
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 beats per minutes.
3. No pathological Q wave or S-T, T changes seen.
4. Normal P, Q, R, S, T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

----- END OF THE REPORT -----

Apollo Health and Lifestyle Limited

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Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Mrs Ritambhra Bharti

Patient ID : 252087

Age : 35 Year(s)

Sex : Female

Referring Doctor : H/C

Date : 09/03/2024

ULTRASOUND ABDOMEN AND PELVIS

Liver is normal in size and shows normal echo pattern. No biliary dilatation. No focal lesion

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern. corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. wall thickness is normal. No internal echoes.

Uterus:measures 7.8x5.4x5.6cms and there is a 2.4x2.9cm anterior intramural fibroid. Endometrial echoes are normal.

Endometrium: measures 3mm.

Left ovary is normal in size and echopattern

There is a 1.8x2.5cm unilocular anechoic cyst in the right ovary


There is a 1.7x3.2cm right paraovarian cyst.

There is no ascites.

IMPRESSION: FIBROID UTERUS

RIGHT OVARIAN SIMPLE CYST

RIGHT PARAOVARIAN CYST


DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Patient Name : Mrs.RITAMBHRA BHARTI	Collected : 09/Mar/2024 09:55AM
Age/Gender : 35 Y 3 M 16 D/F	Received : 09/Mar/2024 11:20AM
UHID/MR No : CKOR.0000252087	Reported : 09/Mar/2024 02:42PM
Visit ID : CKOROPV402700	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386803	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.8	g/dL	12-15	Spectrophotometer
PCV	41.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	97.6	fL	83-101	Calculated
MCH	32.2	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	79.4	%	40-80	Electrical Impedance
LYMPHOCYTES	11.9	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4922.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	737.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	186	Cells/cu.mm	20-500	Calculated
MONOCYTES	328.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	6.67		0.78- 3.53	Calculated
PLATELET COUNT	185000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Priya Murthy

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



SIN No:BED240063175

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
Apollo Health and Lifestyle Limited

Head Office: 110-63/62 Ashoka Baghupathi Chambers, 5th Floor, Begumpet Hyderabad, Telangana - 500 016
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Mysore | Mysore IVS | Mysore IVS

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TO BOOK AN APPOINTMENT



Patient Name	: Mrs.RITAMBHRA BHARTI	Collected	: 09/Mar/2024 09:55AM
Age/Gender	: 35 Y 3 M 16 D/F	Received	: 09/Mar/2024 11:20AM
UHID/MR No	: CKOR.0000252087	Reported	: 09/Mar/2024 02:42PM
Visit ID	: CKOROPV402700	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 386803		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE


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



SIN No:BED240063175

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CM: UB5110TG2000PLC115819

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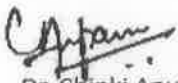
 1860 500 7783

Patient Name : Mrs.RITAMBHRA BHARTI	Collected : 09/Mar/2024 09:55AM
Age/Gender : 35 Y 3 M 16 D/F	Received : 09/Mar/2024 11:20AM
UHID/MR No : CKOR.0000252087	Reported : 09/Mar/2024 03:44PM
Visit ID : CKOROPV402700	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386803	

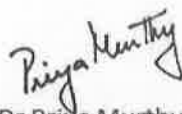
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



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TO BOOK AN APPOINTMENT



Patient Name	: Mrs.RITAMBHRA BHARTI	Collected	: 09/Mar/2024 09:55AM
Age/Gender	: 35 Y 3 M 16 D/F	Received	: 09/Mar/2024 11:22AM
UHID/MR No	: CKOR.0000252087	Reported	: 09/Mar/2024 01:18PM
Visit ID	: CKOROPV402700	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 386803		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	mg/dL	70-140	HEXOKINASE

Comment:

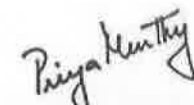
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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, sulfonyleureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.5	%		HPLC




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



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

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ESTIMATED AVERAGE GLUCOSE (eAG)	82	mg/dL	Calculated
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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)

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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



SIN No:EDT240028771

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(RRL - UHS 10TG0000PLC) (5819)

Address: Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory, 5th Floor, Begumpet, Hyderabad, Telangana - 500019.
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Online appointments: www.apolloclinics.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.RITAMBHRA BHARTI	Collected : 09/Mar/2024 09:55AM
Age/Gender : 35 Y 3 M 16 D/F	Received : 09/Mar/2024 11:10AM
UHID/MR No : CKOR.0000252087	Reported : 09/Mar/2024 12:34PM
Visit ID : CKOROPV402700	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386803	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	137	mg/dL	<200	CHO-POD
TRIGLYCERIDES	65	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	88	mg/dL	<130	Calculated
LDL CHOLESTEROL	75	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.80		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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CONSULTANT BIOCHEMIST

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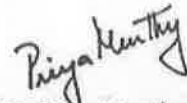
Patient Name	: Mrs.RITAMBHRA BHARTI	Collected	: 09/Mar/2024 09:55AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



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



SIN No:SE04655760

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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.RITAMBHRA BHARTI	Collected : 09/Mar/2024 09:55AM
Age/Gender : 35 Y 3 M 16 D/F	Received : 09/Mar/2024 11:10AM
UHID/MR No : CKOR.0000252087	Reported : 09/Mar/2024 12:34PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.86	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.72	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.69	mg/dL	0.51-0.95	Jaffe's, Method
UREA	23.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.36	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.12	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



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TO BOOK AN APPOINTMENT



Patient Name : Mrs.RITAMBHRA BHARTI	Collected : 09/Mar/2024 09:55AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<38	IFCC

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
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Emp/Auth/TPA ID : 386803	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.61	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.14	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.061	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



Ashetty

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

Priya Murthy

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

SIN No:SPL24041970
Apollo Health and Lifestyle Limited
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
(CPI - 085110TG2000PLC115819)

Recd. Office: 110-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
Ph: No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Mrs.RITAMBHRA BHARTI
Age/Gender : 35 Y 3 M 16 D/F
UHID/MR No : CKOR.0000252087
Visit ID : CKOROPV402700
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 386803

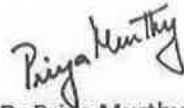
Collected : 09/Mar/2024 09:55AM
Received : 09/Mar/2024 11:10AM
Reported : 09/Mar/2024 02:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



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



SIN No:SPL24041970

Apollo Health and Lifestyle Limited
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(CIN - U85110TG2000PLC115819)

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Banangala | Sarjapur Road) Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

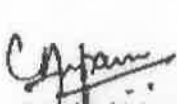


Patient Name	: Mrs.RITAMBHRA BHARTI	Collected	: 09/Mar/2024 09:54AM
Age/Gender	: 35 Y 3 M 16 D/F	Received	: 09/Mar/2024 08:01PM
UHID/MR No	: CKOR.0000252087	Reported	: 09/Mar/2024 08:38PM
Visit ID	: CKOROPV402700	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 386803		

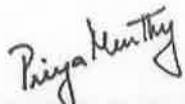
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 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	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
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



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UR2301391

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

APOLLO HEALTH AND LIFESTYLE LIMITED

Head Office: 1-10-60762, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name	: Mrs.RITAMBHRA BHARTI	Collected	: 09/Mar/2024 09:54AM
Age/Gender	: 35 Y 3 M 16 D/F	Received	: 10/Mar/2024 12:25AM
UHID/MR No	: CKOR.0000252087	Reported	: 10/Mar/2024 12:32AM
Visit ID	: CKOROPV402700	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 386803		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)

Chinki Anupam

Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Priya Murthy

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



SIN No:UF011072

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo Health and Lifestyle Limited

CIN: U65110TG2000PLC115819

Head Office: 10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph: No. 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name	: Mr. Sonu Kumar	Age	: 32 Y M
UHID	: CKOR.0000252086	OP Visit No	: CKOROPV402697
Reported on	: 09-03-2024 17:24	Printed on	: 12-03-2024 19:28
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.


The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Printed on:09-03-2024 17:24

---End of the Report---


For **Dr. VINOD P JOSEPH**
MBBS, DNB, DMRD
Radiology

Patient Name	: Mr. Sonu Kumar	Age/Gender	: 32 Y/M
UHID/MR No.	: CKOR.0000252086	OP Visit No	: CKOROPV402697
Sample Collected on	:	Reported on	: 12-03-2024 18:05
LRN#	: RAD2261663	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 386804		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

FINDINGS:

Liver is normal in size and shows increased echotexture. No biliary dilatation. No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate: normal in size and echotexture.

There is no ascites.

IMPRESSION: GRADE II FATTY LIVER

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Name : Mr. Sonu Kumar

Age: 24 Y

UHID:CKOR.0000249848

Sex: M

Address : KMG

Plan : PHASORZ L AND T ECC CONSTRUCTION PMC CREDIT
 PAN INDIA OP AGREEMENT FY2324

OP Number:CKOROPV394847

Bill No :CKOR-OCR-80232

Date : 08.01.2024 08:05

Sno	Service Type/ServiceName	Department
1	PHASORZ - L AND T ECC CONSTRUCTION - PMC - PAN INDIA - FY2324	
1	GLUCOSE, FASTING	
2	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	
3	COMPLETE URINE EXAMINATION	
4	ECC	IM
5	CREATININE, SERUM	
6	TRIGLYCERIDES - SERUM	
7	COMPLETE BLOOD COUNT (CBC)	
8	ASPARTATE AMINOTRANSFERASE (AST/SGOT), SERUM	
9	CHOLESTEROL - SERUM / PLASMA	
10	X-RAY CHEST PA	IM
11	FITNESS BY GENERAL PHYSICIAN	
12	BLOOD GROUP ABO AND RH FACTOR	
13	UREA - SERUM / PLASMA	

Physio - 24
 Dental - 15
 Ophthal - opp - 11

Sonu

Weight - 52.6 kg
 Height - 162 cm
 pulse - 117 bts/min
 Bp - 115/74 mmHg



CANDIDATE

Name: Mr. Somu Kumar

Date of Birth: 05/04/1999 Age 24 Blood Group: _____

Sex: Male Female Marital Status: Married Unmarried

Address: JAHANUPUR PUR PATEDHA, P+ POLICE STATION SARAI, DISTRICT, VAISHALI, STATE, BIHAR, PIN, 844125

Any allergy / Disability / Pre-existing disease: _____

Date: 08/11/2024 Somu Kumar
Signature of Candidate

CLINICAL FINDINGS

Height	Weight	Near	L.E. <u>Ng</u>	R.E. <u>Ng</u>	Hearing
<u>162</u> Cms.	<u>52.6</u> Kgs.	Vision:	Distant L.E. <u>6/6</u>	R.E. <u>6/6</u>	Left Ear
		Colour Vision	<u>Normal</u>		Right Ear
BP: <u>115/74</u> mmHg	Pulse Rate: <u>117</u>	Resp. Rate: <u>16</u>			
CVS: <u>S1S2 (+)</u>	RS: <u>B/LNURS (+)</u>	Abdomen: <u>soft, nlt.</u>			

Any other Findings: _____

INVESTIGATIONS

BLOOD	CBC - Hb	<u>14</u> gm%	TLC	<u>5010</u> / cumm%	DLC - P	<u>578318</u> E..1	M	<u>93</u>
	FBS	<u>81</u> mg%	BUN	mg%	Creatinine	<u>0.58</u> mg%		
URINE Routine: <u>Nothing significant.</u>								
X-Ray Chest: <u>Normal Study</u>			ECG: <u>Normal Study</u>					

CERTIFICATE

I Dr.: Ridhima

hereby certify that I have examined Mr./Ms. Somu Kumar

on 08/11/2024 and find him FIT / UNFIT for employment.

Remarks if unfit: _____

APOLLO MEDICAL CENTRE
51, Jyothinivas College Road
5th Block, Koramangala
Mob No 9972044580/7338064558
Phone No 080-25633823/24/33

Signature & Seal: [Signature] Reg. No. 156889 Address / Tel No. _____

DECLARATION

I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer / appointment. In case of any discrepancy arising out of my declaration, I will undergo the medical check-up by the company's suggested doctor and their findings will be fully binding on me and action thereon towards my employment will be accepted by me. I give my consent to L&T to seek further information, if any, from me directly or from any appropriate doctor.

Signature of Candidate: Somu Kumar Date: _____

Any additional information-

By candidate:

Recommendation by Doctor:

Remarks by Doctor:

* * * * *

OPHTHAL REPORT

NAME: Sonu Kumar

AGE: 24 GENDER: MALE/FEMALE

RIGHT EYE

	SPH	CYL	AXIS	VA
DV		<u>plano</u>		<u>6/6</u>
NV		<u>—————</u>		<u>14/6</u>

LEFT EYE

	SPH	CYL	AXIS	VA
DV		<u>plano</u>		<u>6/6</u>
NV		<u>—————</u>		<u>14/6</u>

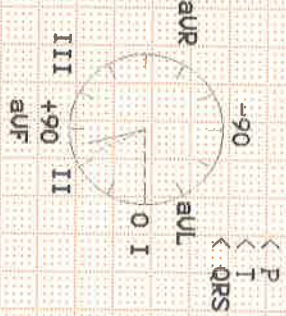
REMARK: blue black lens

DATE: 02/01/24

Chait
OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT.

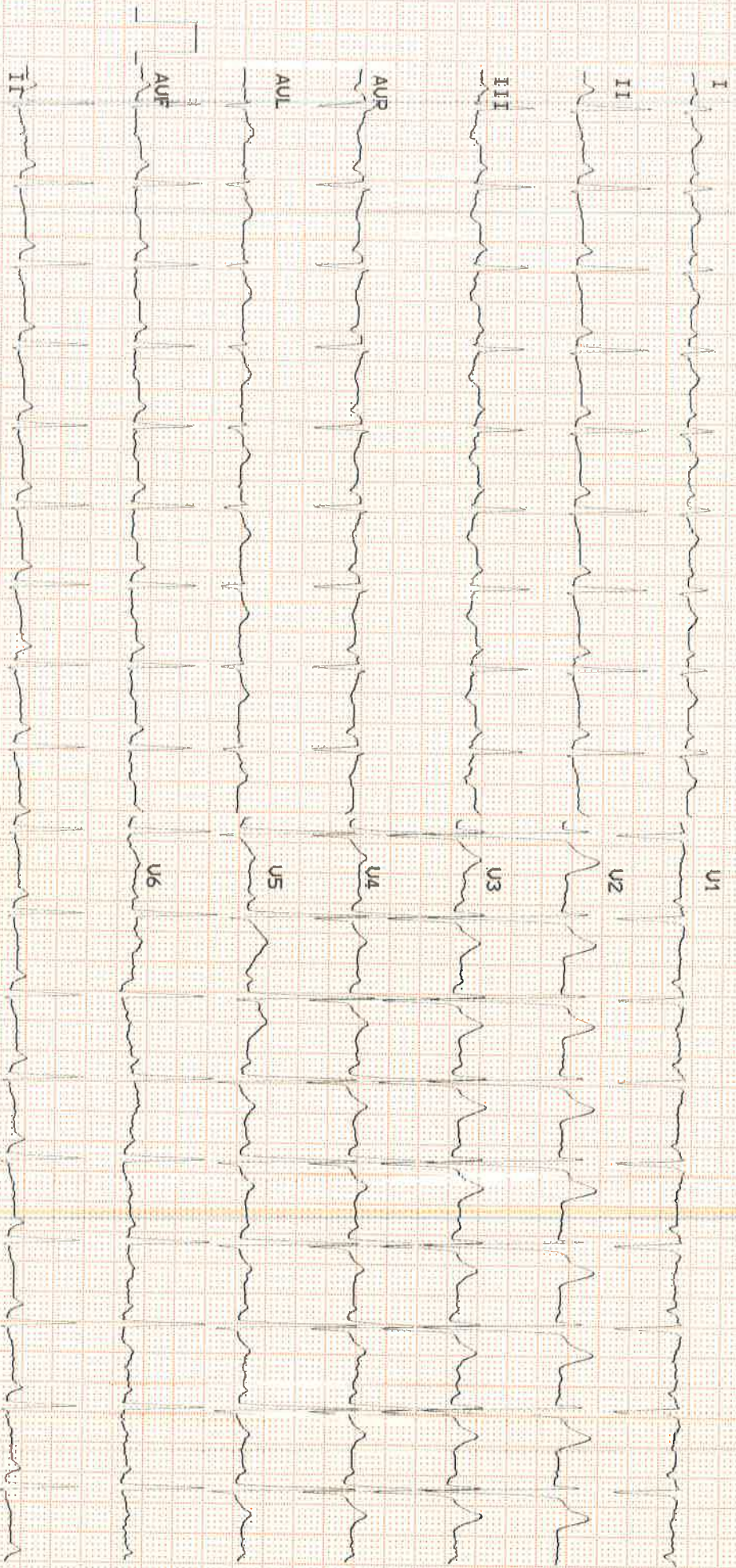
AGE 24
 Measurement Results:
 QRS 89 ms
 QT/QTcB 322 / 437 ms
 PR 128 ms
 P 100 ms
 RR/PP 542 / 540 ms
 P/QRS/T 65 / 75 / 0 degrees
 QTd/QTcBD 112 / 152 ms
 Sokolow NK 2.9 mV
 NK 16



Interpretation:

Sinus Tachycardia

Unconfirmed report.



Patient Name	: Mr. Sonu Kumar	Age	: 24 Y/M
UHID	: CKOR.0000249848	OP Visit No	: CKOROPV394847
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 08-01-2024 11:14
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus Tachycardia.
2. Heart rate is 110beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

----- END OF THE REPORT -----

Patient Name	: Mr. Sonu Kumar	Age	: 24 Y M
UHID	: CKOR.0000249848	OP Visit No	: CKOROPV394847
Reported on	: 08-01-2024 15:18	Printed on	: 08-01-2024 15:40
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.


DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Printed on:08-01-2024 15:18

---End of the Report---

Patient Name : Mr.SONU KUMAR	Collected : 08/Jan/2024 08:08AM
Age/Gender : 24 Y 9 M 3 D/M	Received : 08/Jan/2024 11:07AM
UHID/MR No : CKOR.0000249848	Reported : 08/Jan/2024 12:24PM
Visit ID : CKOROPV394847	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : PHASORZ TECHNOLOGIES PRIVATE LI
Emp/Auth/TPA ID : 55434371	MITED

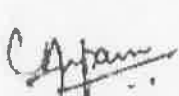
DEPARTMENT OF HAEMATOLOGY

PHASORZ - L AND T ECC CONSTRUCTION - PMC - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	43.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	3.51	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	124.6	fL	83-101	Calculated
MCH	39.9	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,010	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.8	%	40-80	Electrical Impedence
LYMPHOCYTES	31.8	%	20-40	Electrical Impedence
EOSINOPHILS	1	%	1-6	Electrical Impedence
MONOCYTES	9.3	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
CORRECTED TLC	5,010	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2895.78	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1593.18	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	50.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	465.93	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.01	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	225000	cells/cu.mm	150000-410000	Electrical impedence

Macrocytic blood picture. Kindly evaluate for incipient Vit B12/Folate deficiency.

Page 1 of 7



Dr. Chinki Anupam
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



Dr. Shobha Emmanuel
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:BED240005167

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor | Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohl.com

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Bangalore (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Keramangala | Sarjapur Road) Mysore (Kalidasa Road)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr.SONU KUMAR	Collected : 08/Jan/2024 08:08AM
Age/Gender : 24 Y 9 M 3 D/M	Received : 08/Jan/2024 11:07AM
UHID/MR No : CKOR.0000249848	Reported : 08/Jan/2024 02:59PM
Visit ID : CKOROPV394847	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : PHASORZ TECHNOLOGIES PRIVATE LI
Emp/Auth/TPA ID : 55434371	MITED

DEPARTMENT OF HAEMATOLOGY

PHASORZ - L AND T ECC CONSTRUCTION - PMC - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

C Anupam

Dr. Chinki Anupam
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

Shobha

Dr. Shobha Emmanuel
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:BED240005167

Patient Name : Mr.SONU KUMAR	Collected : 08/Jan/2024 08:08AM
Age/Gender : 24 Y 9 M 3 D/M	Received : 08/Jan/2024 11:26AM
UHID/MR No : CKOR.0000249848	Reported : 08/Jan/2024 03:24PM
Visit ID : CKOROPV394847	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : PHASORZ TECHNOLOGIES PRIVATE LI
Emp/Auth/TPA ID : 55434371	MITED

DEPARTMENT OF BIOCHEMISTRY

PHASORZ - L AND T ECC CONSTRUCTION - PMC - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	81	mg/dL	70-100	HEXOKINASE

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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	25	U/L	<50	IFCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Range	Method
ASPARTATE AMINOTRANSFERASE (AST/SGOT) , SERUM	28.0	U/L	<50	IFCC

Comment:

AST or SGOT is an enzyme which is predominantly present in the cytoplasm and mitochondria of a cell, mostly of liver, skeletal muscle, pancreas, kidney, heart.



Shetty

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04595503

Patient Name	: Mr.SONU KUMAR	Collected	: 08/Jan/2024 08:08AM
Age/Gender	: 24 Y 9 M 3 D/M	Received	: 08/Jan/2024 11:26AM
UHID/MR No	: CKOR.0000249848	Reported	: 08/Jan/2024 03:24PM
Visit ID	: CKOROPV394847	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: PHASORZ TECHNOLOGIES PRIVATE LI
Emp/Auth/TPA ID	: 55434371		MITED

DEPARTMENT OF BIOCHEMISTRY

PHASORZ - L AND T ECC CONSTRUCTION - PMC - PAN INDIA - FY2324

Increased levels of AST can be seen in Acute liver injury , Myocardial Infarction, viral hepatitis and some poisonings like CCL4
 For suspected liver injury, it is important to interpret AST results in association with ALT/SGPT results.
 AST is also raised in event of burns, heart procedure , seizures, surgery, pregnancy, extreme exercise.




DR.SHIVARAJA SHETTY
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SIN No:SE04595503

Patient Name : Mr.SONU KUMAR	Collected : 08/Jan/2024 08:08AM
Age/Gender : 24 Y 9 M 3 D/M	Received : 08/Jan/2024 11:26AM
UHID/MR No : CKOR.0000249848	Reported : 08/Jan/2024 03:24PM
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DEPARTMENT OF BIOCHEMISTRY

PHASORZ - L AND T ECC CONSTRUCTION - PMC - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL , SERUM	132	mg/dL	<200	CHO-POD




DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04595503

Patient Name : Mr.SONU KUMAR	Collected : 08/Jan/2024 08:08AM
Age/Gender : 24 Y 9 M 3 D/M	Received : 08/Jan/2024 11:26AM
UHID/MR No : CKOR.0000249848	Reported : 08/Jan/2024 03:39PM
Visit ID : CKOROPV394847	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : PHASORZ TECHNOLOGIES PRIVATE LI
Emp/Auth/TPA ID : 55434371	MITED

DEPARTMENT OF BIOCHEMISTRY

PHASORZ - L AND T ECC CONSTRUCTION - PMC - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
UREA , SERUM	16.10	mg/dL	17-43	GLDH, Kinetic Assay

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE , SERUM	0.58	mg/dL	0.67-1.17	Jaffe's, Method

Comment:

Reference Group	Reference ranges in mg/dL
Neonates	0.31-0.98 mg/dL
Infants	0.16-0.39 mg/dL
Child	0.26-0.77 mg/dL

Test Name	Result	Unit	Bio. Ref. Range	Method
TRIGLYCERIDES , SERUM	74	mg/dL	<150	GPO-POD

Comment:

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

Classification	Conventional Unit (mg/dL)
Normal	< 150
Borderline High	150 - 199
High	200 - 499
Very High	≥ 500



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04595503

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi) | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Keramangala | Sarjapur Road | Mysore (Kalladasa Road)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr.SONU KUMAR	Collected : 08/Jan/2024 08:08AM
Age/Gender : 24 Y 9 M 3 D/M	Received : 08/Jan/2024 12:54PM
UHID/MR No : CKOR.0000249848	Reported : 08/Jan/2024 03:15PM
Visit ID : CKOROPV394847	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : PHASORZ TECHNOLOGIES PRIVATE LIMITED
Emp/Auth/TPA ID : 55434371	

DEPARTMENT OF CLINICAL PATHOLOGY

PHASORZ - L AND T ECC CONSTRUCTION - PMC - 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	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Dr. Chinki Anupam
M.B.B.S, M.D (Pathology)
Consultant Pathologist

Dr. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: UR2259109

Original OP Credit Bill

Name : Mr. Sonu Kumar
 Age/Gender : 32 Y M
 Contact No : +918287547899
 Address : KMG
 UHID : CKOR.0000252086

Bill No : CKOR-OCR-81328
 Bill/Reg Date : 09/03/2024 09:26
 Referred by : SELF
 Center : Koramangala
 Emp No/Auth Code : 386804



CKOR.0000252086

Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

#	Department	Service Name	Qty	Rate	Discount	Amount
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	1	2,000.00	0.00	2,000.00

Bill Amount: 2,000.00
Total Discount: 0.00
Net Payment: 0.00
Corporate Due: 2,000.00

Received with thanks: Zero Rupees only

You can download your report from "www.apolloclinic.com" Enter user name as CKOROPV402697 and password as 614155 koramangala

Apollo Health and Lifestyle Limited

CIN: U85110TG2000PLC1158191
 Regd. Office: 1/10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 ; Email ID: enquiry@apollohlt.com
 Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | S Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore | Malavalli | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (W Mohalla) | Tamil Nadu: Chennai | Anna Nagar | Kotturpuram | Mogappala | T Nagar | Madhavaram | Velachery | Maharashtra: Pune | Aundh | Nigdi | Pradhikaran | Viman Nagar | Wanowrie | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

1860 500 7788

Fwd: Your appointment with MediBuddy has been confirmed

sonu kumar <sonusarai121@gmail.com>

Mon 08-01-2024 07:53

To:Koramangala Apolloclinic <koramangala@apolloclinic.com>

----- Forwarded message -----

From: <customercare@mbcare.in>

Date: Wed, 3 Jan 2024, 6:12 pm

Subject: Your appointment with MediBuddy has been confirmed

To: <sonusarai121@gmail.com>

Dear Sonu Kumar

Thank you for booking your appointment with MediBuddy. Your appointment has been confirmed.
Please find the details below:

Order Details:

Customer Name: Sonu Kumar

Order ID: 41075240

Lab Name: The Apollo Clinic

Lab Address: NO 51, JYOTHI NIVAS COLLEGE ROAD, 5TH BLOCK KORAMANGALA

Lab Center Location: <https://s.medibuddy.in/FUzEKn>

Lab Center SPOC: Mr.Irfan Ali S

Lab Center Contact Details: 7019702435

Request ID	Test/Package Name	Appointment Status	Appointment Date	Appointment Time
55434371	PMC - PAN INDIA	Confirmed	08/01/2024	09:00 AM-10:00 AM

This confirmation letter is valid only for the above-mentioned appointment dates. Should you like to reschedule, you will receive a revised confirmation letter for the next preferred dates.

In case your order contains Radiology test, please reach out to the Lab Center to check the availability of the Doctor/ Lab Technician. In case of unavailability, please reschedule your order.

Points to note:

- Please have a copy of your photo ID along with this confirmation letter.
- Please report at the center on scheduled time.
- Do not make any payment at the center (except registration fee, if required).
- You may collect the radiology reports from the Lab center once the appointment is attended.
- Details of your Health Check package are attached in the PDF with this mail.
- Registration is mandatory at the medical centre; this may take 15-20 minutes.

- Full body health checks at your medical centre may take 4-5 hours on weekdays and 5 - 6 hours on Saturdays. Please do the planning accordingly.

Precautionary Measures & Instructions:

- You should have slept for at least 6 hours prior to the health check-up.
- Avoid smoking or consuming alcohol for a minimum of 24 hours before the check-up.
- Ladies must avoid health check at the time of menstruation.
- You may carry urine and stool sample in a sterilized container that can be obtained from your nearest pharmacy (If Applicable - Please check above test details)
- X-rays are not recommended for pregnant women.
- We recommend you to follow the safety guidelines by maintaining safe distance, wear a mask, wash your hands with soap and water recommended by the Government of India.

Regards,

Team MediBuddy (PHASORZ)

For any help:

Call [9999991555](tel:9999991555) between 8 AM to 8 PM (Monday to Saturday) or

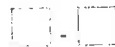
Email us at hello@medibuddy.in

If you face any problem with the Lab Centre during the appointment day please call us immediately at 08045684250 to resolve the issue. Please note that all consumable i.e. :- Films/Plates, Blood test (Not included in test) , Doctor consultation(Not included) will charged as per actual mentioned by Lab centre or hospital

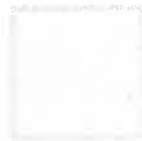
This is a system generated correspondence. Please do not reply to this email.



Download app



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Patient Name	: Mr. Sonu Kumar	Age	: 32 Y/M
UHID	: CKOR.0000252086	OP Visit No	: CKOROPV402697
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 10-03-2024 10:10
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

Patient Name	: Mr. Sonu Kumar	Age	: 32 Y/M
UHID	: CKOR.0000252086	OP Visit No	: CKOROPV402697
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 10-03-2024 10:10
Referred By	: SELF		

----- END OF THE REPORT -----

Patient Name	: Mr. Sonu Kumar	Age/Gender	: 32 Y/M
UHID/MR No.	: CKOR.0000252086	OP Visit No	: CKOROPV402697
Sample Collected on	:	Reported on	: 09-03-2024 17:24
LRN#	: RAD2261663	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 386804		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Name: Mr. Sonu Kumar
Age/Gender: 32 Y/M
Address: KMG
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AANCHAL AGGARWAL MITTAL

MR No: CKOR.0000252086
Visit ID: CKOROPV402697
Visit Date: 09-03-2024 09:25
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. Sonu Kumar
Age/Gender: 32 Y/M
Address: KMG
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000252086
Visit ID: CKOROPV402697
Visit Date: 09-03-2024 09:25
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. Sonu Kumar
Age/Gender: 32 Y/M
Address: KMG
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RAJENDRA NARAYAN SHARMA

MR No: CKOR.0000252086
Visit ID: CKOROPV402697
Visit Date: 09-03-2024 09:25
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For General Health Checkup,

SYSTEMIC REVIEW

****Weight**

--->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Name: Mr. Sonu Kumar
Age/Gender: 32 Y/M
Address: KMG
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000252086
Visit ID: CKOROPV402697
Visit Date: 09-03-2024 09:25
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For General Health Checkup,

SYSTEMIC REVIEW

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

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Doctor's Signature