

Patient Name : Mr.S RAJKIRAN	Collected : 16/Sep/2024 08:37AM
Age/Gender : 42 Y 5 M 5 D/M	Received : 16/Sep/2024 12:16PM
UHID/MR No : CVIS.0000127239	Reported : 16/Sep/2024 03:33PM
Visit ID : CVISOPV127861	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 585640	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	119	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	148	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



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: VIS240900683

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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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	241	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	158	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	38	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	203	mg/dL	<130	Calculated
LDL CHOLESTEROL	171.52	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.35		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.26		<0.11	Calculated


Comment:

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

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

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.5	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.1	U/L	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.14	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.69	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.45	g/dL	2.0-3.5	Calculated
A/G RATIO	1.91		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

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

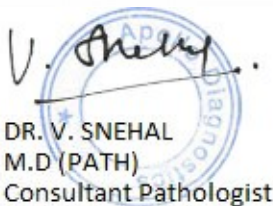
2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.95	mg/dL	0.7-1.2	Enzymatic
UREA	28.80	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	13.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.55	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.81	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.14	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.69	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.45	g/dL	2.0-3.5	Calculated
A/G RATIO	1.91		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.10	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	6.11	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	4.800	µIU/mL	0.3-4.5	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	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



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DEPARTMENT OF IMMUNOLOGY

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

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

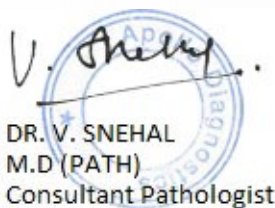
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	0	/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.



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

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

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE, HEMOGRAM, PERIPHERAL SMEAR, BLOOD GROUP ABO AND RH FACTOR



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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.


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UHID	: CVIS.0000127239	OP Visit No.	: CVISOPV127861
Printed On	: 16-09-2024 10:21 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 585640		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Liver 14 cm. appears normal in size and echotexture . No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended normal. No evidence of calculus. Wall thickness appears normal.No evidence of peri GB collection. No evidence of focal lesion is seen.

Spleen 10 cm. appears normal. No focal lesion seen. Splenic vein is normal.

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification.No evidence of per pancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney measures :10.6 x 4.1 cm , **Left kidney measures** : 9.4 x 4.3 cm .

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen. Prostate Volume-16 cc.

IMPRESSION:-

***NO SIGNIFICANT ABNORMALITY IS SEEN.**

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.

---End Of The Report---



DR. RAYAVARAPU SUKUMAR
MBBS MD Radiology
61296
Radiology

Patient Name	: Mr. s RAJKIRAN	Age	: 42Yrs 5Mths 6Days
UHID	: CVIS.0000127239	OP Visit No.	: CVISOPV127861
Printed On	: 16-09-2024 10:36 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 585640		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---



DR. KARROTU SUDHA
MD RADIOLOGY
56009
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of S. Rajkiran on 16/09/2024

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

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

Dr. G. INDIRA PRIYADARSHINI
 Regd. No. 63148 MBBS
 Apollo Family Physician
 Apollo Clinic, Seethammampet, Vizag
Dr. _____
 Medical Officer

This certificate is not meant for medico-legal purposes

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Printed On : 16-09-2024 04:06 PM Advised/Pres Doctor : --
Department : Radiology Qualification : --
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---End Of The Report---



K. Sudha
DR. KARROTU SUDHA
MD RADIOLOGY
56009
Radiology

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Department	: Radiology	Qualification	: --
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DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Liver 14 cm. appears normal in size and echotexture . No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended normal. No evidence of calculus. Wall thickness appears normal.No evidence of peri GB collection. No evidence of focal lesion is seen.

Spleen 10 cm. appears normal. No focal lesion seen. Splenic vein is normal.

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification.No evidence of per pancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.
Right kidney measures : 10.6 x 4.1 cm , **Left kidney measures** : 9.4 x 4.3 cm .

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen. Prostate Volume-16 cc.

IMPRESSION:-

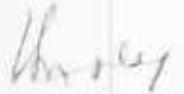
***NO SIGNIFICANT ABNORMALITY IS SEEN.**



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.

---End Of The Report---



DR. RAYAVARAPU SUKUMAR
MBBS MD Radiology
61296
Radiology



Patient Name	: Mr.S RAJKIRAN	Collected	: 16/Sep/2024 08:37AM
Age/Gender	: 42.Y 5 M 5 D/M	Received	: 16/Sep/2024 12:16PM
UHID/MR No	: CVIS.0000127239	Reported	: 16/Sep/2024 03:33PM
Visit ID	: CVISOPV127861	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 585640		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	119	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	148	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

V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:VIS240900683

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



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

FAIR TO GOOD CONTROL	7 - 8
UNSATISFACTORY CONTROL	8 - 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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

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UHID/MR No	: CVIS.0000127239	Reported	: 16/Sep/2024 04:20PM
Visit ID	: CVISOPV127861	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	241	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	158	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	38	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	203	mg/dL	<130	Calculated
LDL CHOLESTEROL	171.52	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.35		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.26		<0.11	Calculated

Comment:

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

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

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

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.5	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.1	U/L	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.14	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.69	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.45	g/dL	2.0-3.5	Calculated
A/G RATIO	1.91		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

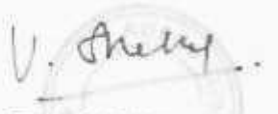
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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


 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist




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

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



DR. V. SNEHAL
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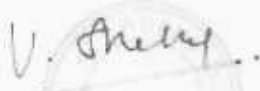


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.95	mg/dL	0.7-1.2	Enzymatic
UREA	28.80	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	13.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.55	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.81	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.14	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.69	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.45	g/dL	2.0-3.5	Calculated
A/G RATIO	1.91		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	34.10	U/L	0-55	IFCC

V. Sneh
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

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Patient Name : Mr.S RAJKIRAN	Collected : 16/Sep/2024 08:37AM
Age/Gender : 42 Y 5 M 5 D/M	Received : 16/Sep/2024 04:09PM
UHID/MR No. : CVIS.0000127239	Reported : 16/Sep/2024 05:28PM
Visit ID : CVISOPV127861	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

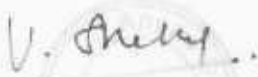
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	0	/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.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: VIS240900681

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DEPARTMENT OF CLINICAL PATHOLOGY

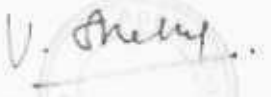
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

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

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE, HEMOGRAM, THYROID PROFILE TOTAL (T3, T4, TSH), PERIPHERAL SMEAR, BLOOD GROUP ABO AND RH FACTOR


DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: VIS240900678

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

ISSN: 37AADCA0733E1Z6

Address: 50 B1 1/2, Plot no. 5, Seethammajeta,
Visakhapatnam, Andhra Pradesh

Patient Name : Mr.S RAJKIRAN
Age/Gender : 42 Y 5 M 5 D/M
UHID/MR No : CVIS.0000127239
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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.

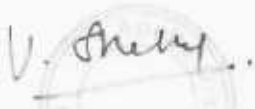
Laboratories not be responsible for any interpretation whatsoever.

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. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: VIS240900678

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



Name : Mr. S RAJKIRAN

Age : 42Y 5M 5D

UHID : CVIS.0000127239

Address : P&T Colony Visakhapatnam Andhra Pradesh India 530013

sex : Male



CVIS.0000127239


Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT
PAN INDIA OP AGREEMENT

OP No: CVISOPV127861

Bill No: CVIS-OCR-69399

Date: Sep 16th, 2024, 8:25 AM

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

 **बैंक ऑफ बड़ोदा**
Bank of Baroda

नाम : गाला सुनीता
Name: GALLA SUNEETHA

संस्थागत कोड नं 171056
E.C. No.


बैंक ऑफ बड़ोदा
Issuing Authority




G. Suneetha
Signature of Member

बैंक ऑफ बड़ोदा Bank of Baroda



Fwd: Health Check up Booking Request(22S33123)

1 message

suneetha kiran <suneethakiran333@gmail.com>
To: raj kiran <rajkiran.scion@gmail.com>

Sun, Sep 15, 2024 at 21:30

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Wed, Sep 11, 2024, 12:45 PM
Subject: Health Check up Booking Request(22S33123)
To: <suneethakiran333@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Dear MS. SUNEETHA GALLA,

We have received your booking request for the following health checkup, , please upload your approval letter as soon as possible to enable us to confirm your booking.

[Upload HRM Letter](#)

User Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Apollo Clinic - Visakhapatnam

Address of Diagnostic/Hospital : Apollo Clinic, 50, Plot 5, Sheethammapeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam-530016

Appointment Date : 16-09-2024

Preferred Time : 09:00 AM - 09:30 AM

Member Information		
Booked Member Name	Age	Gender
S RAJ KIRAN	33 year	Male

Tests included in this Package

- Blood Group
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver Profile
- Blood Glucose (Post Prandial)
- Thyroid Profile
- Urine Sugar Fasting
- Urine Sugar PP
- ESR
- Blood Glucose (Fasting)
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG

- USG Whole Abdomen
- Dietician Consultation
- Eye Check-up consultation
- ~~Ent Consultation~~
- Dental Consultation
- General Physician Consultation
- Bmi Check

Thanks,
Mediwheel Team

Please Download Mediwheel App



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