

REGISTRATION FORM

CLINIC <input type="checkbox"/>	DIABETES <input checked="" type="checkbox"/>	DENTAL <input type="checkbox"/>
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NAME: Sanjeev Kumar	UHID NO: FG4R-3855
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FATHER'S NAME / SPOUSE'S NAME: Naresh Gini

Date of Birth: 30/10/1988	AGE: 35	Occupation:
----------------------------------	----------------	--------------------

MARITAL STATUS: Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Others <input type="checkbox"/>	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
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Address: IMT Mansarovar Sector 1, Express Green MG			
City: Gurgaon	State: Haryana	Mobile: 8826630877	
Pin code: 122051	Email: Sanjeev961@gmail.com		

Passport No. (Only NRI / Foreign Patients)-
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Pre-existing health conditions (tick all that are relevant) -			
DIABETES <input checked="" type="checkbox"/>	HYPERTENSION <input type="checkbox"/>	RESPIRATORY AILMENTS <input type="checkbox"/>	ARTHRITIS <input type="checkbox"/>
KIDNEY AILMENTS <input type="checkbox"/>	DRUG ALLERGIES <input type="checkbox"/>	OTHERS (please specify) _____	

Lifestyle SMOKING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> EXERCISE/WORKOUT <input checked="" type="checkbox"/> FOOD ALLERGY <input type="checkbox"/> (please specify, if any) _____			
HEIGHT- 173cm	WEIGHT- 70 kgs	BP- 120/80 mm/Hg	PR- 78 SPO2- 99%

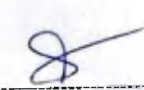
How did you come to know about us ?			
Flyer <input type="checkbox"/>	SMS <input type="checkbox"/>	Print Ad <input type="checkbox"/>	Word of Mouth <input type="checkbox"/> Social Media <input type="checkbox"/> Any Other _____

- I agree that Apollo will utilize my personal information within Apollo Health & Lifestyle Ltd. (AHLL) /MHPL to share health related information & updates on new services YES NO
 - I agree that AHLL/MHPL will utilize my health information for research & academic purpose. I have been assured that they will not share my personal details in this regard YES NO
 - I want to receive updates through Whatsapp YES NO
- Apollo Health & Lifestyle Ltd. (AHLL)/MHPL will communicate through Call/ SMS/ Email/ Whatsapp or other modes. Your details will not be shared with anybody outside Apollo Health & Lifestyle Ltd. /MHPL We will also use your information to send occasional updates and announcements about any significant changes in Apollo Health & Lifestyle Ltd. /MHPL Policies or services. YES NO
- I AGREE TO GIVE MY CONSENT TO TAKE MY HISTORY, EXAMINATION, PROCEDURE BY THE STAFF / DOCTORS OF APOLLO CLINIC / MHPL/ APOLLO DENTAL & SUGAR CLINIC. I HAVE BEEN EXPLAINED MY RIGHTS & RESPONSIBILITIES & RISKS INVOLVES IN A MANNER THAT I UNDERSTAND.

Date: 06/09/2023

Sanjeev Kumar

 Name
 Patient / Attendant



 Signature
 Patient / Attendant

 भारत सरकार
GOVERNMENT OF INDIA

 आधार

Issue Date: 05/12/2013




संजीव कुमार
Sanjeev Kumar
जन्म तिथि / DOB: 30/10/1988
पुरुष / MALE
Mobile No.: 8826630877

7112 1377 4555
VID : 9144 0037 3568 1328

मेरा आधार, मेरी पहचान

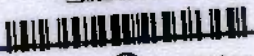
 भारत सरकार


 आधार

पता
निशा कुमारी, ब-१२१ डीएफ एक्सप्रेस ग्रीन्स ०१, ईट
मानेसर, पानी टंकी, सेक्टर १, मानेसर (१५४), गुरगाँव,
हरियाणा - 122051

Address:
Nisha kumari, B121 dif express greens m1.
Iml manesar, Pani tanki, Sector 1, Manesar
(154), Gurgaon, Haryana - 122051

7112 1377 4555



 1947 |  help@uidai.gov.in |  www.uidai.gov.in

CERTIFICATE OF MEDICAL FITNESS

I have examined Mr./Miss/Mrs/ Sanjeev Kumar Son/daughter of Naresh Gori
 age 35y on 9/9/2023 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 restriction/ recommendation <p style="margin-left: 40px;">Though Following restriction have been reveled, in my opinion, there are impediments to the job</p> <p style="margin-left: 40px;">1. <u>Blood sugar fasting - 132 mg/dl</u></p> <p style="margin-left: 40px;">2. <u>PP - 280 mg/dl</u></p> <p style="margin-left: 40px;">3. _____</p> <p style="margin-left: 40px;">However, the employee should follow the advice/medication that has been communicated to him/her</p> <p style="margin-left: 40px;">Review after- <u>15 dys</u></p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently unfit <p style="margin-left: 40px;">Review after</p> <p style="margin-left: 40px;">.....Recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>


 Dr. Signature
 Physician
 Gurugram Clinic, DLF Phase-1
 Gurugram 8388889001
 RMC No.: RJ 023950

Mr Sanjeev Kumar 35/M
C/C - General check up
O/E - Generalised Attrition

6/9/23

Bruxism

Calculus - Grade I

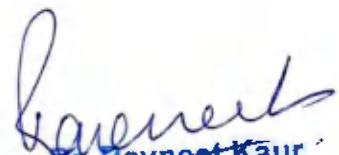
Decayed - 47

O/E -
Advised

Scaling

Night Guard

Filling 47



Dr. Ravneet Kaur
Consultant Dental Surgeon
Apollo Clinic, DLF Phase-1
Gurgaon 838888001
Regd. No.-2772 A

PATIENT NAME: SANJEEV KUMAR	AGE: 35
UHID/IPNO.: FGUR.0000003855	SEX: MALE
REF. DR.: HEALTH CHECKUP	DATE: 06/09/2023

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size (Longitudinal span 14.9cm), contour and echotexture. No obvious focal pathology is seen. The intra hepatic biliary radicals are not dilated. The portal vein is normal in course and calibre.

The **Gall Bladder** is well distended and has normal wall thickness. No evidence of calculi/focal lesion. No pericholecystic pathology seen. The **CBD** appears normal.

Pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is normal in size (11.2cm) and echogenicity. No focal lesion seen.

Right Kidney is normal in position, outline and echogenicity. Right kidney measures 9.6cm x 3.6cm. Corticomedullary differentiation is well maintained. No evidence of calculi or calyceal dilatation is seen. No focal lesion seen.

Left Kidney is normal in position, outline and echogenicity. Left kidney measures 9.5cm x 4.9cm. Corticomedullary differentiation is well maintained. No evidence of calculi or calyceal dilatation is seen. No focal lesion seen.

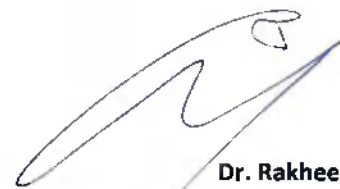
The **Urinary Bladder** is normal in outline and shows anechoic contents. No focal lesion / calculus seen.

The **Prostate** is normal in size and measures 4.09cm x 2.63cm x 2.64cm (Weight approx. 15grams). Echotexture is normal. No focal lesion seen.

There is no evidence of ascites/ pleural effusion / retroperitoneal lymphadenopathy.

IMPRESSION: - Normal study.

Please Correlate Clinically.



Dr. Rakhee Gogoi
Sr. Consultant Radiologist
(MBBS, MD, F.R.C.R.)

* This report is not valid for medicolegal purpose.



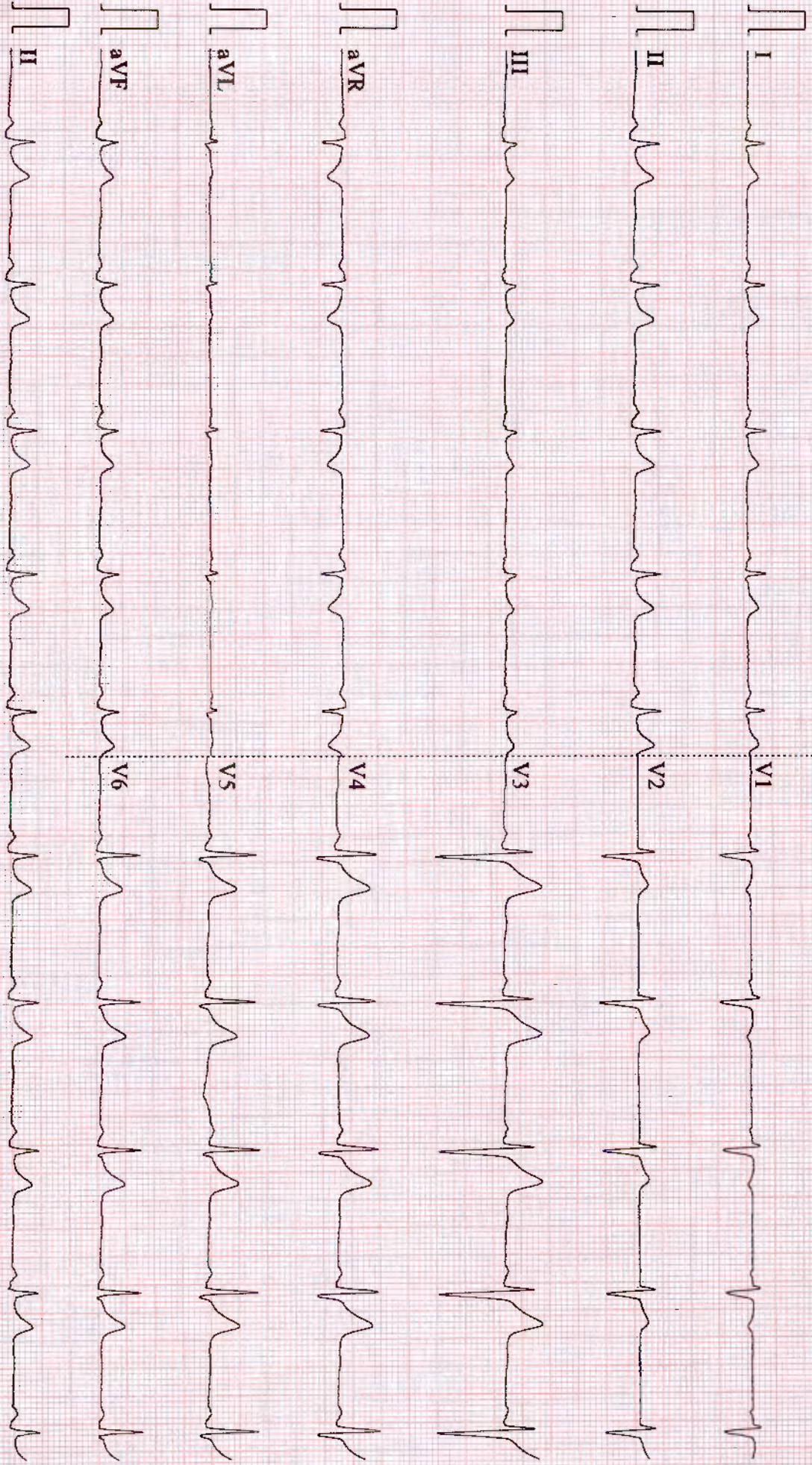
ID: 3855
Sanjeev kumar
Male 35Years
Req. No. :

05-09-2023 12:09:01

HR : 59 bpm
P : 106 ms
PR : 142 ms
QRS : 92 ms
QT/QTcBz : 374/371 ms
P/QRS/T : 51/53/58 °
RV5/SV1 : 0.896/0.518 mV

Diagnosis Information:
Sinus Bradycardia

Report Confirmed by:



0.67-25Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.21 SEMIP V1.92

897

PATIENT NAME: SANJEEV KUMAR	AGE: 35
UHID/IPNO.: FGUR.0000003855	SEX: MALE
REF. DR.: HEALTH CHECKUP	DATE: 06/09/2023

2D ECHOCARDIOGRAPHY

MITRAL VALVE

Morphology **AML-Normal** / Thickening/Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ Doming
PML-Normal/ Thickening/ Calcification/ Mild Prolapse/ Paradoxical motion/ fixed.
 Subvalvular deformity Present/ **Absent** Score:.....

Doppler **Normal**/Abnormal **E>A** A>E

Mitral Stenosis Present/**Absent** RR interval.....msec
 EDG.....mmHg MDG.....mmHg MVA.....cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology **Normal**/ Atresia/ Thickening/ Calcification/ Prolapse/ Vegetation/ Doming
 Doppler **Normal**/ Abnormal

Tricuspid Stenosis Present/**Absent** RR interval.....
 EDG.....mmHg MDG.....mmHg
 Tricuspid Regurgitation: Absent/**Trivial**/ Mild/ Moderate/ Severe Fragmented signals
 Velocity.....m/sec Pred. RVSP= RAP + **21** mmHG

PULMONARY VALVE

Morphology **Normal**/ Atresia/ Thickening/ Doming/ Vegetation
 Doppler **Normal**/ Abnormal

Pulmonary Stenosis Present/**Absent** Level Valvular and Subvalvular
 PSG.....mmHg Pulmonary annulus.....mm
 Pulmonary Regurgitation Present/**Absent**
 Early diastolic gradient.....mmHg. End Diastolic Gradient.....mmHg

AORTIC VALVE

Morphology **Normal**/ Thickening/ Calcification/ Restricted Opening/ Flutter vegetation
 No. of cusps 1/2/3

Doppler **Normal**/ Abnormal

Aortic Stenosis Present/**Absent** Level
 Aortic Annulus.....mm
 Aortic Regurgitation **Absent**/ Trivial/ Mild/Moderate/ Severe

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Values</u>
Aorta- 3.2	(2.0-3.7 cm)	LA- 3.6	(1.9-4.0 cm)
LVEDd- 4.7	(3.7-5.6 cm)	LVESd- 2.3	(2.2-4.0 cm)
IVSd- 0.86	(0.6-1.1 cm)	LVPWd- 0.86	(0.6-1.1 cm)

EF 60 % (54%-76%)
 IVS motion **Normal**/ Flat/ Paradoxical/ Jerky Septum

PATIENT NAME: SANJEEV KUMAR	AGE: 35
UHID/IPNO.: FGUR.000000385S	SEX: MALE
REF. DR.: HEALTH CHECKUP	DATE: 06/09/2023

X-RAY CHEST PA

- B/L Lung parenchyma visualized normally.
- Visualized bony thorax appears normal.
- Both domes of the diaphragm are normal in position and contour.
- Both costophrenic angles are clear.
- Cardiac silhouette is within Normal Limits.
- The mediastinum is central.
- Both hila are normal in position, size, shape and density.

IMPRESSION: Normal Study.

Please Correlate Clinically.



Dr. Rakhee Gogoi
Sr. Consultant Radiologist
(MBBS, MD, F.R.C.R.)

Dr. Rakhee Gogoi
Sr. Consultant (Radiology)
Apollo Clinic, DLF Phase-1
Gurugram
HN-005260

** This report is not valid for medicolegal purpose.*

POWER PRESCRIPTION

NAME: Sanjeev kumar

GENDER: M / F

DATE:

AGE: 35 yr.

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				6/12
NEAR			NIS	

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				6/12
NEAR				NIS

INSTRUCTIONS:

Advise to consult ophthalmologist.

NO COLOUR VISION

SIGNATURE

Consent Form

To,

Apollo Clinic

Gurugram

I, Sanjeev Kumar Employee of Bank of Baroda,
having Employee Id-....., visited the Apollo Clinic Gurugram for the Annual Health
Check-Up on 06/09/2023

I do not wish to undergo the following tests:

1 ENT


2

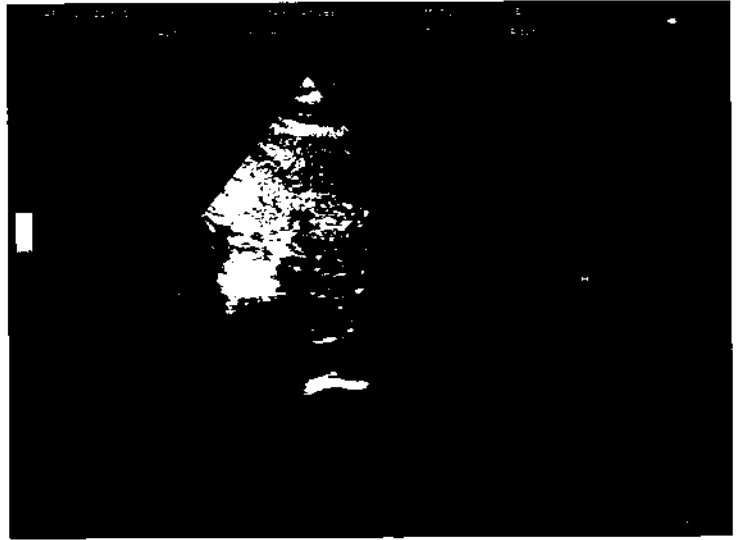
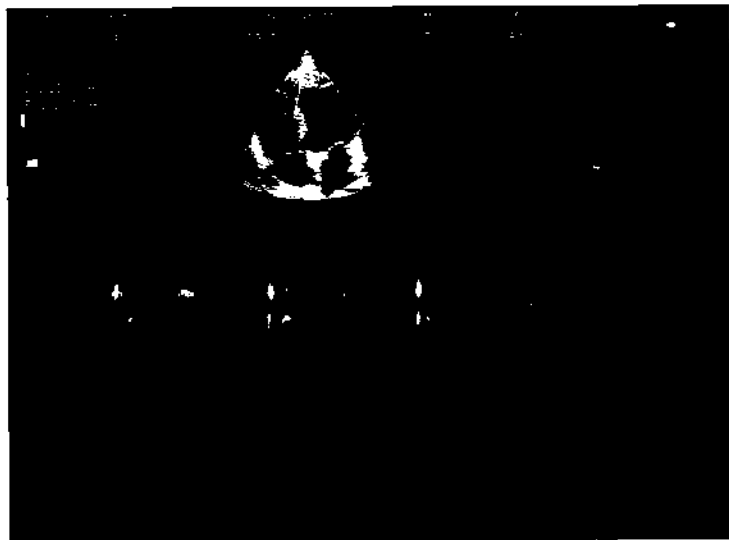
3

4

5

I will take my.....consultation later.


Signature
06/09/2023



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:23PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 09:17PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF HAEMATOLOGY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA

HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	42.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.3	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	11.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	7.3	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	1.4	%	<1-2	Electrical Impedance
CORRECTED TLC	4,700	Cells/cu.mm		Calculated

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2726	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1269	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	343.1	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	296.1	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	65.8	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	155000	cells/cu.mm	150000-410000	Electrical impedance

Kindly correlate clinically



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:23PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 10:43PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF HAEMATOLOGY

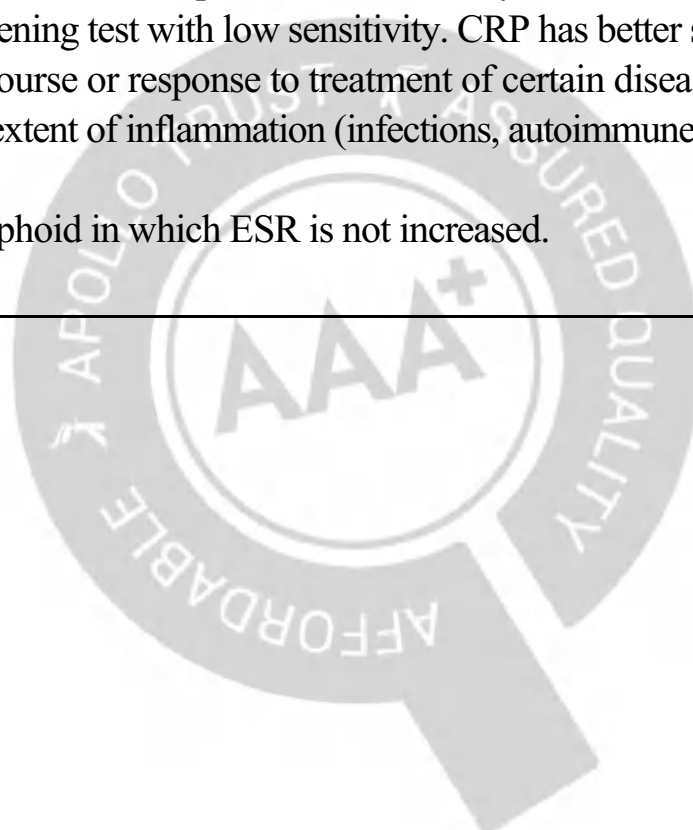
XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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ERYTHROCYTE SEDIMENTATION RATE (ESR) , WHOLE BLOOD EDTA	25	mm at the end of 1 hour	0-15	Modified Westergren
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Comment:

1. ESR is an acute phase reactant which indicates presence and severity of an inflammatory process. ESR is not diagnostic of any specific disease. ESR is a screening test with low sensitivity. CRP has better sensitivity than ESR.
2. ESR Test is used to monitor the course or response to treatment of certain diseases.
3. ESR is an indirect measure of the extent of inflammation (infections, autoimmune disorders, certain anemias & malignancies).
4. There are many diseases such as typhoid in which ESR is not increased.



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:23PM
UHID/MR No : APJ1.0009830824	Reported : 07/Sep/2023 06:54AM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:22PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 11:01PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	132	mg/dL	70-100	GOD - POD
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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.



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:22PM
UHID/MR No : APJ1.0009830824	Reported : 07/Sep/2023 01:41PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	280	mg/dL	70-140	GOD - POD

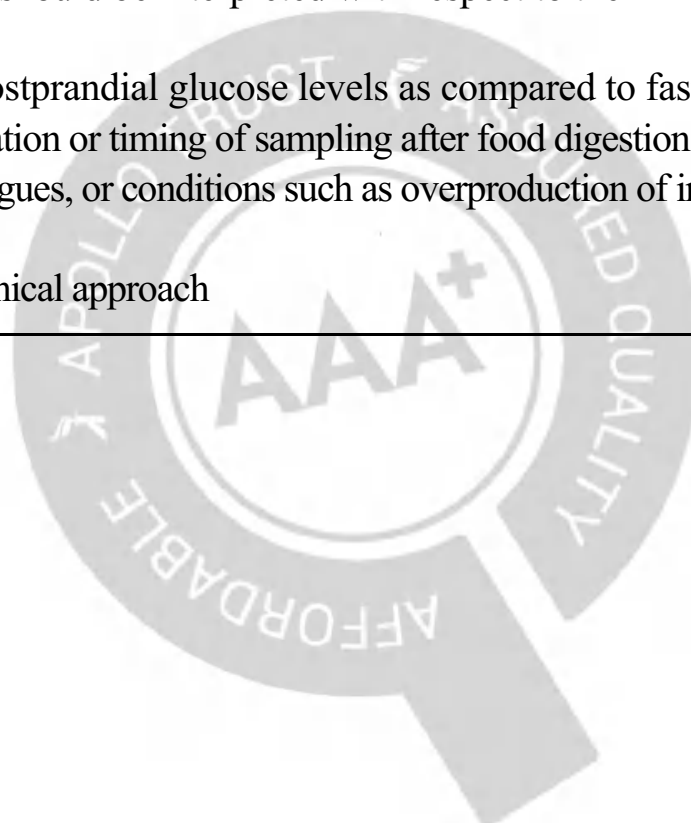
Result is rechecked. Kindly correlate clinically. Please repeat with fresh sample if clinically indicated.

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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:23PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 10:45PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY				
XPERT HEALTH MASTER CHECK				
Test Name	Result	Unit	Bio. Ref. Range	Method



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DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	126	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:23PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 10:45PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY				
XPERT HEALTH MASTER CHECK				
Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:17PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 10:41PM
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DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	149	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	108	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:17PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 10:41PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:17PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 10:41PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
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DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.20	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	65	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	67.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:17PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 11:05PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

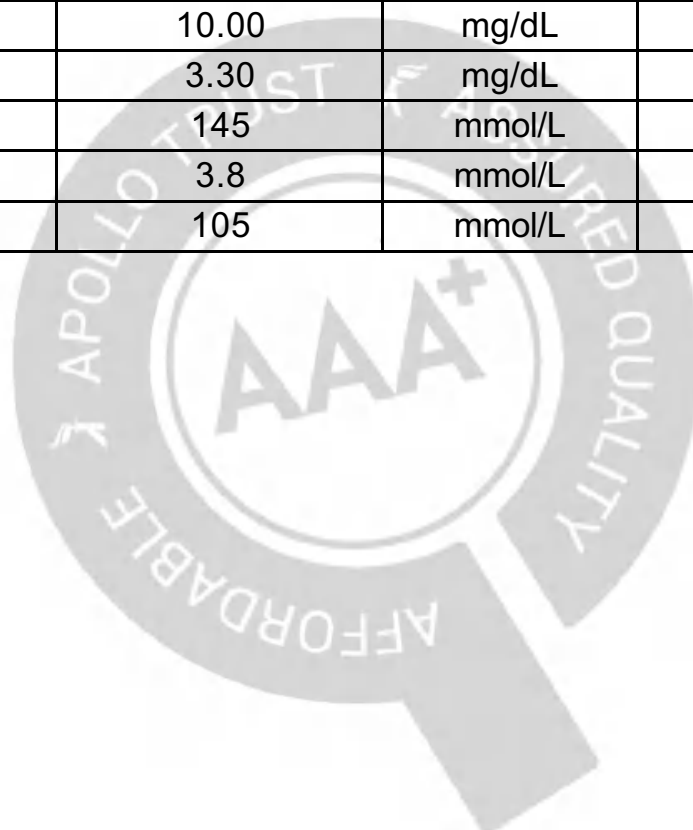
DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	27.50	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	12.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5-8.5	Uricase
CALCIUM	10.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	145	mmol/L	135-145	Direct ISE
POTASSIUM	3.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 07/Sep/2023 02:17AM
UHID/MR No : APJ1.0009830824	Reported : 07/Sep/2023 08:53AM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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RHEUMATOID FACTOR , SERUM	<10.00	IU/mL	<12	Immunoturbidimetric
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Comment:

Rheumatoid factor (RF) consists of autoantibodies of immunoglobulin isotypes IgM, IgA, IgG, and IgE. Most patients with rheumatoid arthritis and Sjogren's syndrome have elevated levels of RF. RF may also be elevated in scleroderma, dermatomyositis, Waldenstrom's disease, sarcoidosis, and systemic lupus erythematosus. There are also instances of elevated RF without apparent disease or definable clinical disorders.



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:17PM
UHID/MR No : APJ1.0009830824	Reported : 06/Sep/2023 10:41PM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.00	U/L	15-73	Glycylcysteine Nitoranalide



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:17PM
UHID/MR No : APJ1.0009830824	Reported : 07/Sep/2023 04:03AM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF IMMUNOLOGY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	5.92	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.223	µIU/mL	0.34-5.60	CLIA

Kindly correlate clinically

Comment:

Note:

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

Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:17PM
UHID/MR No : APJ1.0009830824	Reported : 07/Sep/2023 04:03AM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF IMMUNOLOGY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 06/Sep/2023 08:17PM
UHID/MR No : APJ1.0009830824	Reported : 07/Sep/2023 04:03AM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF IMMUNOLOGY

XPRT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	18.11	ng/mL		CLIA
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Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.



Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 07/Sep/2023 12:49AM
UHID/MR No : APJ1.0009830824	Reported : 07/Sep/2023 03:57AM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF CLINICAL PATHOLOGY

XPERT HEALTH MASTER CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

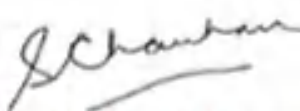


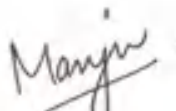
Patient Name : Mr.SANJEEV KUMAR	Collected : 06/Sep/2023 03:13PM
Age/Gender : 35 Y 0 M 0 D /M	Received : 07/Sep/2023 12:49AM
UHID/MR No : APJ1.0009830824	Reported : 07/Sep/2023 03:54AM
Visit ID : DDELOPV15270	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PUP APOLLO CLINIC DLF PHASE 1
IP/OP NO :	Patient location : Gurgaon,GURGAON

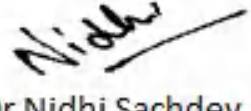
DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***


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


Dr. Manju Kumari
M.B.B.S, M.D(Pathology)
Consultant Pathologist.


Dr Nidhi Sachdev
M.B.B.S, MD(Pathology)
Consultant Pathologist

