

Patient Name : Mr.CLINT S JAMES	Collected : 26/Aug/2023 08:37AM
Age/Gender : 29 Y 7 M 11 D/M	Received : 26/Aug/2023 10:42AM
UHID/MR No : STAR.0000058230	Reported : 26/Aug/2023 01:05PM
Visit ID : STAROPV62425	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-124398	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic  
RBC : Normocytic normochromic  
WBC : Normal in number, morphology and distribution. No abnormal cells seen  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically



SIN No:BED230203649

Patient Name : Mr.CLINT S JAMES	Collected : 26/Aug/2023 08:37AM
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**DEPARTMENT OF HAEMATOLOGY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	15.2	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.6	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,470	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYtic COUNT (DLC)**

NEUTROPHILS	58	%	40-80	Electrical Impedence
LYMPHOCYTES	32	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	08	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3172.6	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1750.4	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	109.4	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	437.6	Cells/cu.mm	200-1000	Electrical Impedence

<b>PLATELET COUNT</b>	354000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

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UHID/MR No : STAR.0000058230	Reported : 26/Aug/2023 12:23PM
Visit ID : STAROPV62425	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-124398	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230203649

Patient Name : Mr.CLINT S JAMES	Collected : 26/Aug/2023 01:13PM
Age/Gender : 29 Y 7 M 11 D/M	Received : 26/Aug/2023 01:39PM
UHID/MR No : STAR.0000058230	Reported : 26/Aug/2023 02:25PM
Visit ID : STAROPV62425	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-124398	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	93	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines

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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	115	mg/dL	70-140	GOD - POD
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**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.CLINT S JAMES	Collected : 26/Aug/2023 08:37AM
Age/Gender : 29 Y 7 M 11 D/M	Received : 26/Aug/2023 03:26PM
UHID/MR No : STAR.0000058230	Reported : 26/Aug/2023 04:55PM
Visit ID : STAROPV62425	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.5	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	111	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
  - 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. Range	Method



SIN No:EDT230078497

Patient Name : Mr.CLINT S JAMES	Collected : 26/Aug/2023 08:37AM
Age/Gender : 29 Y 7 M 11 D/M	Received : 26/Aug/2023 10:28AM
UHID/MR No : STAR.0000058230	Reported : 26/Aug/2023 05:25PM
Visit ID : STAROPV62425	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-124398	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

TOTAL CHOLESTEROL	<b>223</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>394</b>	mg/dL	<150	
HDL CHOLESTEROL	<b>31</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>192</b>	mg/dL	<130	Calculated
VLDL CHOLESTEROL	<b>78.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>7.19</b>		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.



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Visit ID : STAROPV62425	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	107.30	mg/dL	<100	CHE/CHO/POD & Catalase





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Visit ID : STAROPV62425	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. Range	Method
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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>90</b>	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>44.0</b>	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	96.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.10</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated



SIN No:SE04462947

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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
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<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.77	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	41.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04462947

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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. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	0.84	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	4.98	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<b>8.040</b>	µIU/mL	0.25-5.0	ELFA

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

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

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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. Range	Method
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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



SIN No:SPL23121424

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

190, Patanjali One Labs, Behind Everest Building, Tanoli (Jubilee Centre), Mumbai, Maharashtra  
Ph: 022-4552 4500

Patient Name : Mr.CLINT S JAMES	Collected : 26/Aug/2023 08:37AM
Age/Gender : 29 Y 7 M 11 D/M	Received : 26/Aug/2023 12:58PM
UHID/MR No : STAR.0000058230	Reported : 26/Aug/2023 02:10PM
Visit ID : STAROPV62425	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-124398	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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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	1.015		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.


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

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

  
Dr.Sandip Kumar Banerjee  
M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist



SIN No:UR2172704

**Health Check up Booking Confirmed Request(bobE44665),Package Code-  
PKG10000309, Beneficiary Code-64283**

Mediwheel &lt;wellness@mediwheel.in&gt;

Mon 8/21/2023 1:58 PM

To:Clint S James &lt;CLINT.JAMES@bankofbaroda.com&gt;

Cc:customercare@mediwheel.in &lt;customercare@mediwheel.in&gt;

यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक  
! : THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NO

011-41195959

Email:wellness@mediwheel.in

Dear **MR. JAMES CLINT S.**

Please find the confirmation for following request.

**Booking Date** : 19-08-2023  
**Package Name** : Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)  
**Name of Diagnostic/Hospital** : Apollo Spectra - Tardeo  
**Address of Diagnostic/Hospital** : Famous Cine Labs,156, Pt.M.M.Malviya Road ,Tardeo - 400034  
**Contact Details** : 022 - 4332 4500/550  
**City** : Mumbai  
**State** : Maharashtra  
**Pincode** : 400034  
**Appointment Date** : 26-08-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-12:00pm  
**Comment** : APPOINTMENT TIME 9:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.



**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

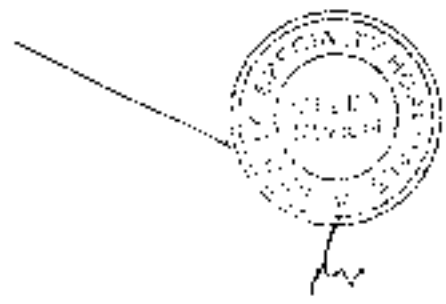
Atb 2023-2024. Arcofemi Healthcare Limited.

**Apollo Spectra Hospitals**  
15B, Famous Cine Labs, Behind  
Everest Building, Tardeo,  
Mumbai, Maharashtra 400034



-----  
Patient Name: Client James Age: 27  
Address: Mumbai Date: 06/08/2014

*By*  
*Seahy*



-----  
Signature  
Dr. Rinal Modi B.D.S (Mumbai)  
Dental Surgeon  
Reg. No. : A -28591  
M: 87792 56365 / 98922 90876  
E: doctorrinal@gmail.com

Date : 26/8/23  
MRNO : 58230  
Name :  
Age/Gender : Client - James  
Mobile No :  
Passport No :  
Aadhar number : 8848250571 29/11

**OUT- PATIENT RECORD**

Pulse : 76	B.P : 120/80	Resp : 22	Temp : (N)
Weight : 68.0 kg	Height : 163	BMI : 25.6	Waist Circum : 86 cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian  
Sleep: Normal B/P Normal  
No addiction No Allergy  
Moderately Active  
FH: AHT. father: HT  
Lipid raised SAOT/SEPT Tuet TSH 8  
① Avoid oil / ghee / fried foods  
② Morning walk 45 min daily  
③ Repeat Lipid / LFT / TSH after 2 months.



Dr. (Mrs.) Chinaya P. Vaja  
M. D. (MBBS)  
Physician & Cardiologist  
Reg. No. 50842

Follow up date:

Doctor Signature

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

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

Patient Name : Mr. CLINT S JAMES Age/Gender : 29 Y 7 M 11 D/M UHID/MR No : STAR.0000058230 Visit ID : STAROPV62425 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-124398	Collected : 26/Aug/2023 08:37AM Received : 26/Aug/2023 10:42AM Reported : 26/Aug/2023 01:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic  
 RBC : Normocytic normochromic  
 WBC : Normal in number, morphology and distribution. No abnormal cells seen  
 Platelets : Adequate in Number  
 Parasites : No Haemoparasites seen  
 IMPRESSION : Normocytic normochromic blood picture  
 Note/Comment : Please Correlate clinically



Patient Name	: Mr.CLINT S JAMES	Collected	: 26/Aug/2023 08:37AM
Age/Gender	: 29 Y 7 M 11 D/M	Received	: 26/Aug/2023 10:42AM
UHID/MR No	: STAR.0000058230	Reported	: 26/Aug/2023 01:05PM
Visit ID	: STAROPV62425	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID	: E-124398		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.2	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.6	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,470	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3172.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1750.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	109.4	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	437.6	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	354000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen.

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



Patient Name : Mr.CLINT S JAMES Age/Gender : 29 Y 7 M 11 D/M UHID/MR No : STAR.0000056230 Visit ID : STAROPV62425 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-124398	Collected : 26/Aug/2023 08:37AM Received : 26/Aug/2023 10:42AM Reported : 26/Aug/2023 12:23PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

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

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



<b>TOUCH</b> Patient Name : Mr. CLINT S JAMES Age/Gender : 29 Y 7 M 11 D/M UHID/MR No : STAR.0000058230 Visit ID : STAROPV62425 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-124398	Collected : 26/Aug/2023 01:13PM Received : 26/Aug/2023 01:39PM Reported : 26/Aug/2023 02:26PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	115	mg/dL	70-140	GOD - POD
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**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.CLINT S JAMES Age/Gender : 29 Y 7 M 11 D/M UHID/MR No : STAR.0000058230 Visit ID : STAROPV62425 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-124388	Collected : 26/Aug/2023 08:37AM Received : 26/Aug/2023 03:26PM Reported : 26/Aug/2023 04:55PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	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
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy:  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



TOUCH

Patient Name : Mr.CLINT S JAMES Age/Gender : 29 Y 7 M 11 D/M UHID/MR No : STAR.0000058230 Visit ID : STAROPV62425 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-124398	Collected : 26/Aug/2023 08:37AM Received : 26/Aug/2023 03:26PM Reported : 26/Aug/2023 04:55PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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



Patient Name : Mr.CLINT S JAMES	Collected : 26/Aug/2023 08:37AM
Age/Gender : 29 Y 7 M 11 D/M	Received : 26/Aug/2023 10:28AM
UHID/MR No : STAR.0000058230	Reported : 26/Aug/2023 05:25PM
Visit ID : STAROPV82425	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-124388	

DEPARTMENT OF BIOCHEMISTRY

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL	223	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	394	mg/dL	<150	
HDL CHOLESTEROL	31	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	192	mg/dL	<130	Calculated
VLDL CHOLESTEROL	78.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.19		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Patient Name : Mr.CLINT S JAMES Age/Gender : 29 Y 7 M 11 D/M UHID/MR No : STAR.0000058230 Visit ID : STAROPV82425 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-124398	Collected : 26/Aug/2023 12:00PM Received : 26/Aug/2023 03:26PM Reported : 26/Aug/2023 04:05PM Status : Final Report Sponsor Name : ARCOFEM HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	107.30	mg/dL	<100	CHE/CHO/POD & Catalase



TOUCH

Patient Name	: Mr. CLINT S JAMES	Collected	: 26/Aug/2023 08:37AM
Age/Gender	: 29 Y 7 M 11 D/M	Received	: 26/Aug/2023 10:28AM
LHID/MR No	: STAR.0000058230	Reported	: 26/Aug/2023 12:09PM
Visit ID	: STAROPV62425	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Autv/TPA ID	: E-124396		

DEPARTMENT OF BIOCHEMISTRY

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

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

BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	90	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	44.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	96.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated



TOUCH

Patient Name	: Mr. CLINT S JAMES	Collected	: 26/Aug/2023 08:37AM
Age/Gender	: 29 Y 7 M 11 D/M	Received	: 26/Aug/2023 10:28AM
UHID/MR No	: STAR.0000058230	Reported	: 26/Aug/2023 12:08PM
Visit ID	: STAROPV62425	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: E-124398		

DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.77	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE

Page 10 of 15

SIN No:SE04462947



FOUR

Patient Name	: Mr.CLINT S JAMES	Collected	: 26/Aug/2023 08:37AM
Age/Gender	: 29 Y 7 M 11 DM	Received	: 26/Aug/2023 10:28AM
UHID/MR No	: STAR.0000058230	Reported	: 26/Aug/2023 12:05PM
Visit ID	: STAROPV82425	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: E-124398		

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	41.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name : Mr.CLINT S JAMES Age/Gender : 29 Y 7 M 11 D/M UHID/MR No : STAR.0000058230 Visit ID : STAROPV62425 Ref Doctor : Dr.SELF Emp/AUTH/TPA ID : E-124398	Collected : 26/Aug/2023 08:37AM Received : 26/Aug/2023 10:14AM Reported : 26/Aug/2023 12:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.84	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	4.98	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<b>8.040</b>	µIU/mL	0.25-5.0	ELFA

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

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

Page 12 of 15

TOUCH

Patient Name	: Mr. CLINT S JAMES	Collected	: 26/Aug/2023 08:37AM
Age/Gender	: 29 Y 7 M 11 DM	Received	: 26/Aug/2023 10:14AM
UHID/VR No	: STAR.0000058230	Reported	: 26/Aug/2023 12:09PM
Visit ID	: STAROPV62425	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: E-124398		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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





<b>TOUCH</b> Patient Name : Mr.CLINT S. JAMES Age/Gender : 29 Y 7 M 11 DM UHID/MR No : STAR.0000058230 Visit ID : STAROPV62425 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-124398	Collected : 26/Aug/2023 09:37AM Received : 26/Aug/2023 12:58PM Reported : 28/Aug/2023 02:10PM Status : Final Report 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. 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	1.015		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.

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

Patient Name : Mr.CLINT S JAMES Age/Gender : 29 Y 7 M 11 D/M UHID/IR No : STAR.0000058230 Visit ID : STAROPV82425 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-124398	Collected : 26/Aug/2023 08:37 AM Received : 26/Aug/2023 12:58 PM Reported : 26/Aug/2023 02:10 PM Status : Final Report 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. Range	Method



DR. APEKSHA MADAN  
MBBS, DNB  
PATHOLOGY



Dr. Sandip Kumar Banerjee  
M.B.B.S, M.D(PATHOLOGY), D.P.B  
Consultant Pathologist



SIN No:UR2172704

*Oliver James*

HR 72 bpm

Dr. (Mrs.) CHHAYA P. VAJRA  
Physiologist & Cardiologist  
Specialty Card No. 588432

Interpretation:  
normal ECG

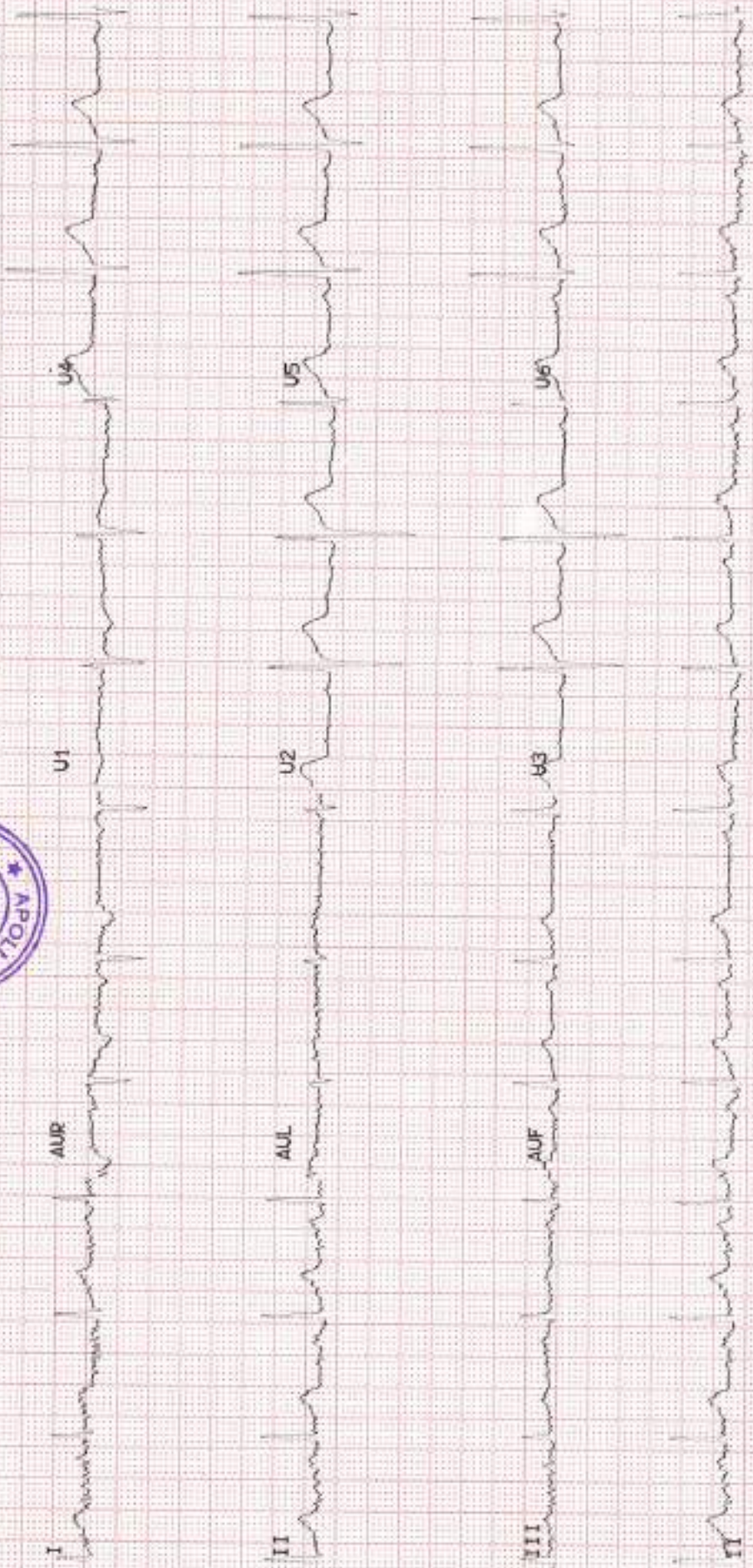
*Major Normal Sinus*



Unconfirmed report.

QRS	< P
QT/QTcB	< T
PR	< QRS
P	aVL
RR/PP	0 I
P/ORS/T	II
QTd/QTcBd	III
Sokolow	aVF
NK	7

Measurement Results:	90 ms
QRS	394 / 436 ms
QT/QTcB	162 ms
PR	110 ms
P	816 / 815 ms
RR/PP	55 / 55 / 45 degrees
P/ORS/T	78 / 86 ms
QTd/QTcBd	2.1 mV
Sokolow	7
NK	



**Specialists in Surgery**

Patient Name	: Mr. Clint S James	Age	: 29 Y M
UHID	: STAR.0000058230	OP Visit No	: STAROPV62425
Reported on	: 26-08-2023 15:15	Printed on	: 26-08-2023 15:15
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

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.

Printed on:26-08-2023 15:15

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mr. Clint James  
Age : 29 Year(s)

Date : 26/08/2023  
Sex : Male  
Visit Type : OPD

**ECHO Cardiography**

**Comments:**

Normal cardiac dimensions.  
Structurally normal valves.  
No evidence of LVH.  
Intact IAS/IVS.  
No evidence of regional wall motion abnormality.  
Normal LV systolic function (LVEF 60%).  
No diastolic dysfunction.  
Normal RV systolic function.  
No intracardiac clots / vegetation/ pericardial effusion.  
No evidence of pulmonary hypertension. PASP=30mmHg.  
IVC 12 mm collapsing with respiration.

**Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.



**DR. CHHAYA P. VAJA. M. D.(MUM)**  
**NONINVASIVE CARDIOLOGIST**

Name : Mr. Clint James  
Age : 29 Year(s)

Date : 26/08/2023  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	190mm/sec
EPSS	05mm
LA	31mm
AO	29mm
LVID (d)	42mm
LVID(s)	23mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

  
**DR. CHHAYA P. VAJA, M. D. (MUM)**  
**NONINVASIVE CARDIOLOGIST**

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: UB5100KA2809PTCO49961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

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

Patient Name : MR.CLINT JAMES  
Ref. By : HEALTH CHECK UP

Date : 26-08-2023  
Age : 29 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER** : The liver is normal in size & shows diffuse increase in echogenicity with posterior attenuation of echoes – suggestive of fatty changes. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER** : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

**PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.7 x 4.2 cms and the **LEFT KIDNEY** measures 11.4 x 5.8 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 3.6 x 3.3 x 2.8 cms and weighs 18.29 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**IMPRESSION:** The Ultrasound examination reveals generalized fatty changes of the Liver. No other significant abnormality is detected.



DR.VIJAY C CHAWDA  
MD, D.M.R.D.  
CONSULTANT SONOLOGIST.

### DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceed the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable soups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil. eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

### FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
Cereals	Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.



## **FOODS TO AVOID**

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.



**Fauziya Ansari**  
**Clinical Nutritionist/ Dietician**  
E: diet.cbr@apollospectra.com  
Cont: 8452884100

**EYE REPORT**

Name: Mr. Clint James

Date: 26/08/2023

Age / Sex: 29y / M

Ref No.:

Complaint: No ocular dx

Examination: No ref 88/20

Spectacle Rx: <sup>6/6</sup> U/L 6/6

Near U/L 20/20

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read								

Remarks: Colour U/L fine

As fine

Medications:

Trade Name	Frequency	Duration

Further fine

Follow up:

Consultant:



26/8/23

Name: Mr Clint S James

Age: 29yr/M

- For Health Checkup
- offers no complaints

O/E - Ears -



B/L TM intact, mobile


Nose -



Septum central  
Mucosa @

Throat - NAD

ENT - NAD

  
MAJ. (DR.) SHRUTI ANIL SHARMA  
M.S. (ENT) PGD HHM, PG DMLS  
MMC. 2019096177

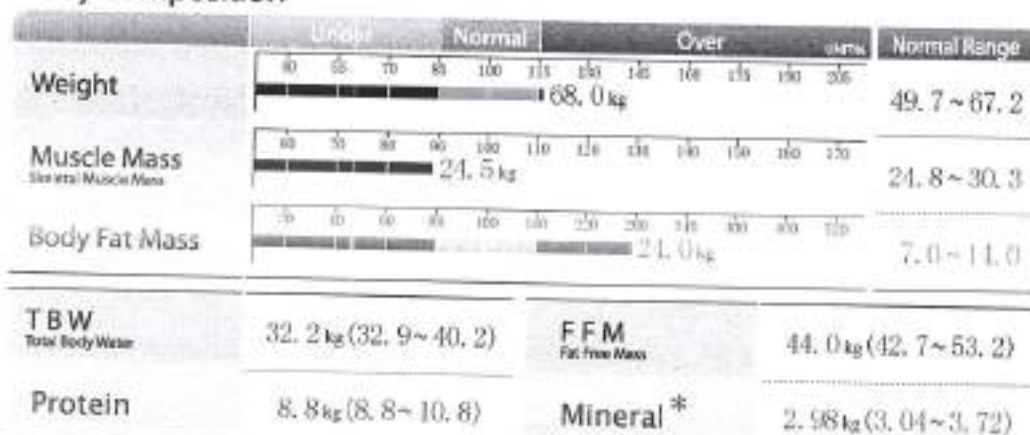
ID 0 *Client*  
Age 29

Height 163cm  
Gender Male

Date 26. 8. 2023  
Time 09:24:02

APOLLO SPECTRA HOSPITAL

## Body Composition



\* Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

	25 kg	Normal Range
<b>BMI</b> <small>Body Mass Index (kg/m<sup>2</sup>)</small>	25.6	18.5 ~ 25.0
<b>PBF</b> <small>Percent Body Fat (%)</small>	35.4	10.0 ~ 20.0
<b>WHR</b> <small>Waist-Hip Ratio</small>	1.01	0.80 ~ 0.90
<b>BMR</b> <small>Basal Metabolic Rate (kcal)</small>	1319	1494 ~ 1743

Nutritional Evaluation	
Protein	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Deficient
Mineral	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

Weight Management	
Weight	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
SMM	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Under <input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over

Obesity Diagnosis	
BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over <input type="checkbox"/> Extremely Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
WHR	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over

## Segmental Fat



\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control 5.7 kg    Fat Control 15.3 kg    Fitness Score 561

## Impedance

Z	RA	LA	TR	RL	LL
20kg	388.5	381.1	30.9	358.1	358.0
100kg	342.1	340.0	25.8	302.9	312.8

\* Discuss your results with your physician or fitness advisor.

## Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 68.0 kg / Duration: 30min / unit: kcal)											
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	Tennis	Football	Oriental Fencing	Golf ball	Badminton	
130	238	201	238	320	238	201	238	340	130	154	
Table Tennis	Tennis	Football	Oriental Fencing	Golf ball	Badminton	Racket ball	Tennis	Squash	Basketball	Rope jumping	Golf
154	201	238	340	130	154	310	340	310	238	238	130

### How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.



नाम  
Name  
विल्ल एम. जेम्स  
Clint S. James

ए.सी. नं.  
E.C. No.  
124398

प्रदाता अधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder

**Patient Name** : Mr. Clint S James

**Age/Gender** : 29 Y/M

**UHID/MR No.** : STAR.0000058230

**OP Visit No** : STAROPV62425

**Sample Collected on** :

**Reported on** : 26-08-2023 15:15

**LRN#** : RAD2082521

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : E-124398

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

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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.



**Dr. VINOD SHETTY**  
Radiology

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<b>UHID/MR No.</b>	: STAR.0000058230	<b>OP Visit No</b>	: STAROPV62425
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-08-2023 15:07
<b>LRN#</b>	: RAD2082521	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: E-124398		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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**Dr. CHAWDA VIJAY CHATURBHAI**  
**M.B.B.S.;MD (Radiology); D.M.R.D**  
Radiology