

S. No.	Company Name
3	Arcofemi/Mediwheel/MALE/FEMALE
4	Arcofemi/Mediwheel/MALE/FEMALE

PACKAGE NAME
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Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324
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Booking ID	EMP-NAME	AGE	GENDER
bobS7081	Soujanya Devi	29 year	Female
bobE7078	MR. VENKATESH	33 year	Male

EMAIL	CONTACT NO	Appointment Date
venkatesh@bankofbaroda.com	8919202567	2/10/2024
venkatesh@bankofbaroda.com	8919202567	2/10/2024

Appointment Time	CLINIC NAME	CLINIC STATE	CLINIC CITY
9:00 AM	Apollo Clinic - Uppal	Telangana	Hyderabad
9:00 AM	Apollo Clinic - Uppal	Telangana	Hyderabad

**CLINIC ADDRESS**

Apollo Clinic, Plot no:977,Survey no:45-50,H No:6-48/3,Near Pillar no:91, Beside Ramraj Cotton Show room,

Apollo Clinic, Plot no:977,Survey no:45-50,H No:6-48/3,Near Pillar no:91, Beside Ramraj Cotton Show room,

Booking Status
----------------

If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package
---

If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package
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Apollo Status	Remarks





The Apollo Clinic  
PHYSICAL EXAMINATION FORM

Apollo Clinic  
Caring. Inspiring. Empowering.

Date 10/2/24 Age 33/M

Name Mr. Venkatesh UHID: 85859.

Height  Cms BMI

Weight  Kgs BP

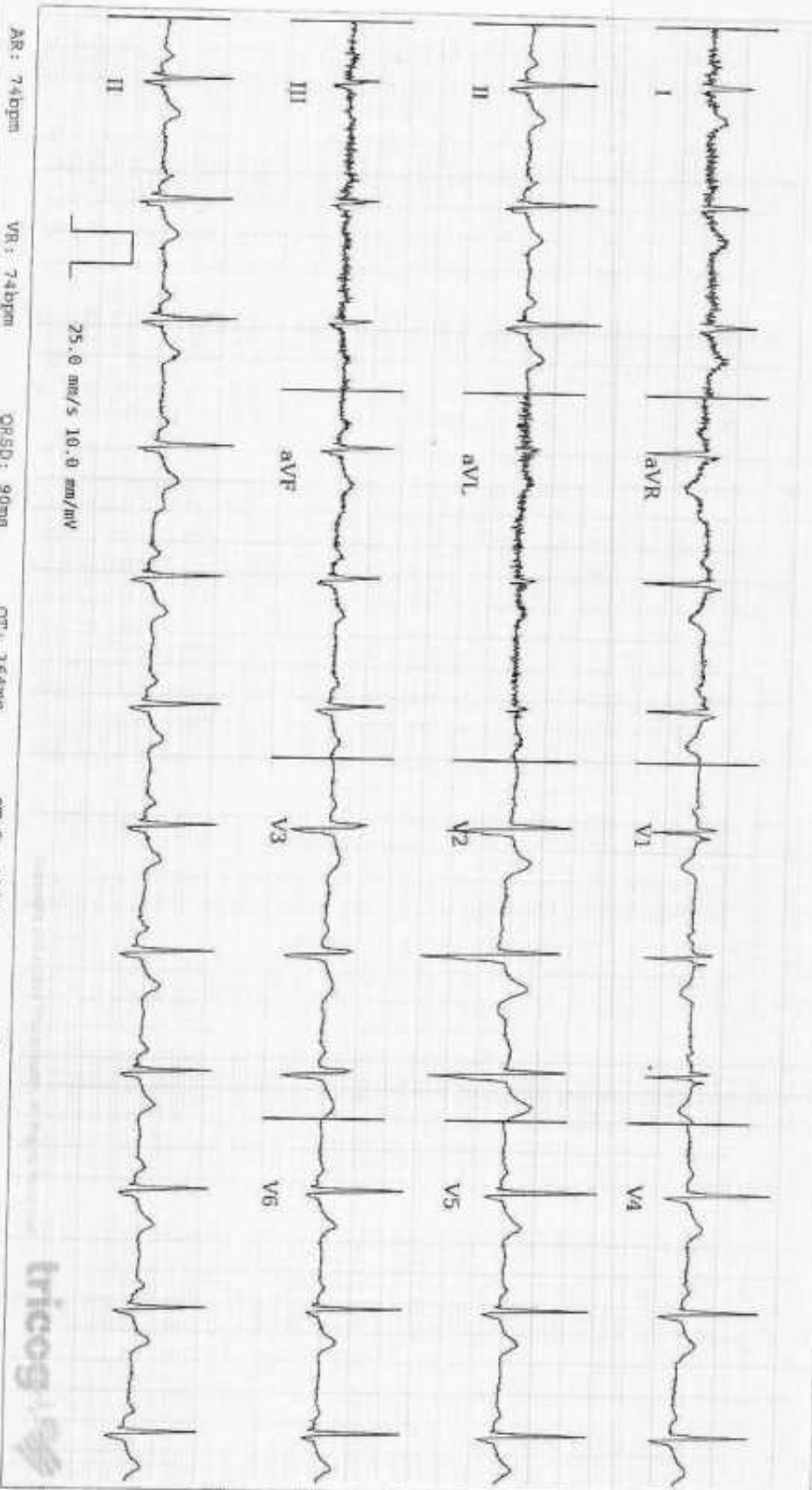
Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ  
COTTONS, BODUPPAL, R RDISTRICT, HYD PH. NO.04049503373/74



**Apollo clinic Boduppal**

Age / Gender: 33/Male  
Patient ID: 0000085859  
Patient Name: Mr. Venkatesh

Date and Time: 10th Feb 24 1:00 PM



HR: 74bpm VR: 74bpm QRSD: 90ms QT: 364ms QTcB: 404ms PR: 152ms P-R-T: 74° 41° 30°

**ECG Within Normal Limits: Sinus rhythm, Normal ECG, correlate clinically. Please correlate clinically.**

Disclaimer: Analysis is done upon a standard ECG trace and should not be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY

DR VINAY



7504

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of  
Mr. Venkatesh on 12/2/24.

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

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<p>Tick</p> <p><input checked="" type="checkbox"/></p>
<ul style="list-style-type: none"> <li>• Fit with Restrictions/ Recommendations</li> </ul> <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 candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after .....</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

*K. Triveni*  
**Dr. Koppala Triveni**  
Reg No :05078  
Consultant Physician  
Apollo Clinic  
Uppal

**MBBS**  
MRCGP/05078

Patient Name	: Mr. VENKATESH	Age	: 33 Y/M
UHID	: CUPP.0000085859	OP Visit No	: CUPPOPV129497
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 10-02-2024 17:53
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 74 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

NORMAL ECG

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA

Patient Name : Mr. VENKATESH Age : 33 Y/M  
UHID : CUPP.0000085859 OP Visit No : CUPPOPV129497  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 10-02-2024 15:48  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.9 CM
LA (es)	2.9 CM
LVID (ed)	4.1 CM
LVID (es)	2.8 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	69.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. VENKATESH	Age	: 33 Y/M
UHID	: CUPP.0000085859	OP Visit No	: CUPPOPV129497
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 10-02-2024 15:48
Referred By	: SELF		

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#### COLOUR AND DOPPLER STUDIES

AJV=1.3

PJV=0.9

E=0.9

A=0.7

#### IMPRESSION

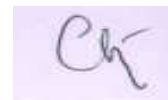
**NORMAL SIZED CARDIAC CHAMBERS & VALVES**

**NORMAL BLOOD FLOWS**

**NO RWMA / LVH**

**GOOD LV / RV FUNCTIONS**

**NO CLOT / P.E.**



Dr. CH  
VENKATESHAM

Patient Name	: Mr. VENKATESH	Age	: 33 Y/M
UHID	: CUPP.0000085859	OP Visit No	: CUPPOPV129497
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 10-02-2024 15:48
Referred By	: SELF		

---

**Patient Name** : Mr. VENKATESH

**Age/Gender** : 33 Y/M

**UHID/MR No.** : CUPP.0000085859

**OP Visit No** : CUPPOPV129497

**Sample Collected on** :

**Reported on** : 10-02-2024 18:09

**LRN#** : RAD2232344

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 173020

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**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



**Dr. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology



**Patient Name** : Mr. VENKATESH

**Age/Gender** : 33 Y/M

**UHID/MR No.** : CUPP.0000085859

**OP Visit No** : CUPPOPV129497

**Sample Collected on** :

**Reported on** : 10-02-2024 17:00

**LRN#** : RAD2232344

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 173020

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size 123 mm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal in size 104 mm. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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

**Right kidney** : 94 x 36 mm.

**Left kidney** : 98 x 50 mm.

**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 30 x 24 x 22 mm and echo texture. Volume measure 9 cc. No evidence of necrosis/calcification seen.

### **IMPRESSION:-**

**No significant abnormality detected.**

**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.



**Dr. K BHAGHEERATHI**  
**MBBS,DNB Radiodiagnosis**  
Consultant Radiologist

Patient Name : Mr.VENKATESH	Collected : 10/Feb/2024 10:51AM
Age/Gender : 33 Y 5 M 26 D/M	Received : 10/Feb/2024 04:45PM
UHID/MR No : CUPP.0000085859	Reported : 10/Feb/2024 06:57PM
Visit ID : CUPPOPV129497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173020	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	44.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.92	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.1	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,990	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	59.7	%	40-80	Electrical Impedance
LYMPHOCYTES	27.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	9.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3576.03	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1647.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	155.74	Cells/cu.mm	20-500	Calculated
MONOCYTES	581.03	Cells/cu.mm	200-1000	Calculated
BASOPHILS	29.95	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	176000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				



  
**Dr. R. SHALINI**  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist

SIN No: BED240034067

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

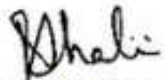
Patient Name : Mr.VENKATESH  
Age/Gender : 33 Y 5 M 26 D/M  
UHID/MR No : CUPP.0000085859  
Visit ID : CUPPOPV129497  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 173020

Collected : 10/Feb/2024 10:51AM  
Received : 10/Feb/2024 04:45PM  
Reported : 10/Feb/2024 06:57PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.R.SHALINI  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240034067

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ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS

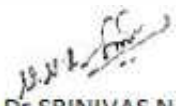


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Age/Gender : 33 Y 5 M 26 D/M	Received : 10/Feb/2024 04:45PM
UHID/MR No : CUPP.0000085859	Reported : 10/Feb/2024 08:02PM
Visit ID : CUPPOPV129497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173020	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



**Dr.SRINIVAS N.S.NORI**  
**M.B.B.S,M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No:BED240034067

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Page 3 of 15



Patient Name : Mr.VENKATESH	Collected : 10/Feb/2024 10:51AM
Age/Gender : 33 Y 5 M 26 D/M	Received : 10/Feb/2024 04:41PM
UHID/MR No : CUPP.0000085859	Reported : 10/Feb/2024 05:26PM
Visit ID : CUPPOPV129497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173020	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	75	mg/dL	70-140	HEXOKINASE


Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE	111	mg/dL		Calculated

Page 4 of 15

  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

  
**Dr.K.Anusha**  
 M.B.B.S.,M.D(Biochemistry)  
 Consultant Biochemist



SIN No:EDT240015109

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



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Age/Gender : 33 Y 5 M 26 D/M	Received : 10/Feb/2024 04:41PM
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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

(eAG)

**Comment:**

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

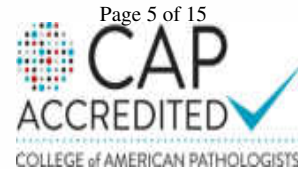
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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)

*Maruthi...*  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

*K. Anusha*  
**Dr.K.Anusha**  
 M.B.B.S.,M.D(Biochemistry)  
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DEPARTMENT OF BIOCHEMISTRY

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

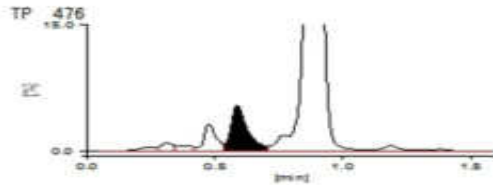
Chromatogram Report

I V5.28 1 2024-02-10 17:20:14  
 ID EDT240015109  
 Sample No. 02100202 SL 0015 - 05  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
ATA	0.5	0.23	9.40
A1B	0.5	0.31	10.33
F	0.5	0.39	9.85
LA1C+	1.9	0.48	38.59
SA1C	5.5	0.59	85.29
A0	92.9	0.88	1885.20
H-V0			
H-V1			
H-V2			

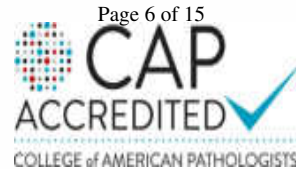
Total Area 2038.66

HbA1c 5.5 % IFCC 36 mmol/mol  
 HbA1 6.4 % HbF 0.5 %



*Maruthi...*  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

*K. Anusha*  
**Dr.K.Anusha**  
 M.B.B.S,M.D(Biochemistry)  
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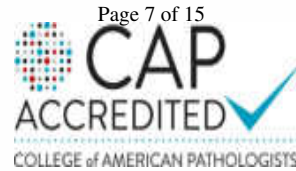
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DEPARTMENT OF BIOCHEMISTRY

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

  
Dr.E.Maruthi Prasad  
PhD (Biochemistry)  
Consultant biochemist

  
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M.B.B.S,M.D(Biochemistry)  
Consultant Biochemist



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Patient Name : Mr.VENKATESH	Collected : 10/Feb/2024 10:51AM
Age/Gender : 33 Y 5 M 26 D/M	Received : 10/Feb/2024 04:48PM
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Emp/Auth/TPA ID : 173020	

DEPARTMENT OF BIOCHEMISTRY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	142	mg/dL	<200	CHO-POD
TRIGLYCERIDES	116	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>28</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.07</b>		0-4.97	Calculated

**Comment:**

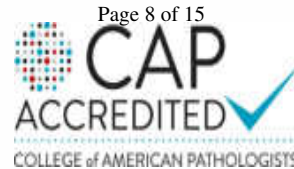
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

  
**Dr.K.Anusha**  
 M.B.B.S.,M.D(Biochemistry)  
 Consultant Biochemist



SIN No:SE04625676

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.VENKATESH	Collected : 10/Feb/2024 10:51AM
Age/Gender : 33 Y 5 M 26 D/M	Received : 10/Feb/2024 04:48PM
UHID/MR No : CUPP.0000085859	Reported : 10/Feb/2024 06:27PM
Visit ID : CUPPOPV129497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173020	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.73	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:


**1. Hepatocellular Injury:**

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

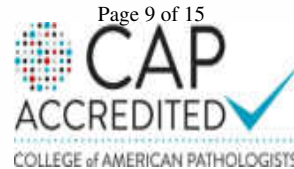
**2. Cholestatic Pattern:**

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

- 3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.87	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	22.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.53	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.42	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.82	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)

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**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>	18.00	U/L	<55	IFCC

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Patient Name : Mr.VENKATESH	Collected : 10/Feb/2024 10:51AM
Age/Gender : 33 Y 5 M 26 D/M	Received : 10/Feb/2024 04:47PM
UHID/MR No : CUPP.0000085859	Reported : 10/Feb/2024 06:44PM
Visit ID : CUPPOPV129497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173020	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.4	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.969	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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

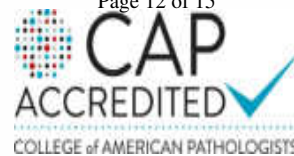


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SIN No:SPL24022483

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DEPARTMENT OF IMMUNOLOGY

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



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SIN No:SPL24022483

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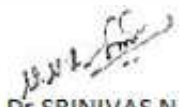


Patient Name : Mr.VENKATESH	Collected : 10/Feb/2024 10:51AM
Age/Gender : 33 Y 5 M 26 D/M	Received : 10/Feb/2024 05:04PM
UHID/MR No : CUPP.0000085859	Reported : 10/Feb/2024 08:53PM
Visit ID : CUPPOPV129497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

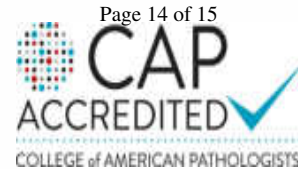
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

  
Dr. SRINIVAS N.S. NORI  
M.B.B.S, M.D(Pathology)  
CONSULTANT PATHOLOGY

SIN No:UR2280004

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name : Mr.VENKATESH	Collected : 10/Feb/2024 10:51AM
Age/Gender : 33 Y 5 M 26 D/M	Received : 10/Feb/2024 05:04PM
UHID/MR No : CUPP.0000085859	Reported : 10/Feb/2024 08:50PM
Visit ID : CUPPOPV129497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173020	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR

*Dr. Srinivas N.S. Nori*  
**Dr.SRINIVAS N.S.NORI**  
**M.B.B.S,M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No:UF010565

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