

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KOKKONDA LAXMI NARAYANA
EC NO.	101413
DESIGNATION	BRANCH HEAD
PLACE OF WORK	SECUNDERABAD, ECIL CROSS ROAD
BIRTHDATE	09-06-1984
PROPOSED DATE OF HEALTH CHECKUP	08-02-2024
BOOKING REFERENCE NO.	23M101413100088332E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-02-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



बैंक ऑफ बड़ोदा
Bank of Baroda

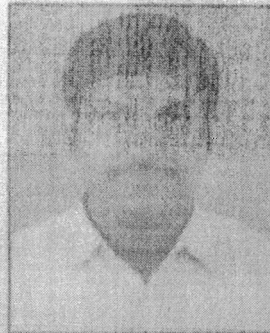
ए.सी. नं.

E.C. No.: 101413

नाम | श्री. के. लक्ष्मी नारायण

Name: KOKKONDA LAXMI NARAYANA

धारक के हस्ताक्षर | Signature of Holder



जारी करने की तारीख

Date of issue: 30-09-2022

जारीकर्ता प्राधिकारी

Issuing Authority

वर्ष २०१९, २०१८ व २०१७ के लिए
एक ही प्रकार का है।

यदि इन वर्षों में कोई भी दिनांक या
यदि किसी भी दिनांक में कोई भी

दिनांक या - प्रमाणित की जाये
संश्लेषण स्पष्ट दिखाने।
आपको यह स्पष्ट दिखाने चाहिए
कि, १-१-१९, २०१९, २०१८, २०१७
का मतलब - १०००००००

वर्ष २०१९ (अब तक) - B+YB

Identification Marks : A mole on the lower lip

Person will be held responsible against
loss, theft or damage.

Loss must be reported immediately to
police and nearest bank office.

If found please return to:
Zonal Security Officer

Bank of Baroda - Zonal Office

Door No. 36, 2B, Keshavnagar, Hyderabad,
Andhra Pradesh - 500 076.

वर्ष २०१९, २०१८ व २०१७ के लिए
एक ही प्रकार का है।

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. KOKKONDA LAXMI NARAYANA
क.कू.संख्या	101413
पदनाम	BRANCH HEAD
कार्य का स्थान	SECUNDERABAD, ECIL CROSS ROAD
जन्म की तारीख	09-06-1984
स्वास्थ्य जांच की प्रस्तावित तारीख	08-02-2024
बुकिंग संदर्भ सं.	23M101413100088332E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **06-02-2024** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

Patient Name : Mr. KOKKONDA LAXMI NARAYANA

Age/Gender : 39 Y/M

UHID/MR No. : CASR.0000185557

OP Visit No : CASROPV220274

Sample Collected on :

Reported on : 08-02-2024 13:10

LRN# : RAD2229229

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE8077/101413

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is 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. 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.

Right kidney: 95x42 mm

Left kidney:100x42 mm

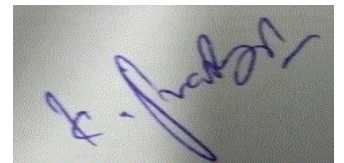
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

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

IMPRESSION:- No Sonological t abnormality detected.

Suggested clinical correlation and further evaluation if necessary



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name : Mr. KOKKONDA LAXMI NARAYANA

Age/Gender : 39 Y/M

UHID/MR No. : CASR.0000185557

OP Visit No : CASROPV220274

Sample Collected on :

Reported on : 08-02-2024 19:45

LRN# : RAD2229229

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE8077/101413

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

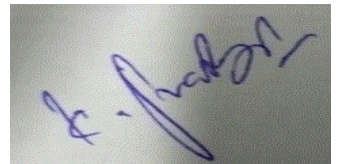
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name : Mr.KOKKONDA LAXMI NARAYANA	Collected : 08/Feb/2024 09:04AM
Age/Gender : 39 Y 7 M 29 D/M	Received : 08/Feb/2024 02:04PM
UHID/MR No : CASR.0000185557	Reported : 08/Feb/2024 04:14PM
Visit ID : CASROPV220274	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8077/101413	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	45.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.9	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,020	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	44.1	%	40-80	Electrical Impedence
LYMPHOCYTES	44.6	%	20-40	Electrical Impedence
EOSINOPHILS	3.8	%	1-6	Electrical Impedence
MONOCYTES	7	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3977.82	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	4022.92	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	342.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	631.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.1	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	326000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC

WBC LYMPHOCYTOSIS

PLATELETS ARE ADEQUATE ON SMEAR



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:BED240030759


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

Patient Name	: Mr.KOKKONDA LAXMI NARAYANA	Collected	: 08/Feb/2024 09:04AM
Age/Gender	: 39 Y 7 M 29 D/M	Received	: 08/Feb/2024 02:04PM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE8077/101413		

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:BED240030759

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Patient Name : Mr.KOKKONDA LAXMI NARAYANA	Collected : 08/Feb/2024 09:04AM
Age/Gender : 39 Y 7 M 29 D/M	Received : 08/Feb/2024 02:04PM
UHID/MR No : CASR.0000185557	Reported : 08/Feb/2024 05:58PM
Visit ID : CASROPV220274	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8077/101413	

DEPARTMENT OF HAEMATOLOGY

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

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



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:BED240030759

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

Patient Name : Mr.KOKKONDA LAXMI NARAYANA	Collected : 08/Feb/2024 01:13PM
Age/Gender : 39 Y 7 M 29 D/M	Received : 08/Feb/2024 03:13PM
UHID/MR No : CASR.0000185557	Reported : 08/Feb/2024 03:35PM
Visit ID : CASROPV220274	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8077/101413	

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	95	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	137	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.



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



Patient Name : Mr.KOKKONDA LAXMI NARAYANA	Collected : 08/Feb/2024 09:04AM
Age/Gender : 39 Y 7 M 29 D/M	Received : 08/Feb/2024 01:44PM
UHID/MR No : CASR.0000185557	Reported : 08/Feb/2024 03:47PM
Visit ID : CASROPV220274	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8077/101413	

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				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:EDT240013359

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



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DEPARTMENT OF BIOCHEMISTRY

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

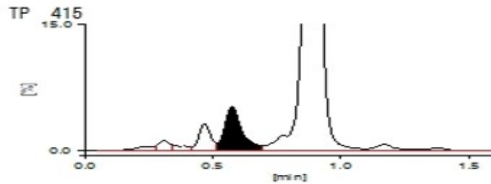
Chromatogram Report

HLC72368 V5.28 1 2024-02-08 15:01:04
 ID edt240013359
 Sample No. 02080101 SL 0004 - 02
 Patient ID
 Name
 Comment

CALIB	Y = 1.1689X + 0.6048		
Name	%	Time	Area
A1A	0.5	0.23	8.15
A1B	0.6	0.31	10.49
F	0.4	0.39	7.66
LA1C+	1.8	0.47	30.80
SA1C	5.3	0.57	72.47
AO	93.1	0.89	1637.74
H-V0			
H-V1			
H-V2			

Total Area 1767.31

HbA1c 5.3 % **IFCC 35 mmol/mol**
 HbA1 6.4 % HbF 0.4 %




Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist

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DEPARTMENT OF BIOCHEMISTRY

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



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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	198	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	152	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.30		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. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SE04622234

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



Patient Name : Mr.KOKKONDA LAXMI NARAYANA	Collected : 08/Feb/2024 09:04AM
Age/Gender : 39 Y 7 M 29 D/M	Received : 08/Feb/2024 01:58PM
UHID/MR No : CASR.0000185557	Reported : 08/Feb/2024 03:02PM
Visit ID : CASROPV220274	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8077/101413	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.78	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.64	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	94.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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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Age/Gender : 39 Y 7 M 29 D/M	Received : 08/Feb/2024 01:58PM
UHID/MR No : CASR.0000185557	Reported : 08/Feb/2024 03:02PM
Visit ID : CASROPV220274	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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.57	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.59	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.32	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)



Dr. RAJESH BATTINA
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Consultant Biochemist

SIN No:SE04622234

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Patient Name : Mr.KOKKONDA LAXMI NARAYANA	Collected : 08/Feb/2024 09:04AM
Age/Gender : 39 Y 7 M 29 D/M	Received : 08/Feb/2024 01:58PM
UHID/MR No : CASR.0000185557	Reported : 08/Feb/2024 02:48PM
Visit ID : CASROPV220274	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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	<55	IFCC

Maruthi...

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



Patient Name : Mr.KOKKONDA LAXMI NARAYANA	Collected : 08/Feb/2024 09:04AM
Age/Gender : 39 Y 7 M 29 D/M	Received : 08/Feb/2024 01:58PM
UHID/MR No : CASR.0000185557	Reported : 08/Feb/2024 03:14PM
Visit ID : CASROPV220274	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8077/101413	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.245	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SPL24020128

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



Patient Name	: Mr.KOKKONDA LAXMI NARAYANA	Collected	: 08/Feb/2024 09:04AM
Age/Gender	: 39 Y 7 M 29 D/M	Received	: 08/Feb/2024 01:58PM
UHID/MR No	: CASR.0000185557	Reported	: 08/Feb/2024 03:14PM
Visit ID	: CASROPV220274	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE8077/101413		

DEPARTMENT OF IMMUNOLOGY

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SPL24020128

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

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Patient Name : Mr.KOKKONDA LAXMI NARAYANA	Collected : 08/Feb/2024 09:04AM
Age/Gender : 39 Y 7 M 29 D/M	Received : 08/Feb/2024 03:11PM
UHID/MR No : CASR.0000185557	Reported : 08/Feb/2024 05:15PM
Visit ID : CASROPV220274	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8077/101413	

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:UF010459

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