



Corporate Health Checks **11/20**

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Choose Date

12-12-2023



SEARCH

Patient Details

Patient First Name

MR.

Patient Last Name

RAAM SARAN

Patient Mobile Number

9790860954

Patient E-mail ID

raa12056@yahoo.com

Date of Birth

11-06-1992

Gender

male

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA

Package Name

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS I

India Driving Licence (Tamilnadu)
Form 7

 **TN49-20100000863**
RAAM SARAN G
GUNASEKARAN C


100 DHARMABAL NAGAR
MARLAMMAN KOIL
THANJAVUR DT

SRNIVASAN DRIVING SCHOOL B.G.
29/10/1989

28/01/2010




Email ID: skkingo7@gmail.com

| Name : Mr. Rnam Saran G | Age: 34 Y | UHID: CJPN.0000090038 |
|--|--|--|
| Address : blr | Sex: M |  |
| Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT | | OP Number: CJPNOPV182971 |
| | | Bill No : CJPN-OCR-67679 |
| | | Date : 12.12.2023 08:34 |
| Sno | Service Type/ServiceName | Department |
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | |
| 1 | URINE GLUCOSE(FASTING) | |
| 2 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 3 | HbA1c, GLYCATED HEMOGLOBIN | |
| 4 | LIVER FUNCTION TEST (LFT) | |
| 5 | X-RAY CHEST PA R-18 | |
| 6 | GLUCOSE, FASTING | |
| 7 | HEMOGRAM + PERIPHERAL SMEAR | |
| 8 | ENT CONSULTATION | |
| 9 | CARDIAC STRESS TEST(TMT) → 2DEcho | |
| 10 | FITNESS BY GENERAL PHYSICIAN | |
| 11 | DIET CONSULTATION | |
| 12 | COMPLETE URINE EXAMINATION | |
| 13 | URINE GLUCOSE(POST PRANDIAL) 11.30 AM | |
| 14 | PERIPHERAL SMEAR | |
| 15 | ECG | |
| 16 | BLOOD GROUP ABO AND RH FACTOR | |
| 17 | HPTD PROFILE | |
| 18 | BODY MASS INDEX (BMI) | |
| 19 | OPHTHAL BY GENERAL PHYSICIAN R-3 | |
| 20 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 21 | ULTRASOUND - WHOLE ABDOMEN | |
| 22 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |
| 23 | DENTAL CONSULTATION R-22 | |
| 24 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.30 AM | |

Bp - 164/94 mm/Hg
Wb - 104.2 kg
Hb - 185 cms.
Waist - 102 cms
Hip - 107 cms.
AR - 68 inch
BMI - 30.4

Name - Ranam Saran G

Age - 34 y/m

Date - 12/12/23

| | | | |
|----------|----------|--------|----------------|
| Height : | Weight : | BMI : | Waist Circum : |
| Temp : | Pulse : | Resp : | B.P : |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

ClO - Routine
Eye checkup

H/O PUP - olding
glass

H/O Eye Sx - No

Ux Vx $\left\{ \begin{array}{l} 6/24 \quad R6 \\ 6/24 \quad R6 \end{array} \right.$

± glass Vx $\left\{ \begin{array}{l} 6/6 \quad R6 \\ 6/6 \quad R6 \end{array} \right.$

catena vision is normal in BC
continue the same power

Follow up date:

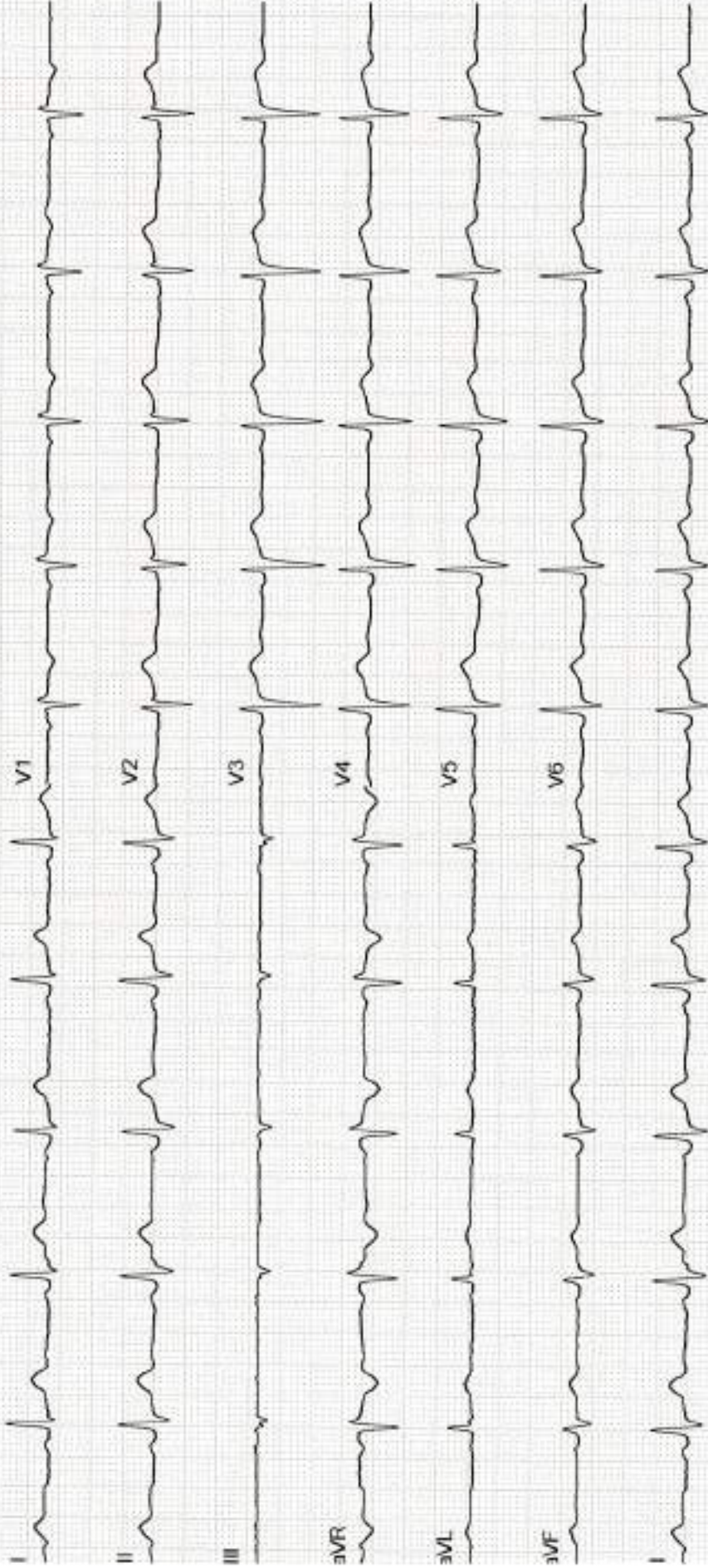
After 6 months.

Doctor Signature

165 cm Male
5 104.2 kg

QRS : 98 ms
QT / QTcBaz : 412 / 428 ms
PR : 156 ms
P : 112 ms
RR / PP : 928 / 923 ms
P / QRS / T : 53 / 16 / 30 degrees

Normal sinus rhythm
Incomplete right bundle branch block
Borderline ECG





Patient Name : Mr. Raam Saran G

Age/Gender : 34 Y/M

UHID/MR No. : CJPN.0000090038

OP Visit No : CJPNOPV182971

Sample Collected on :

Reported on : 12-12-2023 10:14

LRN# : RAD2176163

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9790860954

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. KUSUMA JAYARAM
MBBS,DMRD
Radiology



| | | | |
|----------------------------|--------------------|--------------------|--------------------|
| Patient Name | : Mr. Raam Saran G | Age/Gender | : 34 Y/M |
| UHID/MR No. | : CJPN.0000090038 | OP Visit No | : CJPNOPV182971 |
| Sample Collected on | : | Reported on | : 12-12-2023 10:51 |
| LRN# | : RAD2176163 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9790860954 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.PV- 10mm.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Appeared normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 11.2 x 2.3cm.

Left kidney measures : 11.8 x 2.0cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.

Prostate measures : 3.5 x 2.8 x 2.7cms. Volume- 14cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION : GRADE I FATTY LIVER OTHERWISE NORMAL STUDY .

Please Note :No preparation done before scanning.



Patient Name : Mr. Raam Saran G

Age/Gender : 34 Y/M

(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. KUSUMA JAYARAM
MBBS,DMRD
Radiology

| | |
|--------------------------------|--|
| Patient Name : Mr.RAAM SARAN G | Collected : 12/Dec/2023 08:54AM |
| Age/Gender : 34 Y 1 M 14 D/M | Received : 12/Dec/2023 01:19PM |
| UHID/MR No : CJPN.000090038 | Reported : 12/Dec/2023 05:55PM |
| Visit ID : CJPNOPV182971 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9790860954 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.9 | g/dL | 13-17 | Spectrophotometer |
| PCV | 44.00 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.72 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 93.3 | fL | 83-101 | Calculated |
| MCH | 31.5 | pg | 27-32 | Calculated |
| MCHC | 33.8 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,630 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 49.5 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 39.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 1.3 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 9.4 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.5 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2291.85 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1819.59 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 60.19 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 435.22 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 23.15 | Cells/cu.mm | 0-100 | Calculated |
| PLATELET COUNT | 251000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 9 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBCs: are normocytic normochromic



Dr. Shobha Emmanuel
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:BED230306690

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC1158111
Regd. Office: 1-10-82/3, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph No: 843-4884 7777, Fax No: 4884 7744

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Karnataka - 560038

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| | |
|--------------------------------|--|
| Patient Name : Mr.RAAM SARAN G | Collected : 12/Dec/2023 08:54AM |
| Age/Gender : 34 Y 1 M 14 D/M | Received : 12/Dec/2023 01:19PM |
| UHID/MR No : CJPN.0000090038 | Reported : 12/Dec/2023 05:55PM |
| Visit ID : CJPNOPV182971 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9790860954 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



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 www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 843-4884 7777, Fax No: 4884 7744

Address:
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| | |
|--------------------------------|--|
| Patient Name : Mr.RAAM SARAN G | Collected : 12/Dec/2023 08:54AM |
| Age/Gender : 34 Y 1 M 14 D/M | Received : 12/Dec/2023 01:19PM |
| UHID/MR No : CJPN.0000090038 | Reported : 12/Dec/2023 09:29PM |
| Visit ID : CJPNOPV182971 | Status : Final Report |
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | A | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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Consultant Pathologist



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|--------------------------------|--|
| Patient Name : Mr.RAAM SARAN G | Collected : 12/Dec/2023 08:54AM |
| Age/Gender : 34 Y 1 M 14 D/M | Received : 12/Dec/2023 01:30PM |
| UHID/MR No : CJPN.0000090038 | Reported : 12/Dec/2023 02:11PM |
| Visit ID : CJPNOPV182971 | 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 - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 86 | 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.



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:PLF02069891

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| | |
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| Age/Gender : 34 Y 1 M 14 D/M | Received : 12/Dec/2023 01:23PM |
| UHID/MR No : CJPN.000090038 | Reported : 12/Dec/2023 03:22PM |
| Visit ID : CJPNOPV182971 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 77 | 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 | 4.8 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 91 | 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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.




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M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT230112923

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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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| Patient Name : Mr.RAAM SARAN G | Collected : 12/Dec/2023 08:54AM |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 185 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 45 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 55 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 130 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 121.3 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 9 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.37 | | 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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04566987

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| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mr.RAAM SARAN G | Collected | : 12/Dec/2023 08:54AM |
| Age/Gender | : 34 Y 1 M 14 D/M | Received | : 12/Dec/2023 01:17PM |
| UHID/MR No | : CJPN.0000090038 | Reported | : 12/Dec/2023 03:19PM |
| Visit ID | : CJPNOPV182971 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9790860954 | | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.66 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.56 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 24 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 28.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 81.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.94 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.51 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.43 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.86 | | 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 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:




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DEPARTMENT OF BIOCHEMISTRY

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- 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 - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.88 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 21.10 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.08 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 9.40 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 4.03 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 139 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.7 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 108 | mmol/L | 101–109 | ISE (Indirect) |



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| UHID/MR No : CJPN.0000090038 | Reported : 12/Dec/2023 02:41PM |
| Visit ID : CJPNOPV182971 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM | 32.00 | U/L | <55 | IFCC |




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| | |
|--------------------------------|--|
| Patient Name : Mr.RAAM SARAN G | Collected : 12/Dec/2023 08:54AM |
| Age/Gender : 34 Y 1 M 14 D/M | Received : 12/Dec/2023 01:18PM |
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| Visit ID : CJPNOPV182971 | Status : Final Report |
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| Emp/Auth/TPA ID : 9790860954 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 7.30 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.031 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

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

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

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




DR.SHIVARAJA SHETTY
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SIN No:SPL23180196

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|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mr.RAAM SARAN G | Collected | : 12/Dec/2023 08:54AM |
| Age/Gender | : 34 Y 1 M 14 D/M | Received | : 12/Dec/2023 01:18PM |
| UHID/MR No | : CJPN.0000090038 | Reported | : 12/Dec/2023 02:17PM |
| Visit ID | : CJPNOPV182971 | Status | : Final Report |
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| Emp/Auth/TPA ID | : 9790860954 | | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324




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| Age/Gender : 34 Y 1 M 14 D/M | Received : 12/Dec/2023 01:00PM |
| UHID/MR No : CJPN.000090038 | Reported : 12/Dec/2023 01:43PM |
| Visit ID : CJPNOPV182971 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9790860954 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.005 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-3 | /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. Shobha Emmanuel
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Consultant Pathologist



SIN No: UR2239562

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DEPARTMENT OF CLINICAL PATHOLOGY

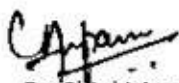
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| 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. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF009999

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