

Zimbra

Health Check-up Booking

Sat, Feb 10, 2024 10:24 AM

1 attachment

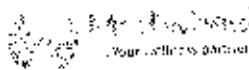
From : Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Subject : Health Check-up Booking
To : fo.krm <fo.krm@apollospectra.com>

Dear Team,

Please note the package.

Arsofam /Mediwheel /MALE/F/M/ALT	ARSOFFMI - MCD/WHTEL - FULL BODY ANNUAL PLUS PAIT - 2D ECHO - PMS /A/DIA - FY2324	6605772	W Rajesh
Arsofam /Mediwheel/MALE/F/MALE	Arsofam Mediwheel Full Body Health Annual Plus Check - 2D ECHO	6605772	Smita Kashyap

Thanks & Regards



Arsofam Health Care Ltd. | F-701A, Lakh Sara, Mansarovar | New Delhi - 110 010
 Ph.No. 011 47186969
 Email : customercare@mediwheel.in | web: www.mediwheel.in

Dr. Manaswini Ramachandra, MBBS, MS (ENT)
Consultant ENT and Head & Neck Surgeon
Fellowship in Endoscopic Sinus Surgery
Trained in Allergy (AASC)
Email : manaswiniramachandra@gmail.com



Mr. Rajesh
✓

10-2-24

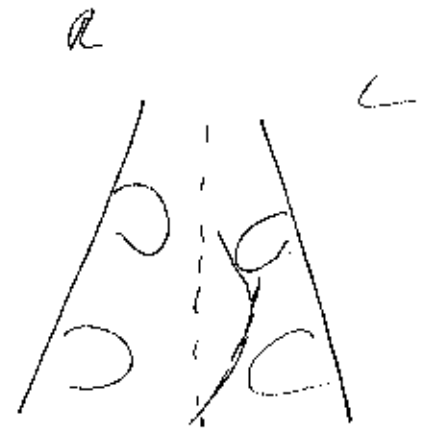
Health Club
✓

W/O SA

Ear : NS
✓

Nose : DMS to (C)
✓

OPD : NS
✓



NAME	Mr V RAJESH	DATE:13/02/2024	
AGE	34 YRS	KRM NUMBER	053913
GENDER	MALE	REFERRED BY	

DIMENSIONS:

AORTA: 3.2 cms	IVSD: 1.02 cms	LVDd: 3.9 cms	LVPWD :1.0 cms
LA :3.3 cms	IVSS : 1.12cms	LVDs: 2.7 cms	LVPWS:1.1cms
EF : 60 %		EDV :98 ML	ESV :38 ML

VALVES:

MITRAL : NORMAL.
TRICUSPID : NORMAL.
AORTIC : NORMAL.
PULMONARY : NORMAL.

2D – ECHO:

IAS : Intact.
IVS : Intact.
RA : Normal.
RV : Normal.
LA : NORMAL.
LV : NORMAL;
IVC, AORTA AND PULMONARY ARTERY: NORMAL.
PERICARDIUM : NORMAL.

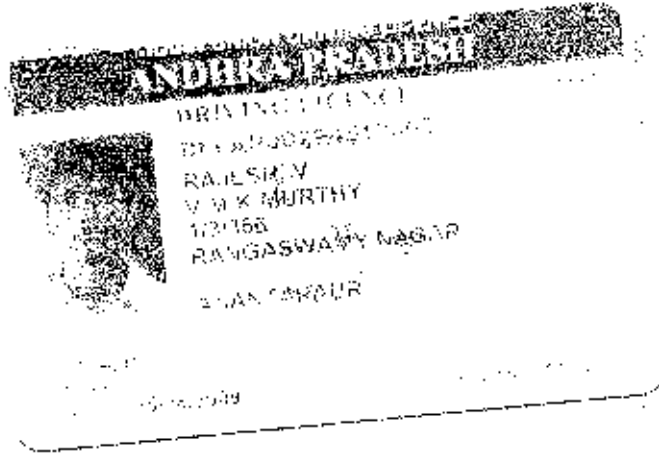
DOPPLER DAT

Mitral valve : E-0.77 M/sec A-0.53 m/sec, NO MR.
Tricuspid valve : NO TR
Aortic valve : V max -1.0 m /sec
Pulmonary valve : NO PR.

FINAL IMPRESSION:

NORMAL CHAMBERS AND VALVES
NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST
NORMAL LV & RV SYSTOLIC FUNCTION, EF-60%
NORMAL DIASTOLIC FUNCTION
NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.


DR. MOHAN MURALI
Consultant Cardiologist



€ for health
check up only

[Handwritten signature]

DOCTORS NOTE

NAME: Mr. V. Rajesh

AGE: 34/M. SEX:

NO:

Lipid

• Avoid oily and fried food.

↓
cold pressed oil

• Avoid anything made up of maida/ processed food.

• Avoid spicy food.

• Add ω-3 supplements

... vegan source
(walnut & flaxnuts)

Himalayan Organics Vegan
omega 3 capsules
(0-0-1)

• Add more of beans, cucumbers, whole grains, beet and carrot in your diet.

• Add chia seeds, flax seeds & walnuts.

renal
calculus

— Avoid green leafy vegetables, oranges & mosambi.
— Drink upto 3.5L/d (min.)

— All reports are normal except lipid profile
LDL ↑, HDL ↓

— Urea & BUN ↓

HT - 170/90

WT - 21.8 kg/m²

• Food - Bhatni/ Besan.

• Ex - NA

• Vegetarian (Egg)

• No renal calculus.

Dr. Roma Haider

Dental Surgeon
Certified In Esthetic Dentistry & Implantology
Email : roma.haider@yahoo.com
Consultation : Monday to Saturday 10 am to 7 pm



- 82-965 00869 - WhatsApp
- 925-96-74988

10/2/2024

Mr. V. Rajesh

34/M

• Restorative Procedures

• Root canal treatment

H.C.

• Teeth replacement - fixed and removable dentures

FP D 1st lower anterior

• Oral surgery

• Orthodontics

- Orthognathic 1st L. Anterior

• Preventive dentistry

• Dental Implants

- Subgingival calculus 1st of UAnterior teeth

• Pedodontics

Advised: Scaling

• Esthetics & smile design

• Tooth Jewellery

R

• Periodontics

- Chlorhex ADS mouth wash

10-1 -- 10-1 x 5 days

[Signature]

YOUR LIFE. YOUR CARE.

Pt. Name: MR. RAJESH V

Age/Sex: 34 Y / M

Ref By: H.C

Date: 10 - 02 - 2024

ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size and normal in echotexture
No focal lesion is seen. No IHBR dilatation is seen
Portal vein and CBD are normal.
- GALL BLADDER:** Is partially distended.
No intraluminal content or calculi are seen in the visualized lumen.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen.
Peri-pancreatic fat planes are well preserved
- SPLEEN:** Normal in size and normal in echotexture.
No focal lesion is seen.
- KIDNEYS:** Right Kidney measures 9.9 cms. Left Kidney measures 10.1 cms
Both kidneys are normal in size, shape, position, contour and echotexture
Cortico-medullary differentiation is well maintained
No hydronephrosis are seen. Calculus measuring 2.5mm is noted in upper pole of right kidney.
- URINARY BLADDER:** Is well-distended with normal wall thickness.
No intraluminal content or calculi are seen.
- PROSTATE:** Normal in size and echotexture

IMPRESSION: NON OBSTRUCTIVE RIGHT RENAL CALCULUS.

Thanks for reference.

DR REKHA P

DR. PREMSAI REDDY

CONSULTANT RADIOLOGISTS

Date : 13-02-24
MRNO : 53913
Name : Mrs. V. Ramesh
Age / Gender : 32y / m
Mobile No :

Department :
Consultant : Dr. RAVI
Reg. No : KMC 106672
Qualification :
Consultation Timing :

Pulse : 85 b/min	B.P. : 129/98 mmHg	Resp : 18 b/min	Temp : 98.4 °F
Weight :	Height :	Hwt: SpO ₂ : 98%	Waist Circum :

General Examination / Allergies History

L.D.L. cholest. - 118

MSG - normal
calculated
②

- Referred to
urologist
for opinion

Pr

Clinical Diagnosis & Management Plan

Adv

- Avoid oily food

- To take Garlic

- Brisk walking 30 min. daily

① Mipice 60K every 15 days once
Pr

② T. Mebinox 1-0-1 x 5 days
A/F

③ T. Pantodac 1-0-1 x 5 days
40
B/F

- Review in 5 days

Date Time B.P. P.R. (twice daily)
Pr
review after
1 week

Follow up date:

Doctor Signature

Pr

Mr. V. Rajesh
ID: 53913

34 Years

Male

10.02.2024 11:49:06

APOLLO SPECTRA HOSPITAL
KGRAMANGALA
BANGALORE

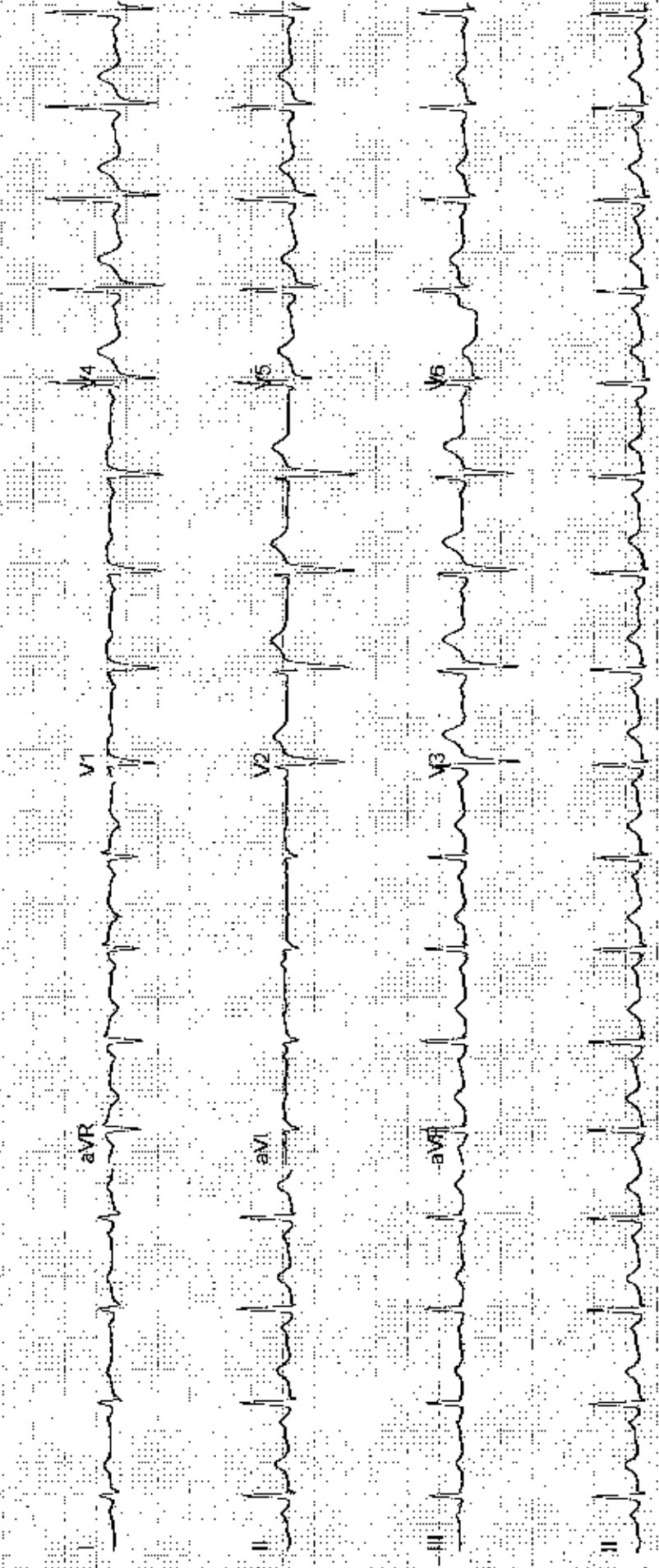
100 bpm

/ - mmHg

Normal sinus rhythm
Normal ECG

QRS	92 ms
QT/QTcBaz	324 / 417 ms
PR	130 ms
P	102 ms
RR/PP	598 / 500 ms
P/QRS/T	56 / 80 / 61 degrees

Handwritten: BP = 114/82 | 93 Max of 179





Patient Name : Mr.V RAJESH
 Age/Gender : 34 Y 8 M 8 D/M
 UHID/MRN No. : CINR.0030053913
 Visit ID : SKOROPV280189
 Ref Doctor : Dr.SELF
 Frmp/Auth/TPA ID : 000112303



Collected : 10/Feb/2024 10:51 AM
 Received : 10/Feb/2024 11:00 AM
 Reported : 10/Feb/2024 01:06 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD (D)A

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Anushree R

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



SLN No:BED240034068



Mr.V RAJESH
 Age/Gender : 34 Y 5 M 8 D/M
 UHID/MRN/ID : CINR.0000059913
 Visit ID : SKOROPV280189
 Ref Doctor : Dr. SELF
 Emp/ALT/TPA ID : 000112303



Collected : 10/Feb/2024 10:51 AM
 Received : 10/Feb/2024 11:04 AM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOI E BLOOD EDYA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	43.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.20	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82	fl.	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	35.7	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu. mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	72	%	40-80	Electrical Impedance
LYMPHOCYTES	23	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4608	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1472	Cells/cu.mm	1000-5000	Calculated
EOSINOPHILS	64	Cells/cu.mm	20-500	Calculated
MONOCYTES	256	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	182000	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.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Arushree B

Dr. Arushree B
 M.B.B.S, M.D; Pathology;
 Consultant Pathologist



SIN No:BBE240034058



Patient Name : Mr.V RAJESH
 Age/Gender : 34 Y 5 M 8 D/M
 UHID/URN No : CINR.0000053843
 Visit ID : SKOROPV280189
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 000112303



Collected : 10/Feb/2024 10:51AM
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 Reported : 10/Feb/2024 01:05PM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Anushree R

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



SIN No:BBD240034068



: Mr.V RAJESH
 : 34 Y 5 M 8 D/M
 : CINR.0000053913
 : SKOROPV280189
 : Dr.SEI F
 : 000112303



Collected : 10/Feb/2024 10:51 AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Anushree R

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



SIN No:BED240034068



Name : M.V RAJESH
 Age/Gender : 34 Y 5 M 8 D/M
 UHID/MRN No : CINR.0000053913
 Visit ID : SKORQPV280189
 Ref Doctor : Dr.SELF
 Emp/Auto/TPA ID : 000112303



Collected : 10/Feb/2024 10:51AM
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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
GLUCOSE, FASTING , NAF PLASMA	84	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL

70-100 mg/dL

100-125 mg/dL

≥126 mg/dL

<70 mg/dL

Interpretation

Normal

Prediabetes

Diabetes

Hypoglycemia

Note:

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

Anushree R

Dr. Anushree R
 M.S.B.S./M.D.(Pathology)
 Consultant Pathologist



SIN No:PLP02104050



: Mr.V RAJESH
 Age/Gender : 34 Y 5 M 8 DM
 Patient No : CINR.0000053913
 Visit ID : SKOROPV280189
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 000112303



Collected : 10/Feb/2024 12:53PM
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 Reported : 10/Feb/2024 01:34PM
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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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	90	mg/dL	70-140	GOD - POD

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.

Priya Murthy

Dr Priya Murthy
 M.S.B.S.M.D(Pathology)
 Consultant Pathologist



SIN No:PLP/417776



Patient Name : Mr.V RAJESH
 Age/Gender : 34 Y 5 M 8 DM
 UHID/MR No : CNR.0000053010
 Visit ID : SKOROPV280188
 Ref Doctor : Dr.SELF
 Emp/Aun/TPA ID : 000112303



Collected : 10/Feb/2024 10:51 AM
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 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
HbA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA				
HbA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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	5 - 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.
- Unusually low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control.
 - HbF >25%
 - Homozygous Hemoglobinopathy. (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

DR. SHIVARAJA SHETTY
 M.B.B.S.M.D. (Biochemistry)
 CONSULTANT BIOCHEMIST
 STN No:BJYT240015110





Mr.V RAJESH
 Age/Gender : 34 Y 5 M 6 D/M
 UHID/MR No : CINR.0306053913
 Visit ID : SKOROPV280189
 Ref Doctor : Dr.SELF
 Emp/Ausp/TPA ID : 000112303

Collected : 10/Feb/2024 10:51AM
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDLS	84	mg/dL	<150	
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.46		0-4.97	Calculated

Result Rechecked

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 450 mg/dL. When Triglycerides are more than 350 mg/dL LDL cholesterol is a direct measurement.

Anushree R

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



SIN No.SE04625677



Mr.V RAJESH
 Age/Gender : 34 Y 5 M 8 D/M
 UHID/MR No : CINR.0000053913
 Visit ID : SKOROPV280169
 Ref Doctor : Dr.SELF
 Emp/Auth/1PA ID : 000112303



Collected : 10/Feb/2024 10:31 AM
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 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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	93.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.60	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated

Result Rechecked

Comment:

LFT results reflect different aspects of the function 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 associated 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 NALFD, 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: • Albumin - Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps

Anushree R

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

SDN No:ST04625677





: Mr.V RAJESH
 Age/Gender : 34 Y 5 M 8 D/M
 UHID/MRN No : CINR.0500053913
 Visit ID : SKORCPV280189
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:51AM
 Received : 10/Feb/2024 11:11AM
 Reported : 10/Feb/2024 12:02PM
 Status : Final Report
 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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	13.70	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE

Result Rechecked

Anushree R

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



SIN No:SF04625677



Patient Name : Mr.V RAJESH
 Age/Gender : 34 Y 5 M 6 D/M
 UHID/MRN No : CINR.0000053918
 Visit ID : SKOROPV280189
 Ref Doctor : Dr.SELF
 Emp/Aut/TPA ID : 000112303



Collected : 10/Feb/2024 10:51AM
 Received : 10/Feb/2024 11:10AM
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 Sponsor Name : ARCOFEMI HEALTHICARE LIMITED

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	24.00	U/L	16-73	Glycylglycine Kinetic method

Anushree R

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



SIN No:SE04625677



Patient Name : Mr.V RAJESH
 Age/Gender : 34 Y 5 M 8 D/M
 UHID/MRN No : CJNR.0000053913
 Visit ID : SKOROPV280189
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 000112303



Collected : 10/Feb/2024 10:50AM
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 Reported : 10/Feb/2024 03:30PM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



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-IODOETHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.80	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.870	µIU/mL	0.34-6.60	CLIA

Comment:

For pregnant females	Bin Ref Range for TSH in µIU/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.
- High 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



Signature

DR. SHIVARAJA SHETTY
 M.B.B.S.M.D(Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No:SP124022484



Patient Name : Mr. V RAJESH
 Age/Gender : 34 Y 5 M 8 D/M
 UHID/MRN No : CINR.0000053913
 Visit ID : SKOROPV280189
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:51 AM
 Received : 10/Feb/2024 11:56 AM
 Reported : 10/Feb/2024 12:24 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Blo. 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	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	1 - 2	/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
OTHERS	ABSENT			MICROSCOPY

Anushree R

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



SIN No:UR2280005



Patient Name : Mr.V RAJESH
 Age/Sex : 34 Y 5 M 8 D/M
 UHID/MRN No : CINR.0000053913
 Visit ID : SKOROPV280789
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 000112303



Collected : 10/Feb/2024 12:43PM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Priya Murthy

Dr Priya Murthy
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



SIN No:UJPP016527



: Mr.V RAJES-I
 Age/Gender : 04 Y 5 M 8 D/M
 UHID/MRN No : CINR.0000053913
 Visit ID : SKORO-PV260189
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:51 AM
 Received : 10/Feb/2024 11:27 AM
 Reported : 10/Feb/2024 12:24 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



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 ***

Anushree R

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



SIN No:UF0LU566

Pt. Name: MR.V.RAJESH

Age/Sex: 34 Y/ M

Ref By: H.C

Date: 10-02-2024

X-RAY CHEST PA VIEW

Both the lung parenchyma appears normal.

Heart and mediastinum are unremarkable

Trachea and main stem bronchi are unremarkable.

Pulmonary vasculature is normal.

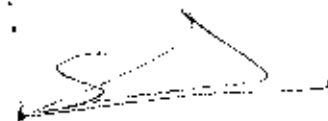
Both the cardiophrenic and costophrenic angles are clear.

Soft tissues and bony thorax are unremarkable

IMPRESSION: NORMAL STUDY.

Please correlate clinically.

Thanks for reference.



Dr. PREMSAI REDDY

CONSULTANT RADIOLOGIST

Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:51AM
Received : 10/Feb/2024 11:14AM
Reported : 10/Feb/2024 01:05PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.
WBCs are normal in number with normal distribution and morphology.
Platelets are adequate.
No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Anushree R

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

SIN No:BED240034068



Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	15.4	g/dL	13-17	Spectrophotometer
PCV	43.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.28	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	35.7	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	72	%	40-80	Electrical Impedance
LYMPHOCYTES	23	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4608	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1472	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	64	Cells/cu.mm	20-500	Calculated
MONOCYTES	256	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	182000	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.

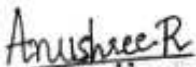
WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Page 2 of 15



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

SIN No:BED240034068



Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:51AM
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Reported : 10/Feb/2024 01:05PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Anushree R

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

SIN No:BED240034068



Patient Name : Mr.V RAJESH	Collected : 10/Feb/2024 10:51AM
Age/Gender : 34 Y 5 M 8 D/M	Received : 10/Feb/2024 11:14AM
UHID/MR No : CINR.0000053913	Reported : 10/Feb/2024 12:24PM
Visit ID : SKOROPV280189	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 000112303	

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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Anushree R

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



SIN No:BED240034068

Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:51AM
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Reported : 10/Feb/2024 11:40AM
Status : Final Report
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
GLUCOSE, FASTING , NAF PLASMA	84	mg/dL	70-100	GOD - POD

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.

Anushree R

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



SIN No:PLF02104050

Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 12:53PM
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DEPARTMENT OF BIOCHEMISTRY

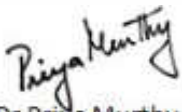
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	90	mg/dL	70-140	GOD - POD

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 Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:PLP1417776



Patient Name : Mr.V RAJESH	Collected : 10/Feb/2024 10:51AM
Age/Gender : 34 Y 5 M 8 D/M	Received : 10/Feb/2024 01:51PM
UHID/MR No : CINR.0000053913	Reported : 10/Feb/2024 03:46PM
Visit ID : SKOROPV280189	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 000112303	

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	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240015110



Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

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Status : Final Report
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	174	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	84	mg/dL	<150	
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.46		0-4.97	Calculated

Result Rechecked

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.

Page 8 of 15

Anushree R

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



SIN No:SE04625677

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 Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel,
Koramangala, Bengaluru

Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	93.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.60	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated

Result Rechecked

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 > 1In 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.

Anushree R

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



SIN No:SE04625677

Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	13.70	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE

Result Rechecked

Anushree R

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



SIN No:SE04625677

Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:51AM
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Reported : 10/Feb/2024 12:12PM
Status : Final Report
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
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	24.00	U/L	16-73	Glycylglycine Kinetic method

Anushree R

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



SIN No:SE04625677



Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:50AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.80	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.870	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

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

SIN No:SPL24022484



Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:51AM
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Reported : 10/Feb/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	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	1 - 2	/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
OTHERS	ABSENT			MICROSCOPY

Anushree R

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



SIN No:UR2280005

Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 12:53PM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Priya Murthy

Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:UPP016527

Patient Name : Mr.V RAJESH
Age/Gender : 34 Y 5 M 8 D/M
UHID/MR No : CINR.0000053913
Visit ID : SKOROPV280189
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 000112303

Collected : 10/Feb/2024 10:51AM
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Reported : 10/Feb/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 ***

Page 15 of 15

Anushree R

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

SIN No:UF010566

