

Patient Name : Mrs.REKHA MISHRA  
Age/Gender : 47 Y 1 M 2 D/F  
UHID/MR No : SALW.0000143220  
Visit ID : SALWOPV221475  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES7592

Collected : 17/Sep/2024 08:14AM  
Received : 17/Sep/2024 10:12AM  
Reported : 17/Sep/2024 10:50AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240228745

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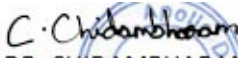
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.2	g/dL	12.5-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	92.5	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,580	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.5	%	40-80	Electrical Impedance
LYMPHOCYTES	38.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.0	%	1-6	Electrical Impedance
MONOCYTES	3.5	%	2-10	Electrical Impedance
BASOPHILS	1.3	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2496.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1772.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	91.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>160.3</b>	Cells/cu.mm	200-1000	Calculated
BASOPHILS	59.54	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.41		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	226000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240228745




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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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DR. CHIDAMBHARAM C  
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CONSULTANT PATHOLOGIST  
SIN No:BED240228745

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Patient Name : Mrs.REKHA MISHRA	Collected : 17/Sep/2024 08:14AM
Age/Gender : 47 Y 1 M 2 D/F	Received : 17/Sep/2024 12:51PM
UHID/MR No : SALW.0000143220	Reported : 17/Sep/2024 03:16PM
Visit ID : SALWOPV221475	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				



**Dr.MARQUESS RAJ**  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:HA07673866

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry


**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:**

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLF02207371



Patient Name : Mrs.REKHA MISHRA	Collected : 17/Sep/2024 11:34AM
Age/Gender : 47 Y 1 M 2 D/F	Received : 17/Sep/2024 12:40PM
UHID/MR No : SALW.0000143220	Reported : 17/Sep/2024 12:50PM
Visit ID : SALWOPV221475	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592	

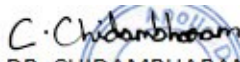
**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	93	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.

  
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SIN No:PLP1485784

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Visit ID : SALWOPV221475	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 CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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.

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)



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240090770

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>314</b>	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	<b>209</b>	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	51	mg/dL	40-71	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	<b>263</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>221.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>41.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.16</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.25</b>		<0.11	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

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04825817






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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Measurements in the same patient can show physiological and analytical variations.  
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
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**DEPARTMENT OF BIOCHEMISTRY**


**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>45</b>	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	70.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.80	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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:

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DR. CHIDAMBHARAM C  
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**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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

**3. Synthetic function impairment:**

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

**4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.**

  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.72	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	<b>12.41</b>	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	<b>5.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	3-5.5	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	9.20	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	146	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	<b>5.2</b>	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.80	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

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DR. CHIDAMBHARAM C  
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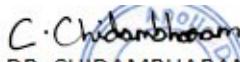


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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	30.00	U/L	16-73	catalytic activity- reflectance spectrophotometry

  
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CONSULTANT PATHOLOGIST  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>8.020</b>	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139870

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.REKHA MISHRA	Collected : 17/Sep/2024 08:14AM
Age/Gender : 47 Y 1 M 2 D/F	Received : 17/Sep/2024 01:29PM
UHID/MR No : SALW.0000143220	Reported : 17/Sep/2024 03:13PM
Visit ID : SALWOPV221475	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139870

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mrs.REKHA MISHRA	Collected : 17/Sep/2024 08:09AM
Age/Gender : 47 Y 1 M 2 D/F	Received : 17/Sep/2024 10:17AM
UHID/MR No : SALW.0000143220	Reported : 17/Sep/2024 10:48AM
Visit ID : SALWOPV221475	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

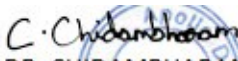
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY TURBID		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	POSITIVE (TRACE)		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 17 of 19

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2412489




Patient Name : Mrs.REKHA MISHRA  
Age/Gender : 47 Y 1 M 2 D/F  
UHID/MR No : SALW.0000143220  
Visit ID : SALWOPV221475  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES7592

Collected : 17/Sep/2024 08:09AM  
Received : 17/Sep/2024 10:17AM  
Reported : 17/Sep/2024 10:48AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UR2412489

Page 18 of 19



Patient Name : Mrs.REKHA MISHRA  
Age/Gender : 47 Y 1 M 2 D/F  
UHID/MR No : SALW.0000143220  
Visit ID : SALWOPV221475  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES7592

Collected : 17/Sep/2024 08:09AM  
Received : 17/Sep/2024 10:17AM  
Reported : 17/Sep/2024 10:48AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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

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

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

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UF012109

Page 19 of 19



Patient Name : Mrs.REKHA MISHRA  
Age/Gender : 47 Y 1 M 2 D/F  
UHID/MR No : SALW.0000143220  
Visit ID : SALWOPV221475  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES7592

Collected : 17/Sep/2024 08:09AM  
Received : 17/Sep/2024 10:17AM  
Reported : 17/Sep/2024 10:48AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST



SIN No:UF012109

<b>Patient Name</b>	: Mrs. Rekha Mishra	<b>Age/Gender</b>	: 47 Y/F
<b>UHID/MR No.</b>	: SALW.0000143220	<b>OP Visit No</b>	: SALWOPV221475
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-09-2024 16:17
<b>LRN#</b>	: RAD2416844	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 35ES7592		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver appears normal in size, Shows fatty changes (Grade I).  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas appears normal.

Spleen measures 7.4cm and shows normal echotexture.

Visualised aorta and IVC are normal.  
No evidence of ascites or lymphadenopathy.

Right kidney measures 9.6 x 4.5cm.

Left kidney measures 10.5 x 5.2cm.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus and both ovaries - Not visualized.

Bladder - Inadequately distended.

**IMPRESSION:**

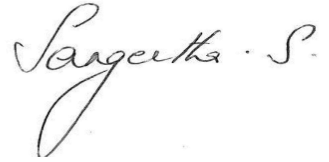
FATTY LIVER.

- SUGGESTED CLINICAL CORRELATION.

**Patient Name** : Mrs. Rekha Mishra

**Age/Gender** : 47 Y/F

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



**Dr. S SANGEETHA**  
MBBS., TRAINED IN ULTRASONOGRAPHY  
Radiology

Patient Name : Mrs. Rekha Mishra Age : 47 Y/F  
UHID : SALW.0000143220 OP Visit No : SALWOPV221475  
Conducted By: : Dr. CECILY MARY MAJELLA Conducted Date : 17-09-2024 17:04  
Referred By : SELF

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.4 CM
LA (es)	2.6 CM
LVID (ed)	4.3 CM
LVID (es)	2.8 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.9 CM
EF	65%
%FD	35%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES

PWD: A<E AT MITRAL INFLOW

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTCO99414

Registered Office : No.7-1-617A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana - 500 038.

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

E/A-E: 0.9m/sec A: 0.7m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
0.9m/sec

VELOCITY ACROSS THE AV UPTO 1.3m/sec

TR VELOCITY UPTO 1.9m/sec 15mmHg

**IMPRESSION**

NO REGIONAL WALL MOTION ABNORMALITY  
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-65%)  
TRIVIAL MITRAL REGURGITATION  
TRIVIAL TRICUSPID REGURGITATION  
NO PULMONARY ARTERY HYPERTENSION  
NORMAL RIGHT VENTRICULAR SYSTOLIC FUNCTION  
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

DR CECILY MARY MAJELLA MD DM (Cardio)





Mammography and Pap-smear report will be upload after 3-4 days

mammography and papsmear will be uploaded after 3 days

**From:** noreply@apolloclinics.info  
**Sent:** 16 September 2024 13:51  
**To:** dhananjay.mishrapbh@gmail.com  
**Cc:** hc.alwarpet@apollospectra.com; alwarpet@apollospectra.com; syamsunder.m@apollohl.com  
**Subject:** Your appointment is confirmed



**Dear Rekha Mishra,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA ALWARPET clinic** on **2024-09-17** at **08:15-08:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

### **Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

### **For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: #12 CP RAMASWAMY ROAD, ALWARPET CHENNAI,600018.**

**Contact No: 044 – 2467 2200.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic

MRS, REKHA MISHRA  
Female

9/17/24 8:35 AM

APOLLO SPECTRA HOSPITALS( SALW )

ALWERPET( OPD )

77 . Sinus rhythm.....normal P axis, V-rate 59- 99  
. Baseline wander in lead(s) V1 V2 V3 V4 V5 V6

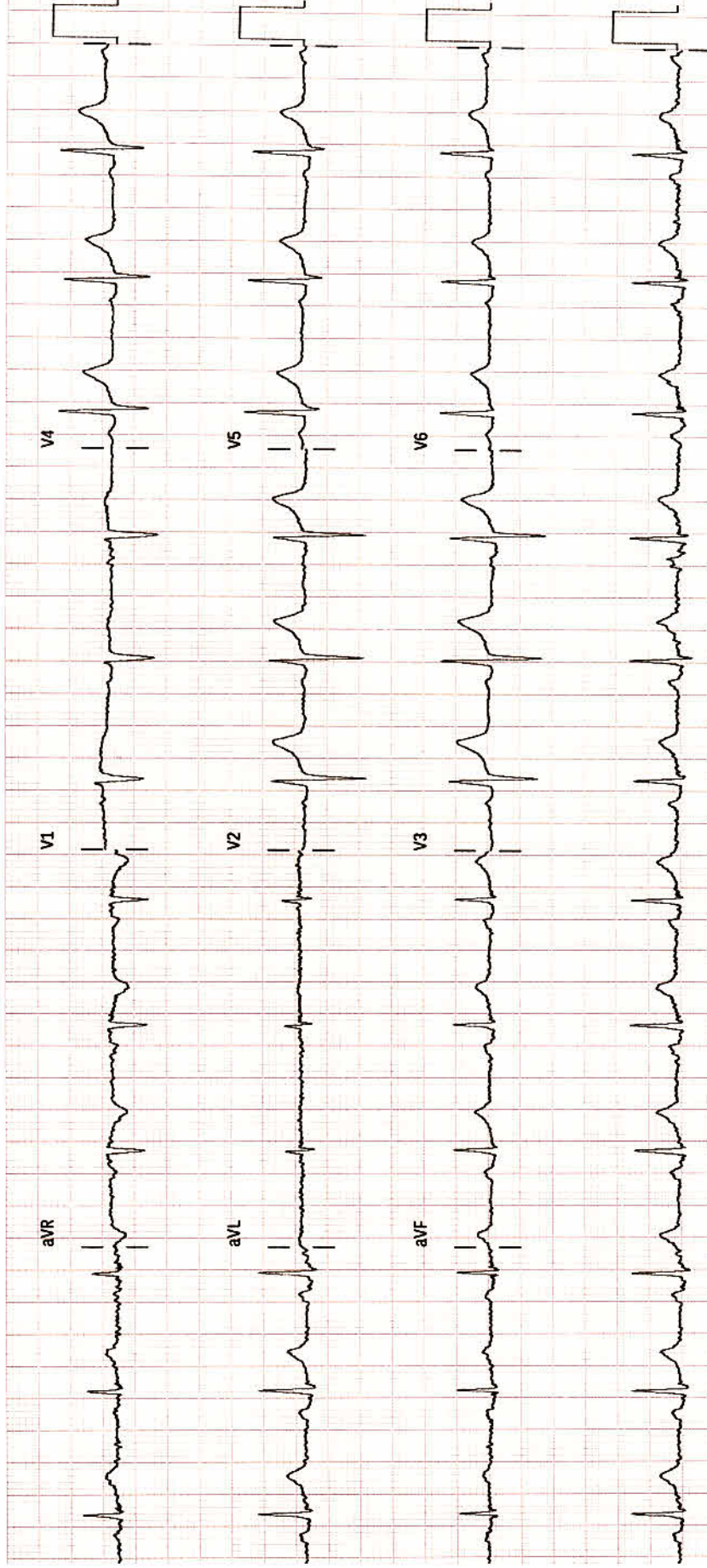
150  
83  
361  
409

75  
57  
58

- NORMAL ECG -

Standard Placement

Unconfirmed Diagnosis



Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50- 0.15-100 HZ

110C CL

P?

**Dr. SUNDHARI V, MBBS., DNB., MNAMS**  
SENIOR ENT CONSULTANT  
Ear Nose Throat Surgeon, Head & Neck Surgeon  
Specialist in Endoscopic, Microscopic,  
Advanced Skull Base  
Phono Surgery & Snoring Surgery  
Reg. No. 58764

17/9/24

Mrs. Rekha Mishra  
SALW.0000143220 47/F

Haselta cheeli

NO ENT symptoms

From the internet

Nose: BK HT & T

Throat: Mild congested granular PPW

D GRD.

Noli

# OPHTHALMIC RECORD

NAME

AGE

Mrs. Rekha Mishra  
SALW.0000143220 47/F

DATE:

17/9/24

I.D. No. \_\_\_\_\_

REFERRAL DETAILS :

MHC

ALLERGIES :

Not aware of any

OCULAR HISTORY :

O.U: c/o Routine checkup

H/O: using Spectacles x 5yrs  
last pu x 2yrs  
back.

SYSTEMIC ILLNESS :

N/O Taking Rx for  
Herpes Zoster x  
1 week

CURRENT MEDICATION :

INVESTIGATIONS :

MAIN DIAGNOSIS

TREATMENT GIVEN

RE

LE

PRESENT GLASSES :  
NV ADD :

0.25 DS

0.50 DS

Add ov: +1.25 DS

VN. WITH PG :

6/6, N6

6/6<sup>8t</sup>, N6

VISION UNAIDED :

VN WITH PH :

RETINOSCOPY :

AR.

0.25 DS

0.25 / 0.25 x bl.

SUBJECTIVE :

plano (6/6)

plano (6/6)

ANTERIOR SEGMENT :

Add OU: +1.50 DS (N6)

+1.50 DS (N6)

(- prefers new Rx)

pupils OU: RTL

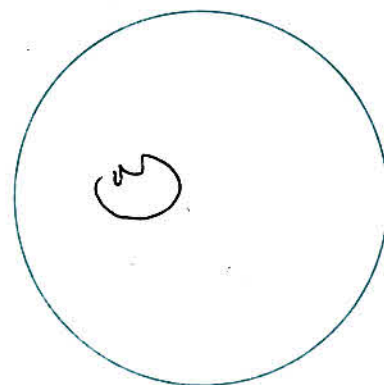
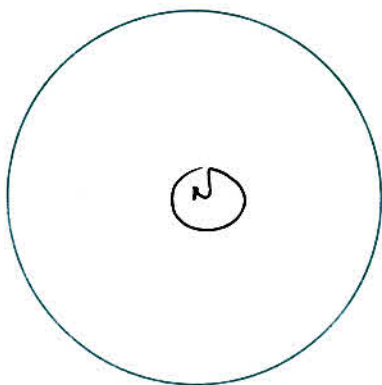
color vn OU: Normal  
(21/21)

OU: Ant segment w/m

IOP { (R) 12 mmHg  
(L) 12 mmHg :

@ 9.25 AM

FUNDUS :





MAIN DIAGNOSIS :

OU : Presbyopia

ADVICE / DISCUSSION :

- New glasses

REVIEW :

1 yr / 601

Lts

SIGNATURE

<b>Patient Name</b>	: Mrs. Rekha Mishra	<b>Age/Gender</b>	: 47 Y/F
<b>UHID/MR No.</b>	: SALW.0000143220	<b>OP Visit No</b>	: SALWOPV221475
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 17-09-2024 14:15
<b>LRN#</b>	: RAD2416844	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 35ES7592		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

■ **NORMAL STUDY.**



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology

Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
UHID/MR No : SALW.0000143221  
Visit ID : SALWOPV221479  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES7592.

Collected : 17/Sep/2024 08:43AM  
Received : 17/Sep/2024 10:12AM  
Reported : 17/Sep/2024 10:51AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240228777

Page 1 of 20



Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
UHID/MR No : SALW.0000143221  
Visit ID : SALWOPV221479  
Ref Doctor : Dr.SELF  
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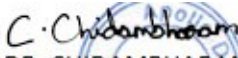
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.6	g/dL	13-17	Spectrophotometer
PCV	40.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.53	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,560	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.5	%	40-80	Electrical Impedance
LYMPHOCYTES	39.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.0	%	1-6	Electrical Impedance
MONOCYTES	3.9	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2974.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2190.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	111.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	216.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	66.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.36		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	210000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	08	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Page 2 of 20

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240228777




Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
UHID/MR No : SALW.0000143221  
Visit ID : SALWOPV221479  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES7592.

Collected : 17/Sep/2024 08:43AM  
Received : 17/Sep/2024 10:12AM  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

..

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240228777

Page 3 of 20



Patient Name : Mr.DHANANJAY KUMAR MISHRA	Collected : 17/Sep/2024 08:43AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 17/Sep/2024 12:51PM
UHID/MR No : SALW.0000143221	Reported : 17/Sep/2024 03:16PM
Visit ID : SALWOPV221479	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592.	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				



**Dr.MARQUESS RAJ**  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:HA07673873

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.DHANANJAY KUMAR MISHRA	Collected : 17/Sep/2024 11:37AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 17/Sep/2024 12:40PM
UHID/MR No : SALW.0000143221	Reported : 17/Sep/2024 12:50PM
Visit ID : SALWOPV221479	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592.	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	112	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

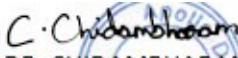
- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	110	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

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLP1485786




Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
UHID/MR No : SALW.0000143221  
Visit ID : SALWOPV221479  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES7592.

Collected : 17/Sep/2024 11:37AM  
Received : 17/Sep/2024 12:40PM  
Reported : 17/Sep/2024 12:50PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLP1485786

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Patient Name : Mr.DHANANJAY KUMAR MISHRA	Collected : 17/Sep/2024 08:43AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 17/Sep/2024 12:51PM
UHID/MR No : SALW.0000143221	Reported : 17/Sep/2024 01:52PM
Visit ID : SALWOPV221479	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592.	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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.

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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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240090778

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.DHANANJAY KUMAR MISHRA	Collected : 17/Sep/2024 08:43AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 17/Sep/2024 10:59AM
UHID/MR No : SALW.0000143221	Reported : 17/Sep/2024 11:18AM
Visit ID : SALWOPV221479	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592.	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

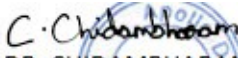
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>222</b>	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	102	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	49	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	<b>173</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>152.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.53		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04825848




Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
UHID/MR No : SALW.0000143221  
Visit ID : SALWOPV221479  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Measurements in the same patient can show physiological and analytical variations.  
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04825848

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Patient Name : Mr.DHANANJAY KUMAR MISHRA	Collected : 17/Sep/2024 08:43AM
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**DEPARTMENT OF BIOCHEMISTRY**

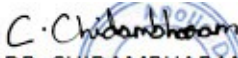
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>52</b>	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>41.0</b>	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	79.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.20	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.40	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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:

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04825848



Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

**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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.  
\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

**3. Synthetic function impairment:**

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

**4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.**



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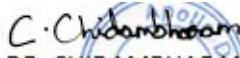
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.86	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	21.83	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	9.10	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	143	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.7	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.20	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.40	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04825848




Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
UHID/MR No : SALW.0000143221  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04825848

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Patient Name : Mr.DHANANJAY KUMAR MISHRA	Collected : 17/Sep/2024 08:43AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 17/Sep/2024 10:59AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>12.00</b>	U/L	16-73	catalytic activity- reflectance spectrophotometry

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04825848

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Patient Name : Mr.DHANANJAY KUMAR MISHRA	Collected : 17/Sep/2024 08:43AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 17/Sep/2024 01:28PM
UHID/MR No : SALW.0000143221	Reported : 17/Sep/2024 03:42PM
Visit ID : SALWOPV221479	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592.	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.38	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.51	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>10.070</b>	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139882

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
UHID/MR No : SALW.0000143221  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

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.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139882

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Age/Gender : 49 Y 6 M 19 D/M	Received : 17/Sep/2024 01:28PM
UHID/MR No : SALW.0000143221	Reported : 17/Sep/2024 03:41PM
Visit ID : SALWOPV221479	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7592.	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.410	ng/mL	0-4	CLIA



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139882

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Patient Name	: Mr.DHANANJAY KUMAR MISHRA	Collected	: 17/Sep/2024 08:43AM
Age/Gender	: 49 Y 6 M 19 D/M	Received	: 17/Sep/2024 10:17AM
UHID/MR No	: SALW.0000143221	Reported	: 17/Sep/2024 10:49AM
Visit ID	: SALWOPV221479	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7592.		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

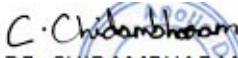
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2412502




Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
UHID/MR No : SALW.0000143221  
Visit ID : SALWOPV221479  
Ref Doctor : Dr.SELF  
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Collected : 17/Sep/2024 08:43AM  
Received : 17/Sep/2024 10:17AM  
Reported : 17/Sep/2024 10:49AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UR2412502

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Patient Name : Mr.DHANANJAY KUMAR MISHRA  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

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

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

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

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UF012110



Patient Name : Mr.DHANANJAY KUMAR MISHRA  
Age/Gender : 49 Y 6 M 19 D/M  
UHID/MR No : SALW.0000143221  
Visit ID : SALWOPV221479  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 35ES7592.

Collected : 17/Sep/2024 08:43AM  
Received : 17/Sep/2024 10:17AM  
Reported : 17/Sep/2024 10:49AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST



SIN No:UF012110

<b>Patient Name</b>	: Mr. DHANANJAY KUMAR MISHRA	<b>Age/Gender</b>	: 49 Y/M
<b>UHID/MR No.</b>	: SALW.0000143221	<b>OP Visit No</b>	: SALWOPV221479
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-09-2024 16:13
<b>LRN#</b>	: RAD2416854	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 35ES7592.		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver appears normal in size, Shows fatty changes (Grade I).  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas / Para aortic / Portal region obscured.  
Spleen measures 9.0cm and shows uniform echotexture.

Visualised aorta and IVC are normal.  
No evidence of ascites.

Right kidney measures 10.7 x 4.7cm.  
Left kidney measures 11.3 x 5.1cm.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.1 x 3.9 x 2.8cm (Vol- 18ml).

Bladder is normal in contour.

**IMPRESSION:**

FATTY LIVER.

PANCREAS / PARA AORTIC / PORTAL REGION OBSCURED.

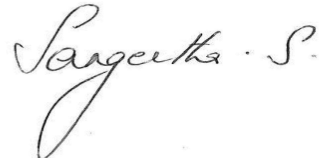


**Patient Name** : Mr. DHANANJAY KUMAR MISHRA

**Age/Gender** : 49 Y/M

- SUGGESTED CLINICAL CORRELATION.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



**Dr. S SANGEETHA**  
MBBS., TRAINED IN ULTRASONOGRAPHY  
Radiology

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<b>UHID/MR No.</b>	: SALW.0000143221	<b>OP Visit No</b>	: SALWOPV221479
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 17-09-2024 14:14
<b>LRN#</b>	: RAD2416854	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 35ES7592.		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

■ **NORMAL STUDY.**



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology