

Patient Name	: Mr.KRISHAN KUMAR	Collected	: 30/Jul/2024 10:31AM <i>Expertise. Empowering you.</i>
Age/Gender	: 37 Y 11 M 7 D/M	Received	: 30/Jul/2024 12:31PM
UHID/MR No	: SKAR.0000098883	Reported	: 30/Jul/2024 01:12PM
Visit ID	: CAOPOPV1137	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30256		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Predominantly Normocytic Normochromic
WBCs	Are essentially unremarkable. No abnormal cells seen.
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation




Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist

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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	13.9	g/dL	13-17	Spectrophotometer
PCV	42.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.88	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,700	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	56	%	40-80	Electrical Impedence
LYMPHOCYTES	38	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4872	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3306	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	174	Cells/cu.mm	20-500	Calculated
MONOCYTES	348	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.47		0.78- 3.53	Calculated
PLATELET COUNT	154000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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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	A			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




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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	89	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.




Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	122	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


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hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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


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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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	619	mg/dL	<150	
HDL CHOLESTEROL	30	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	165	mg/dL	<130	Calculated
VLDL CHOLESTEROL	123.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.50		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.95		<0.11	Calculated

Result rechecked. Kindly correlate clinically. A repeat test after 10 hours of fasting is advisable in view of high triglycerides, if clinically indicated


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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	142.70	mg/dL	<100	Enzymatic Selective Protection



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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	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	54	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	87.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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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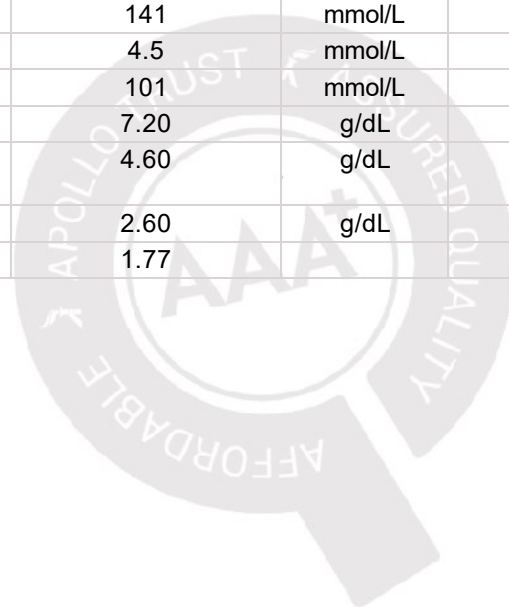


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.93	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	34.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	16.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		0.9-2.0	Calculated




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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	42.00	U/L	16-73	Glycylglycine Kinetic method




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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)	1.19	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.19	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.330	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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



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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY


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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
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

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

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

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




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Patient Name	: Mr. Krishan Kumar	Age/Gender	: 37 Y/M
UHID/MR No.	: SKAR.0000098883	OP Visit No	: CAOPOPV1137
Sample Collected on	:	Reported on	: 30-07-2024 13:49
LRN#	: RAD2392194	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E30256		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. SEEMA PRAJAPATI
MBBS MD Radio
Radiology



Patient Name	: Mr. Krishan Kumar	Age/Gender	: 37 Y/M
UHID/MR No.	: SKAR.0000098883	OP Visit No	: CAOPOPV1137
Sample Collected on	:	Reported on	: 30-07-2024 13:28
LRN#	: RAD2392194	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E30256		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size(12.3cm) and shows diffuse increase in echotexture with partially loss of portal vein echogenicity suggestive of Grade I – II fatty infiltration No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially distended, does not show any evidence of cholecystitis or cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 10.5x 5.0cm, LK 9.8x 4.6cm), shape and echo pattern. **There is a renal cyst of size 6x5mm is noted at mid pole of left kidney.** The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size (11.3cm) and echotexture.

Pancreas visualized part appears normal.

No free fluid seen in the peritoneal cavity.

Urinary bladder is minimally filled.

Prostate is normal in Size(37x33x26mm), volume ~17cc and Shape. No focal lesion is seen.

Please correlate clinically.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. SEEMA PRAJAPATI
MBBS MD Radio
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Krishan Kumar on 30/7/24

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
<p style="text-align: center;">It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Dyslipidemia - TG - 619</u> } <u>Dr. on medication</u></p> <p>2. <u>N-HDL - 165</u> } <u>follow up c</u></p> <p>3. <u>VLDL - 123.8</u> } <u>physician.</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> <p>Current Unfit.</p> <p>Review after _____ recommended</p> <p>Unfit</p>	

Height: 181cm

Weight: 80kg

Blood Pressure: 108/89mmHg

Dr.  _____
Medical Officer

This certificate is not meant for medico-legal purposes

APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE
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Pusa Road, WEA Karol Bagh
New Delhi-110005

Apollo One (Unit of Apollo Health and Lifestyle Ltd)

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Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

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Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

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Patient Name	: Mr. Krishan Kumar	Age	: 37 Y/M
UHID	: SKAR.000098883	OP Visit No	: CAOPOPV1137
Reported By:	: Dr. RAJNI SHARMA	Conducted Date	: 30-07-2024 13:02
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus bradycardia with sinus arrhythmia.
2. Heart rate is 59beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

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



Dr. RAJNI SHARMA

Patient Name : Mr. Krishan Kumar
UHID : SKAR.0000098883
Conducted By: :
Referred By : SELF

Age : 37 Y/M
OP Visit No : CAOPOPV1137
Conducted Date :

Patient Name : Mr. Krishan Kumar
UHID : SKAR.0000098883
Conducted By :
Referred By : SELF

Age : 37 Y/M
OP Visit No : CAOPOPV1137
Conducted Date :
