

Fo KBH

To: Corporate Apollo Clinic; Wellness : Mediwheel : New Delhi
Customer Care :Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; AHCN Apollo Clinic; Rahul Raj; Dilip Baniya; JP Nagar
CC: Apollo Clinic; Fo Kanpur; JP Nagar Apollo Clinic; Rupinder Kaur; Sayan Bhattacharya; Fathma Shaik
Subject: RE: Health checkup booking No. 13

Namaste Team,

Greetings from Apollo clinics,

With regards to the below request, please find the appointment status.

7	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOIES31	SHRI KRISHAN	5	Male	shrikrishanrupal1969@gmail.com	97288388	13
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S. N O.	Category/Name	PACKAGE NAME	Booki ng ID	EMP-NAME	AGE	GE ND ER	EMAIL	CONT ACT NO	Appoint ment Date	Appoint ment Time	CLINIC/NAME	CLINIC STATE
1	Arcofemi/Mediw heel/MALE/FEMA LE	Arcofemi Mediwheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bohe 5189 8	Bimala Devi	34	Fe mal e	bibharti679@gmail .com	94159 57910	13/01/2 023	9:00 AM	Niyanta Diabetes And Heart Clinic	Gujara t
2	Arcofemi/Mediw heel/MALE/FEMA LE	Arcofemi Mediwheel Full Body Annual Plus Male 2D ECHO (Metro)	bohs 5189 9	vikas khandelwal	39	Mal e	mamta.khandelw al@gmail.com	94086 89400	13/01/2 023	9:00 AM	Niyanta Diabetes And Heart Clinic	Gujara t
3	Arcofemi/Mediw heel/MALE/FEMA LE	Arcofemi Mediwheel Full Body Annual Plus Male Above 50 2D ECHO	bohe 5269 7	MR. BALAT RAJESHKUMAR MAGANBHAI	55	Mal e	rbalbat@gmail.co m	98790 14273	13/01/2 023	9:00 AM	ROHA Healthcare	Gujara t
4	Arcofemi/Mediw heel/MALE/FEMA LE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOI ES314 8	G MANCHALAH	57	Mal e	ubini09333741@uni onbankofindia.ba nk	90668 52401	13/01/2 023	9:00 AM	Apollo Clinic- JP Nagar	Karnat aka
5	Arcofemi/Mediw heel/MALE/FEMA LE	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	UBOI ES314 8	Ganga	55	Fe mal e	ubini09333741@uni onbankofindia.ba nk	90668 52401	13/01/2 023	9:00 AM	Apollo Clinic- JP Nagar	Karnat aka

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नाम / श्री कृष्ण

Name : Shri Krishan

कार्यकारी क्र / Employee No. : 673712

जन्म तिथि / Birth Date : 26-08-1969

रक्त गुण / Blood Group : AB+

हस्ताक्षर / Signature :

जारी करने का स्थान / क्षेत्रीय कार्यालय हिसार

Place of Issue : Regional Office Hissar

जारी करने का तारीख

Date of Issue :

01/01/2022

जारीकर्ता प्राधिकारी / Issuing Authority

Patient Name : Mr SHRI KRISHAN
Age/Gender : 54 Y 4 M 18 DM
UHID/MR No : SKAR.0000101096
Visit ID : SKARQPV130964
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1241541

Collected : 13/Jan/2024 10:49PM
Received : 13/Jan/2024 12:14PM
Reported : 13/Jan/2024 12:22PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs Show mild anisocytosis, are predominantly Normocytic
Normochromic. Rbc count is raised.

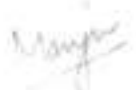
WBCs Normal in number and morphology
Differential count is within normal limits

Platelets Adequate in number, verified on smear
No Hemoparasites seen in smears examined.

Impression Mild erythrocytosis.

Advice Clinical correlation

Page 1 of 18



Dr. Manju Kumari
M.B.B.S., M.D (Pathology)
Consultant Pathologist.

SIN No: BED240009787



Patient Name : Mr. SHRI KRISHAN
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	48.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.73	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	27.7	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)	8,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5040	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2856	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168	Cells/cu.mm	20-500	Calculated
MONOCYTES	336	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	309000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

SIN No: BED240009787

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




 Dr. Manju Kumari
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist.

SIN No. BED240009787

Patient Name : Mr. SHRI KRISHAN
 Age/Gender : 54 Y 4 M 18 DM
 UHID/MR No : SKAR.0000101056
 Visit ID : SKAROPV130954
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 1241541

Collected : 13/Jan/2024 02:07PM
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 Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	259	mg/dL	70-100	GOD - POD

Please correlate clinically.

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 ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 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)	414	mg/dL	70-140	GOD - POD


Kindly correlate clinically

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. Manju Kumari
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist.

SIN No: PLP1408560

Patient Name : Mr. SHRI KRISHAN
 Age/Gender : 54 Y 4 M 18 D/M
 UHID/MR No : SKAR.0000101096
 Visit ID : SKARQPV130964
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	9.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	237	mg/dL		Calculated

COMMENTS

Kindly correlate clinically.

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. Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr. Tanish Mandal
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:EDT240004198

Patient Name : Mr. SHRI KRISHAN
 Age/Gender : 54 Y 4 M 18 D/M
 UHID/MR No : SKAR.0000101096
 Visit ID : SKARCPV130964
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	300	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	140	mg/dL	<150	
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	246	mg/dL	<130	Calculated
LDL CHOLESTEROL	218	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.56		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130, Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL, Cholesterol Non HDL, Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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

SIN No:SE04600340

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ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	100.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:


- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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

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

SIN No:SE04600340



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

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M.B.B.S.,M.D(Pathology)
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SIN No:SE04600340



Patient Name : Mr. SHRI KRISHAN
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	4-44	JSCC
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ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	50.00	U/L	16-73	Glycylglycine Kinetic method

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)

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- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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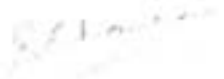
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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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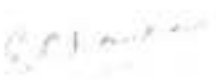
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	23.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE




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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	100.00	U/L	32-111	IFCC




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 Ref Doctor : Dr.SELF
 Empl/Auth/TPA ID : 1241541

MIC- 6C Collected : 13/Jan/2024 10:46AM
 Received : 13/Jan/2024 05:29PM
 Reported : 13/Jan/2024 06:38PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.57	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.39	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.960	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. Tanish Mandal
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist
 SIN No: SPL24006552

Patient Name : Mr. SHRI KRISHAN
 Age/Gender : 54 Y 4 M 18 DM
 UHID/MR No : SKAR.0000101096
 Visit ID : SKAROPV130964
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1241541

MC-614 Collected : 13/Jan/2024 10:48AM
 Received : 13/Jan/2024 05:29PM
 Reported : 13/Jan/2024 06:11PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	25.71	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	164	pg/mL	107.2-653.3	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception.

Page 14 of 18



Dr. Nidhi Sachdev
 M.B.B.S,MD(Pathology)
 Consultant Pathologist



Dr. Tanish Mandal
 M.B.B.S, M.D(Pathology)
 Consultant Pathologist



SIN No/SPL24006552

Patient Name : Mr. SHRI KRISHAN
Age/Gender : 54 Y 4 M 18 DM
UHID/MR No : SKAR.0000101096
Visit ID : SKAROPV130964
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1241541

MC-5C Collected : 13/Jan/2024 10:48AM
Received : 13/Jan/2024 05:29PM
Reported : 13/Jan/2024 06:11PM
Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

poor coordination, and affective behavioural changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Page 13 of 18



Dr. Nidhi Sachdev
M.B.B.S.MD(Pathology)
Consultant Pathologist



Dr. Tanish Mandal
M.B.B.S.M.D(Pathology)
Consultant Pathologist



SIN No: SPL24006532



Patient Name : Mr. SHRI KRISHAN
 Age/Gender : 54 Y 4 M 18 DM
 UHID/MR No : SKAR.0000101096
 Visit ID : SKAROPV130964
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1241541

MC-64 Collected
 Received
 Reported
 Status
 Sponsor Name

13/Jan/2024 10:48AM
 13/Jan/2024 05:29PM
 13/Jan/2024 06:24PM
 Final Report
 ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.960	ng/mL	0-4	CLIA

Dr. Tanish Mandal
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist
 SIN No: SPL24006552



Patient Name : Mr. SHRI KRISHAN
 Age/Gender : 54 Y 4 M 18 DM
 UHIQ/MR No : SKAR.0000101096
 Visit ID : SKAROPV130964
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1241541

Collected : 13/Jan/2024 10:48AM
 Received : 13/Jan/2024 01:15PM
 Reported : 13/Jan/2024 01:19PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+++)		NEGATIVE	GOD-POD
Manually rechecked.				
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	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Please correlate clinically.




 Dr. Manju Kumari
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist.
 SIN No:UR2262466

Patient Name : Mr. SHRI KRISHAN
 Age/Gender : 54 Y 4 M 18 D/M
 UHID/MR No : SKAR.0000101096
 Visit ID : SKAROPV130964
 Ref Doctor : Dr.SELF
 Empl/Auth/TPA ID : 1241541

Collected : 13/Jan/2024 10:48 AM
 Received : 13/Jan/2024 01:15 PM
 Reported : 13/Jan/2024 01:19 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+++)		NEGATIVE	Dipstick
Please correlate clinically.				

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	POSITIVE (+++)		NEGATIVE	Dipstick
Manually rechecked. Please correlate clinically				

*** End Of Report ***




 Dr. Manju Kumari
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist.
 SIN No:UF010207

APOLLO SPECTRA HOSPITAL

MEDICAL EXAMINATION REPORT

Name: - Shri Krishan Age/Sex: 54y/M DOB: -

ADDRESS: - New Delhi

He is not suffering from following disease

- | | | | | | |
|---------|---|------|--------------------|---|------|
| 1. DM | / | NEAD | 5. Eye disorder | / | NEAD |
| 2. HTN | | | 6. Paralysis | | |
| 3. COPD | | | 7. Dental Check-up | | |
| 4. TB | | | 8. ENT | | |

BP: - 160/120 mmHg PR: - 100/min. WEIGHT: - 83 Kg

RR: - 18/min HEIGHT: 171 Cm.

Date: - 13/1/24
Place: - New Delhi


Apollo Specialty Hospitals
66-A/2, New Anand Road,
Karee Bagh, New Delhi-110005

Doctor Name:

Doctor Signature:

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTCO49961

Apollo Spectra Hospitals
66A/2, New Anand Road, Karee Bagh,
New Delhi-110005

Ph: 011-49407700, 8468702877
www.apollospectra.com

Registered Address
#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE | HYDERABAD | GWALIOR | GURUGRAM

NAME: SHRI KISHAN

AGE 54 Y /SEX/M

REF. BY: HEALTH CHECK UP UHID: SKAR0000101096 DATE: 13.1.2024

ULTRASOUND WHOLE ABDOMEN

Liver is enlarged in size measuring 16.0cm with diffuse increase in echogenicity s/o Mild hepatomegaly with Grade I fatty infiltration. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder 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, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.

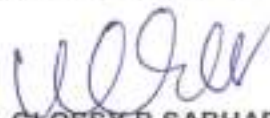
Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is distended and shows no mural or intraluminal pathology.

Prostate is normal in size and shape. No focal lesion is seen.

Please correlate clinically.



DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

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Registered Address

#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Patient

ID: 13012024-111320AM
Name: SHRI KRISHAN
Birth Date: 13/01/2024
Gender: M

Exam

Accession #: 13012024-111320AM
Exam Date: 13-01-2024
Description:
Operator:

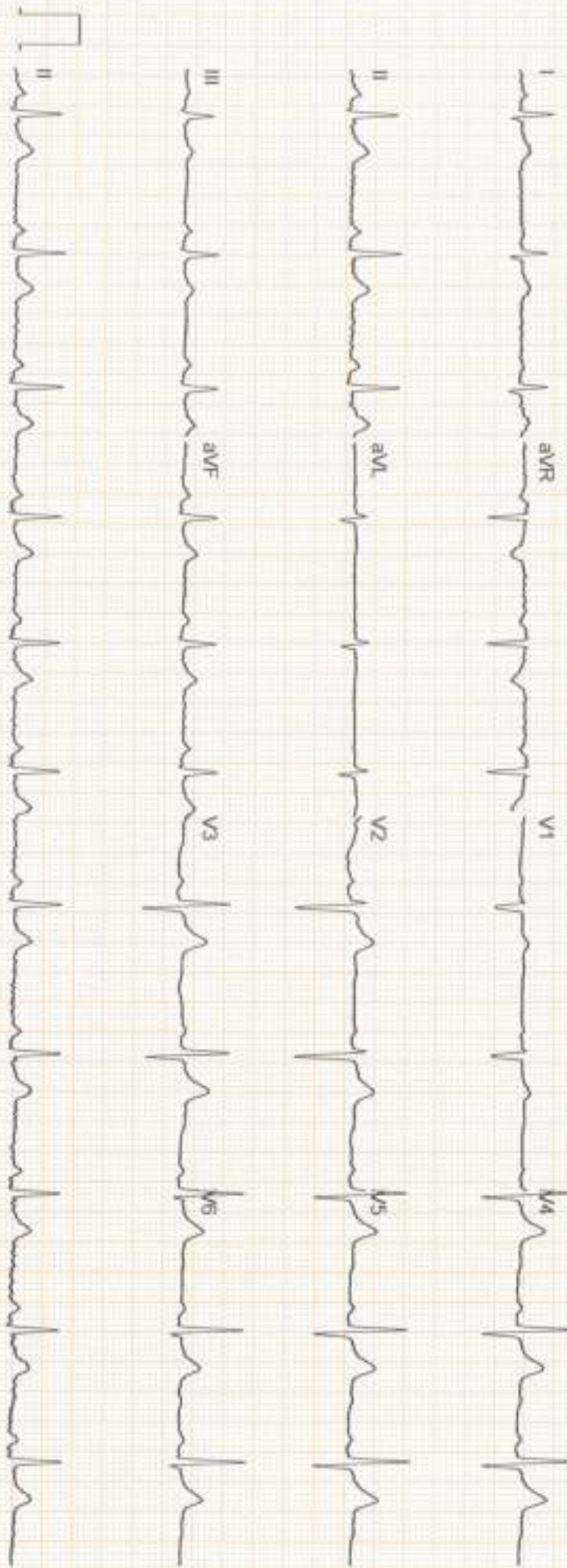


54 Years 83.0 kg 171 cm Male

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS	96 ms	Normal sinus rhythm
QT / QTc Baz	396 / 418 ms	Normal ECG
PR	142 ms	
P	82 ms	
RR / PP	900 / 895 ms	
P / QRS / T	58 / 62 / 57 degrees	



67 bpm

-- / -- mmHg

180/120
Rp / 120
mmHg

NAME: SHRI KISHAN

AGE: 54 Y /SEX/M

REF. BY: HEALTH CHECK UP

UHID: SKAR0000101096

DATE: 13.1.2024

S. NO:14830

X-RAY CHEST PA

Rotation+

Bilateral lungs show prominent bronchovascular markings.

Both costophrenic angles are clear.

Heart and mediastinum appears normal.

Unfolding of aorta is seen.

Bones under view show reduced bone density (osteopenia)

Please correlate clinically.



DR. GLOSSY B SABHARWAL, MD

CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

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Registered Address

#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Mr. Shri Krishan

13/01/24

Admission: 5448 IM

vision →

(R)

6/6

(L)

6/6

colour vision →

(R)

(L)



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New Delhi-110 005

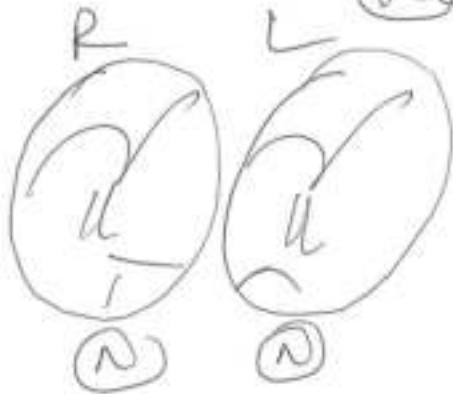
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#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Sri Krishan
M 54 years

ENT: (NAD)
Normal



Ad
No medication

Chest: clear

S Dandy
13.1.2024

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2000PTC049961

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