

Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:57AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 03:10PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062754



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.3	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	49.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.67</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.9	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,770	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2809.53	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1349.91	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	162.18	Cells/cu.mm	20-500	Calculated
MONOCYTES	410.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.08		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	260000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	04	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

Page 2 of 14



Dr. SHWETA GUPTA  
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**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN



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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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SIN No:BED240062754



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 01:54PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 02:44PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	96	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:**

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.

Page 5 of 14



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



SIN No:PLF02120949

Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 11:38AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 05:25PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 08:45PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	97	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Page 6 of 14



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Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 02:02PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 02:45PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

**Comment:**

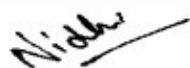
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - HbF >25%
  - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 7 of 14



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SIN No:EDT240028505



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:55AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 12:17PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	133	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	62	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	117	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.89		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 8 of 14



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Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:55AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 12:17PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	51	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	43.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		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'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.

Page 9 of 14



Dr. SHWETA GUPTA  
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SIN No:SE04655313



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 02:01PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 02:45PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

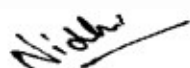
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.86	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	19.40	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.28	mg/dL	3.5-8.5	Uricase
CALCIUM	10.10	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138.2	mmol/L	135-145	Direct ISE
POTASSIUM	<b>5.4</b>	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103.3	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.99	g/dL	6.3-8.2	Biuret
ALBUMIN	4.92	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Kindly repeat with fresh sample for Potassium if clinically indicated.

Page 10 of 14



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M.B.B.S,M.D(Pathology)  
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SIN No:BI18701737

Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:55AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 10:31AM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	30.00	U/L	15-73	Glycylglycine Nitoranalide



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Consultant Pathology  
SIN No:SE04655313



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:56AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 02:09PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.03	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.27	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.12	µIU/mL	0.25-5.0	ELFA

**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

Page 12 of 14



**Dr. SHWETA GUPTA**  
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SIN No:SPL24041626



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:UR2301005



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF011033





Name : Mr. ASHISH UPPAL

Age: 34 Y

UHID: SCHI.0000018704

Sex: M



OP Number: SCHIOPV27182

Address : DELHI

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : SCHI-OCR-9727

Date : 09.03.2024 09:11

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	LIVER FUNCTION TEST (LFT) ✓	
3	GLUCOSE, FASTING ✓	
4	HEMOGRAM + PERIPHERAL SMEAR ✓	
5	DIET CONSULTATION <i>after Report</i>	
6	COMPLETE URINE EXAMINATION ✓	
7	URINE GLUCOSE (POST PRANDIAL) ✓	
8	PERIPHERAL SMEAR ✓	
9	ECG ✓	
10	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
11	DENTAL CONSULTATION <i>Rno - R</i>	
12	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	
13	URINE GLUCOSE (FASTING) ✓	
14	HbA1c, GLYCATED HEMOGLOBIN ✓	
15	X-RAY CHEST PA <i>L-B</i>	
16	ENT CONSULTATION <i>Rno - 10 21:30 (after Report)</i>	
17	CARDIAC STRESS TEST (TMT) <i>- B Perday (getting lat for mediy)</i>	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR ✓	
20	LIPID PROFILE ✓	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN <i>Rno. 15</i>	
23	ULTRASOUND - WHOLE ABDOMEN <i>11am ✓</i>	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Height: *1.75m*  
 Weight: *97.4*  
 B.P.: *120/76*  
 Pulse: *74*  
 SP02: *99*

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

ASHISH UPPAL

SUBHASH CHANDER UPPAL

07/09/1989

Permanent Account Number:

ABPPU6022Q

*Ashish*

Signature



15040005

Client Name

ARCOFEMI HEALTHCARE LIMITED

Patient Name

Ashish uppal

NAME :	ASHISH UPPAL	AGE/SEX:	34	YRS./M
UHID :	18704			
REF BY :	APOLLO SPECTRA	DATE:-	09.03.2024	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Prostate:** normal in size, weight 21.2 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY**

**Please correlate clinically and with lab. Investigations.**



DR. MONICA CHHABRA  
Consultant Radiologist



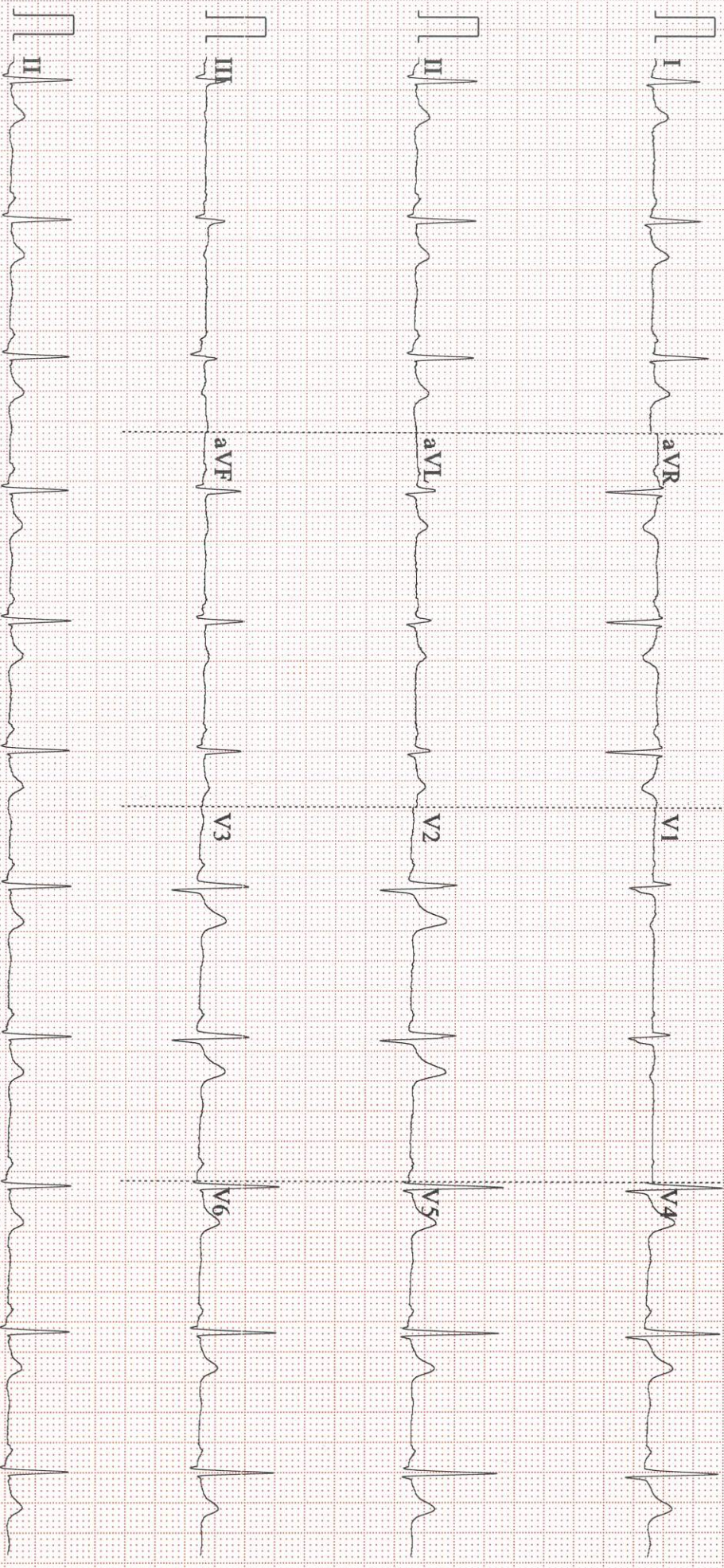
ID: 18704  
Ashish uppal  
Male 34Years  
Req. No. :

09-03-2024 10:43:02  
HR : 64 bpm  
P : 95 ms  
PR : 148 ms  
QRS : 93 ms  
QT/QTcBz : 374/388 ms  
PQRS/T : 45/44/25 °  
RV5/SV1 : 1.516/0.371 mV

Diagnosis Information:  
Sinus Arrhythmia



Report Confirmed by:





## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

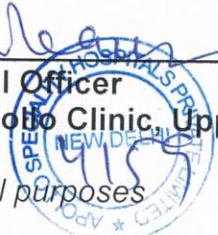
of Ashish on 9/3

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. M. Srinivas  
**Medical Officer**  
**The Apollo Clinic, Uppal**

*This certificate is not meant for medico-legal purposes*





Consultation Record

**PREVENTIVE HEALTH CARE SUMMARY**

NAME :-	Ashish	UHID No :	
AGE / GENDER :-	34 y M	RECEIPT No :-	18204
PANEL :	As of 20/11/16	EXAMINED ON :-	9/3

**Chief Complaints:**

**Past History:**

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

**Personal History:**

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

**Family History:**

**General Physical Examination:**

Height	175	:	cms	Pulse	94/m	bpm
Weight	77.4	:	Kgs	BP	120/76	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

## PREVENTIVE HEALTH CARE SUMMARY

NAME :- Ashish	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

### Investigations:

- All the reports of tests and investigations are attached herewith

(2)

### Recommendation:

Cap Advantage 5-G 102 x 1-2 months  
My vite D<sub>3</sub> 60 k once a week  
2 small

fewer reports

Dr. Navneet Kaur  
Consultant Physician



**Dr. Prachi Sharma**

BDS, MDS - Prosthodontics and Crown & Bridge  
DDC No: A-14151

For Appointment : +91 11 4046 5555  
Mob.: +91 9910995018  
Email: drusha.maheshwari@apollospectra.com

Mr. Ashish Uppal

34 Y / Male

C/C :- Regular Dental check up

M/H :- Under medication for Thyroid

PDH :- Multiple RCT, 8-9 months back, 15-year back.

O/C :- Calculus +

Missing rest 

--	--

Desired :- Scaling & oral prophylaxis

Implant 

--	--

Ph.

epistolary

Ms. Ashish Uppeel  
5414

1A @ 45 p - 12  
C @ 45 p - 12

(Unaided)

11/11/18  
19/11

No. Admission of  
Vision @ 20/20

No. Hb

Therapeutic 27

Ref @ - 0.25 / - 0.75 x 160 - etc

① - 0.25 / - 0.50 x 180 - etc

Admission of @ 20/20

Good vision  
D/C @

Adv. ARC Glaucoma

Lubrex Eye Drops

@



## DIGITAL X-RAY REPORT

NAME: ASHISH	DATE: 09.03.2024
UHID NO : 18704	AGE: 34YRS/ SEX: M

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
**DR. MONICA CHHABRA**  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18704  
Apollo Spectra Hospitals  
New Delhi-110019

Patient Name	: Mr.ASHISH UPPAL	Collected	: 09/Mar/2024 09:12AM
Age/Gender	: 34 Y 6 M 2 D/M	Received	: 09/Mar/2024 09:57AM
UHID/MR No	: SCHI.0000018704	Reported	: 09/Mar/2024 03:10PM
Visit ID	: SCHIOPV27182	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: FSZHDF		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

---



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062754





Patient Name : Mr.ASHISH UPPAL  
Age/Gender : 34 Y 6 M 2 D/M  
UHID/MR No : SCHI.0000018704  
Visit ID : SCHIOPV27182  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : FSZHDF

Collected : 09/Mar/2024 09:12AM  
Received : 09/Mar/2024 09:57AM  
Reported : 09/Mar/2024 03:10PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.3	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	49.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.67</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.9	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,770	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2809.53	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1349.91	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	162.18	Cells/cu.mm	20-500	Calculated
MONOCYTES	410.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.08		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	260000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	04	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

Page 2 of 14



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062754



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:57AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 03:10PM
Visit ID : SCHIOPV27182	Status : Final Report
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Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062754



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:57AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 03:10PM
Visit ID : SCHIOPV27182	Status : Final Report
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Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062754



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 01:54PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 02:44PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	96	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.

Page 5 of 14



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:PLF02120949

Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 11:38AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 05:25PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 08:45PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	97	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: PLP1428857



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 02:02PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 02:45PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

**Comment:**

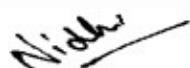
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 7 of 14



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:EDT240028505



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:55AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 12:17PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	133	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	62	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	117	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.89		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04655313



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:55AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 12:17PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	51	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	43.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		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'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.

Page 9 of 14



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04655313



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 02:01PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 02:45PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

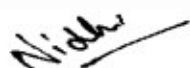
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.86	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	19.40	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.28	mg/dL	3.5-8.5	Uricase
CALCIUM	10.10	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138.2	mmol/L	135-145	Direct ISE
POTASSIUM	<b>5.4</b>	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103.3	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.99	g/dL	6.3-8.2	Biuret
ALBUMIN	4.92	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Kindly repeat with fresh sample for Potassium if clinically indicated.

Page 10 of 14



Dr Nidhi Sachdev  
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Consultant Pathologist



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



SIN No:BI18701737

Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:55AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 10:31AM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	30.00	U/L	15-73	Glycylglycine Nitoranalide



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SIN No:SE04655313





Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 09:56AM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 02:09PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.27	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.12	µIU/mL	0.25-5.0	ELFA

**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



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SIN No:SPL24041626



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



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SIN No:UR2301005



Patient Name : Mr.ASHISH UPPAL	Collected : 09/Mar/2024 09:12AM
Age/Gender : 34 Y 6 M 2 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018704	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27182	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : FSZHDF	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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



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SIN No:UF011033

