


Name : Mr. NIRJHAR BASWAL Address : DELHI Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 31 Y Sex : M UHID :SCHI.0000018366  OP Number :SCHIOPV26622 Bill No :SCHI-OCR-9573 Date : 24.02.2024 08:53
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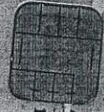
Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT) ✓	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) ✓	
3	2 D ECHO ✓	
4	LIVER FUNCTION TEST (LFT) ✓	
5	GLUCOSE, FASTING ✓	
6	HEMOGRAM + PERIPHERAL SMEAR ✓	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION ✓	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR ✓	
11	ECG ✓	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
13	DENTAL CONSULTATION ✓	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 12 Nos	
15	VITAMIN D - 25 HYDROXY (D2+D3) ✓	
16	URINE GLUCOSE(FASTING) ✓	
17	HbA1c, GLYCATED HEMOGLOBIN ✓	
18	ALKALINE PHOSPHATASE - SERUM/PLASMA ✓	
19	X-RAY CHEST PA ✓	
20	ENT CONSULTATION ✓	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR ✓	
23	VITAMIN B12 ✓	
24	LIPID PROFILE ✓	
25	BODY MASS INDEX (BMI)	
26	OPHTHAL BY GENERAL PHYSICIAN ✓ 100	
27	ULTRASOUND - WHOLE ABDOMEN ✓	
28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Height:..... 72.6 / 1.63 m
 Weight:..... 73.6
 B.P:..... 110/80
 Pulse:..... 60
 SP02:..... 99%

Transport Department Government of Delhi

Licence to Drive Vehicles Throughout India

Licence No. : DL-0320110263594
Name : NIRJHAR BASWAL (P) N
S/W/D : DAYAL CHAND BASWAL
DOB : 24/11/1992 BG : U
Address : 59/1358 DDA FLATS MADANGIR, DELHI
110062



Authorisation to Drive
M/C/L
LHV-NT
Date of Issue : 23/08/2011
23/08/2011

Issue Date : 23/08/2011
Validity : 22/08/2031
Inv Card No : NA

(Holder's Signature)
Issuing Authority (SZ)

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Nigihar on 24/2/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <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"> • Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. [Signature]
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes



PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Niyhan</u>	UHID No : <u>18366</u>
AGE / GENDER :- <u>31yr</u>	RECEIPT No :-
PANEL : <u>Ascofem</u>	EXAMINED ON :- <u>24/2</u>

D/c

Chief Complaints:

Past History:

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

Personal History:

Alcohol	:	Nil	Activity	:	<u>Active</u>
Smoking	:	Nil	Allergies	:	<u>Nil</u>

Family History:

General Physical Examination:

Height	<u>163</u>	:	cms	Pulse	<u>60/m</u>	bpm
Weight	<u>73.6</u>	:	Kgs	BP	<u>110/80</u>	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	<u>Normal</u>
Respiratory system	:	<u>Normal</u>
Abdominal system	:	<u>Normal</u>
CNS	:	<u>Normal</u>
Others	:	<u>Normal</u>

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Myhan</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

U1736

Recommendation:

- Cap My vite D₃ 60k once a week 2 month
Cap A Active once a day 2 month

Navneet
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



Specialists in Surgery

24/02/2024.

Mr. Nijhar Baswal,
31Y/Male,

C/C:- Regular Dental Check - up -

M/H:- N-R,

PDH:- Scaling, few months back,

O/E:- Calculus +.

Stains present,

Advised:- Scaling & Oral Propylaxis,

Rx. Interdental Brush (Thermoseal Narrow) Ph.

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048
Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
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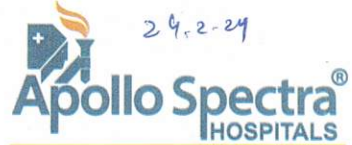
DR. (Pof.) Ameet Kishore

SENIOR CONSULTANT SURGEON

MBBS, (AFMC), FRCS(Glass), FRCS(Edin), FRCS-ORL(UK)
Ear, Nose, Throat & Neuro-Otology

For Appointment: +91 1140465555
M: +91 9910995018

Mr. Nirjhar Baswal 31/M



29.2.24

Specialists in Surgery

Health Care

DR. Sharad Nair

MBBS, MS, (ENT), FHNORS

CONSULTANT SURGEON

Ear, Nose, & Throat Head, Neck & Cancer Surgery

For Appointment: +91 1140465555
M: +91 9910995018

Recurrent Mucus Production

FESS - 2017

DR. Ashwani Kumar

MBBS, DNB, MNAMS

CONSULTANT SURGEON

Ear, Nose, & Throat Surgery
Allergy Specialist

For Appointment: +91 1140465555
M: +91 9910995018

Hypoxia

% Synechia (+) (L) side

(R) side - Polyps (+)

Ear - WNL
Throat - (+)

- Detrol
- Tax Clarisid 200mg BD 5 to 5
- NIASOWASH KIT 15gm 1 - 1 x 3 weeks
- Allegra n/s 1 puff BD 1 - 1 x 3 weeks
- Tax Montelukast - 10mg 1 - 1 x 10
- T RPT & Immunotherapy

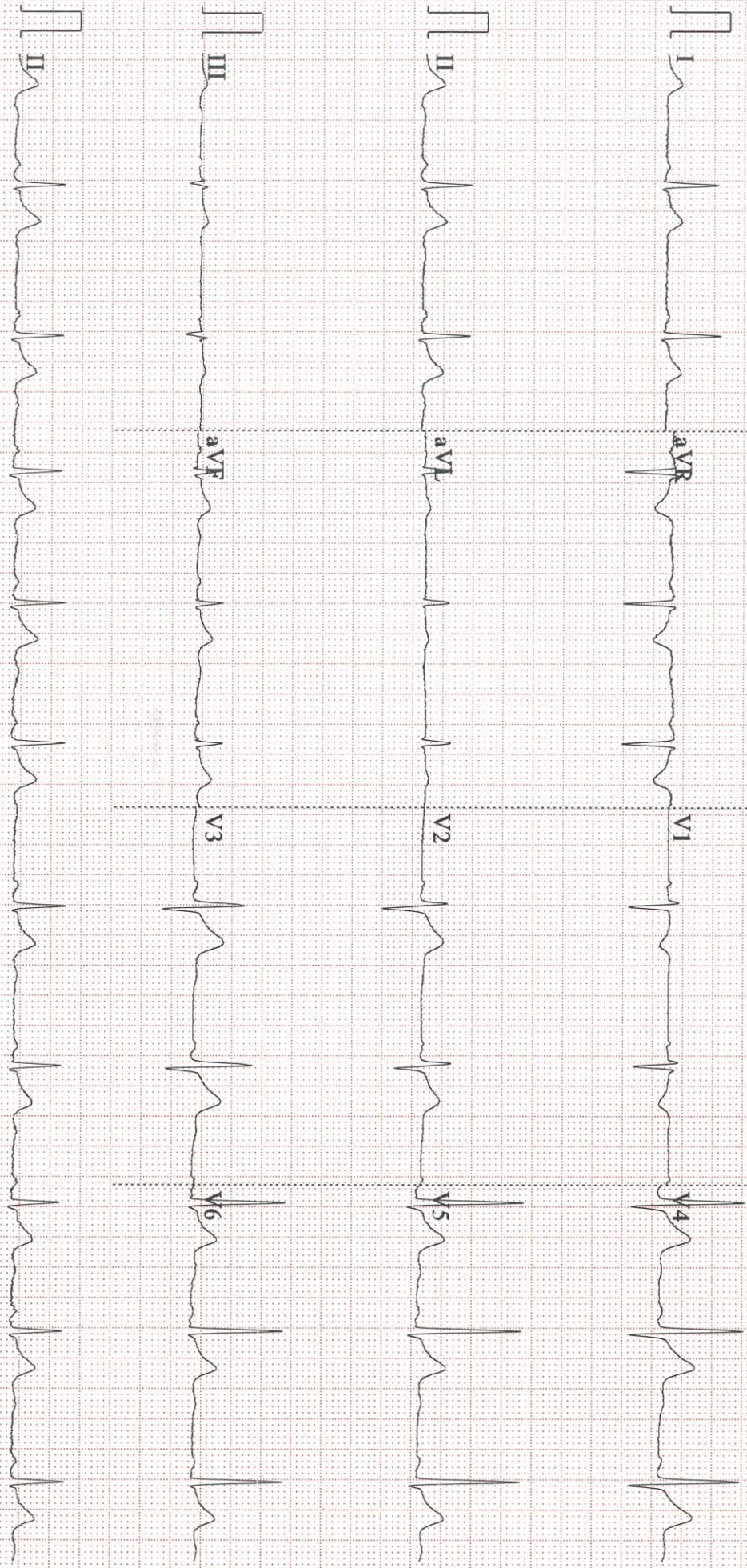
ID: 18366
Nirhar Baswal
Male 31Years
Req. No. :

24-02-2024 10:33:16
HR : 64 bpm
P : 95 ms
PR : 138 ms
QRS : 87 ms
QT/QTcBz : 382/395 ms
PQRS/T : 54/31/47 °
RV5/SV1 : 1.694/0.610 mV

Diagnosis Information:
Sinus Arrhythmia

BNL

Report Confirmed by:



Patient Name : Mr. NIRJHAR BASWAL Age : 31 Y/M
 UHID : SCHI.0000018366 OP Visit No : SCHIOPV26622
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 24-02-2024 17:35
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion Fixed
 Subvalvular deformity Present/**Absent** Score : _____
 Doppler Normal/Abnormal **E≥A** **E=A**
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____ msec
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____ msec. Pred. RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation
 Doppler **Normal**/Abnormal
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____ mmHg End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/3/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe

Measurements	Normal Values	Measurements	Normal values
Aorta	2.8 (2.0 – 3.7cm)	LA es	3.2 (1.9 – 4.0cm)
LV es	3.0 (2.2 – 4.0cm)	LV ed	4.5 (3.7 – 5.6cm)
IVS ed	0.9 (0.6 – 1.1cm)	PW (LV)	0.8 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
L.V.Vd (ml)		L.V.Vs (ml)	
EF	58% (54%-76%)	IVS motion	Normal /Flat/Paradoxical

CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy
 Contraction **Normal**/Reduced
 Regional wall motion abnormality **Absent**
 LA **Normal**/Enlarged/**Clear**/Thrombus
 RA **Normal**/Enlarged/**Clear**/Thrombus
 RV **Normal**/Enlarged/**Clear**/Thrombus

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PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=58%
- v Grade I LVDD
- v Trivial MR
- v No AR, PR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



Dr. M K Gupta
M.B.B.S, MD, FIACM
Senior Consultant Cardiologist

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Ph No: 040-4904 7777 | www.apollohl.com

Name :	NIRJHAR BASWAL	Age/Sex:	31	Yrs./M
UHID :	18366			
Ref By :	APOLLO SPECTRA	Date:-	24.02.2024	

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 18.7 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

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

24/08/24

Mr - Nrojhar Banerjee

HA/Ⓟ 4/6 - R6
 Ⓟ 4/6 - R6
 4/6 - R6

4/6 - R6

- NCT 4/19
 115 mm - Htg

4/6 - R6

- Colours in/on Ⓟ 4/6

- Ref Ⓟ 4/6 - 2.06 - 0.27 - 0.27 - 0.27
 Ⓟ 4/6 - 1.77 - 0.27

Polyp same as Ref

- SIL - Ⓟ 4/6

- Jumper - Ⓟ 4/6

Adv. - Carcinoma gland



DIGITAL X-RAY REPORT

NAME: NIRJHAR	DATE: 24.02.2024
UHID NO : 18366	AGE: 31YRS/ 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. 18744
Apollo Spectra Hospitals
New Delhi-110019

Patient Name	: Mr.NIRJHAR BASWAL	Collected	: 24/Feb/2024 08:56AM
Age/Gender	: 31 Y 3 M 0 D/M	Received	: 24/Feb/2024 09:18AM
UHID/MR No	: SCHI.0000018366	Reported	: 24/Feb/2024 04:53PM
Visit ID	: SCHIOPV26622	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 789456123789		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Page 1 of 17



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240047919



Patient Name : Mr.NIRJHAR BASWAL	Collected : 24/Feb/2024 08:56AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.7	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	47.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.74	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	25.6	pg	27-32	Calculated
MCHC	31.2	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,020	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.4	%	40-80	Electrical Impedance
LYMPHOCYTES	28.6	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3455.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1721.72	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	294.98	Cells/cu.mm	20-500	Calculated
MONOCYTES	505.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.14	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.01		0.78- 3.53	Calculated
PLATELET COUNT	194000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240047919



Patient Name : Mr.NIRJHAR BASWAL
Age/Gender : 31 Y 3 M 0 D/M
UHID/MR No : SCHI.0000018366
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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
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Patient Name : Mr.NIRJHAR BASWAL	Collected : 24/Feb/2024 08:56AM
Age/Gender : 31 Y 3 M 0 D/M	Received : 24/Feb/2024 09:18AM
UHID/MR No : SCHI.0000018366	Reported : 24/Feb/2024 02:32PM
Visit ID : SCHIOPV26622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Visit ID : SCHIOPV26622	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	100	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.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:PLF02111870



Patient Name : Mr.NIRJHAR BASWAL	Collected : 24/Feb/2024 08:56AM
Age/Gender : 31 Y 3 M 0 D/M	Received : 24/Feb/2024 01:52PM
UHID/MR No : SCHI.0000018366	Reported : 24/Feb/2024 02:22PM
Visit ID : SCHIOPV26622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	84	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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.

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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:EDT240021427

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DEPARTMENT OF BIOCHEMISTRY

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

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)

Page 7 of 17



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:EDT240021427

Patient Name : Mr.NIRJHAR BASWAL	Collected : 24/Feb/2024 08:56AM
Age/Gender : 31 Y 3 M 0 D/M	Received : 24/Feb/2024 09:17AM
UHID/MR No : SCHI.0000018366	Reported : 24/Feb/2024 11:33AM
Visit ID : SCHIOPV26622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	200	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	196	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	151	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	39.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.08		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.



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Patient Name : Mr.NIRJHAR BASWAL	Collected : 24/Feb/2024 08:56AM
Age/Gender : 31 Y 3 M 0 D/M	Received : 24/Feb/2024 09:17AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	54	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	109.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.90	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		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.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	15.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	3.5-8.5	Uricase
CALCIUM	9.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE



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UHID/MR No : SCHI.0000018366	Reported : 24/Feb/2024 09:44AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	109.00	U/L	38-126	p-nitrophenyl phosphate

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	33.00	U/L	15-73	Glycylglycine Nitoranalide



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Age/Gender : 31 Y 3 M 0 D/M	Received : 24/Feb/2024 09:17AM
UHID/MR No : SCHI.0000018366	Reported : 24/Feb/2024 10:21AM
Visit ID : SCHIOPV26622	Status : Final Report
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Emp/Auth/TPA ID : 789456123789	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.25	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.63	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.110	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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Patient Name : Mr.NIRJHAR BASWAL	Collected : 24/Feb/2024 08:56AM
Age/Gender : 31 Y 3 M 0 D/M	Received : 24/Feb/2024 03:00PM
UHID/MR No : SCHI.0000018366	Reported : 24/Feb/2024 03:59PM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	28.7	ng/mL	30-100	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.

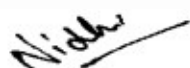
Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	212	pg/mL	107.2-653.3	CLIA

Comment:

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



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DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral 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.



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Patient Name : Mr.NIRJHAR BASWAL	Collected : 24/Feb/2024 08:56AM
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UHID/MR No : SCHI.0000018366	Reported : 24/Feb/2024 05:14PM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.820	ng/mL	0-4	CLIA



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Age/Gender : 31 Y 3 M 0 D/M	Received : 24/Feb/2024 05:11PM
UHID/MR No : SCHI.0000018366	Reported : 24/Feb/2024 06:21PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - 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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