

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 02:04PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 04:50PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	41.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	57.2	%	40-80	Electrical Impedence
LYMPHOCYTES	32.2	%	20-40	Electrical Impedence
EOSINOPHILS	2.3	%	1-6	Electrical Impedence
MONOCYTES	8.2	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYte COUNT

NEUTROPHILS	2688.4	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1513.4	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	108.1	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	385.4	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	4.7	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	178000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	50	mm at the end of 1 hour	0-15	Modified Westegren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230209508

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Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 02:04PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 08:07PM
Visit ID : CMAROPV712659	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230209508

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UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:21PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	HEXOKINASE
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	132	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

A: HbF >25%

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B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	134	mg/dL	<200	CHO-POD
TRIGLYCERIDES	83	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.35		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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

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cholesterol is recommended.

6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04468712

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	109.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.03		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.10	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.91	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<55	IFCC
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UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:36PM
Visit ID : CMAROPV712659	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	0.93	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.59	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.400	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

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

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

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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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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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.450	ng/mL	0-4	CLIA



SIN No:SPL23124421

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:39PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 02:54PM
Visit ID : CMAROPV712659	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2176251

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UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:44PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Prasanna B.K.P
Dr PRASANNA B.K.P
Md.Path.Pathologist

Anita Shobha Flynn
Dr.Anita Shobha Flynn
M.B.B.S,MD(Pathology)
Consultant Pathologist

Ashetty
DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

Anita Shobha Flynn
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M.B.B.S,MD(Pathology)
Consultant Pathologist

Shobha Emmanuel
Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Prasanna B.K.P
Dr PRASANNA B.K.P
Md.Path.Pathologist



Date : 01-09-2023
MR NO : CMAR.0000324364

Department : GENERAL
Doctor :

Name : Mr. Ashwani Kumar Shukla

Registration No :

Age/ Gender : 49 Y / Male

Qualification :

Consultation Timing: 09:39

Height : 162 cm	Weight : 91 kg	BMI :	Waist Circum :
Temp :	Pulse : 73 bpm	Resp :	B.P : 130 / 75 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

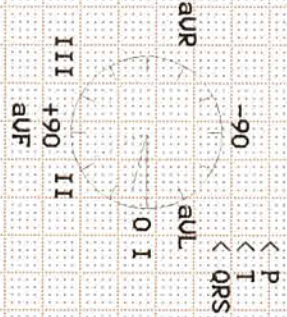
ENT Examination - Normal.



Follow up date:

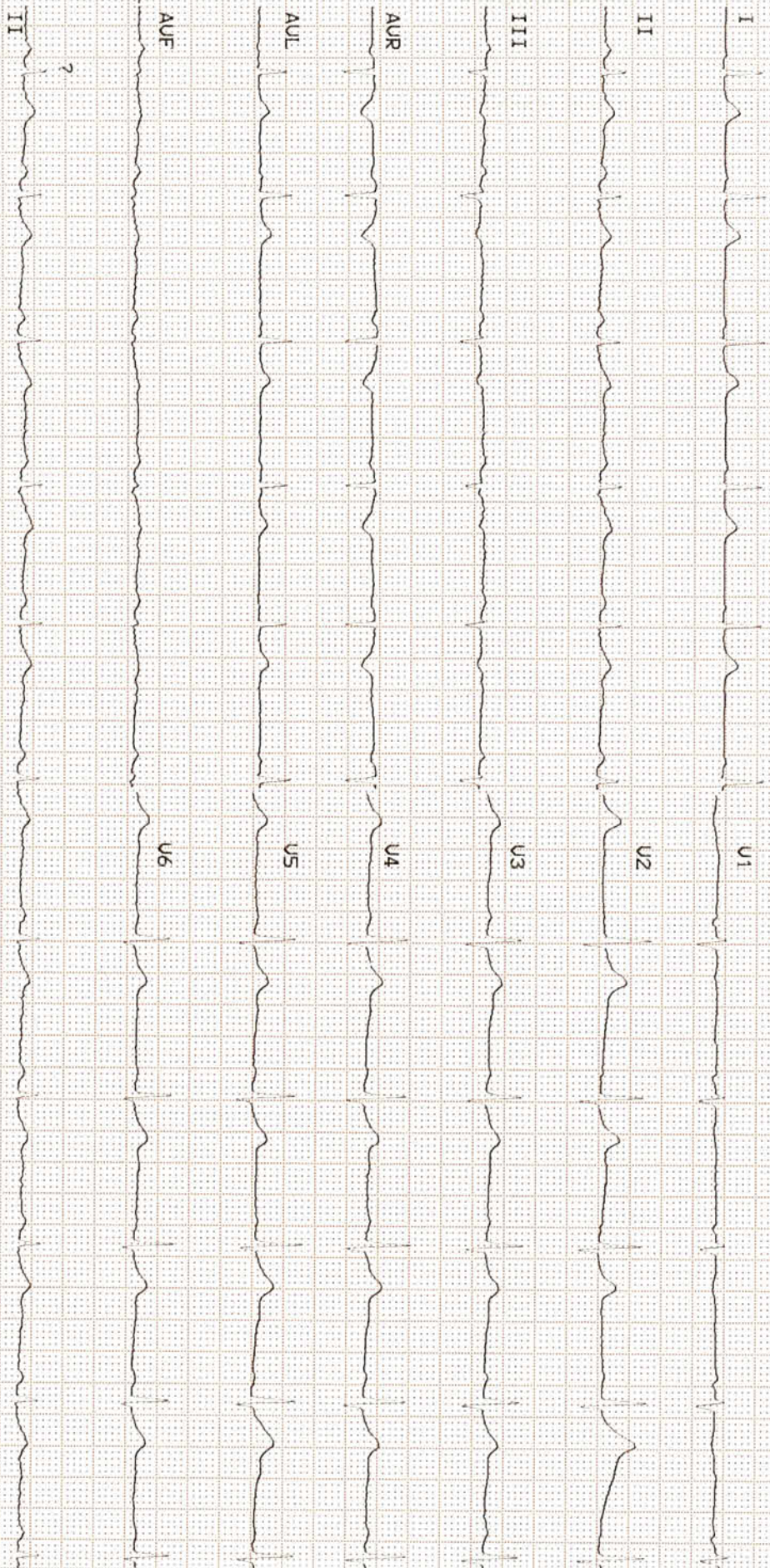
Doctor Signature

Measurement Results:
QRS : 84 ms
QT/QTcB : 390 / 402 ms
PR : 162 ms
P : 122 ms
RR/PP : 940 / 995 ms
P/QRS/T : 65 / 0 / 15 degrees
QTd/QTcBD : 42 / 43 ms
Sokolow : 0.9 mV
NK : 9



Interpretation:
R/S Inversion area between U1 and U2
probably normal ECG

Unconfirmed report.



Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 02:04PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 04:50PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	41.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	57.2	%	40-80	Electrical Impedance
LYMPHOCYTES	32.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2688.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1513.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	108.1	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	385.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	4.7	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	178000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	50	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				
RBCs: are normocytic normochromic				
WBCs: are normal in total number with normal distribution and morphology.				
PLATELETS: appear adequate in number.				



Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230209508

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:17PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:21PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	HEXOKINASE
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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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
2. Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	132	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
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UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:21PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

A: HbF >25%

Patient Name	: Mr.ASHWANI KUMAR SHUKLA	Collected	: 01/Sep/2023 10:00AM
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UHID/MR No	: CMAR.0000324364	Reported	: 01/Sep/2023 03:21PM
Visit ID	: CMAROPV712659	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 525252		

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:38PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:55PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	134	mg/dL	<200	CHO-POD
TRIGLYCERIDES	83	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.35		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
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Emp/Auth/TPA ID : 525252	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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cholesterol is recommended.

6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	109.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.03		0.9-2.0	Calculated



SIN No:SE04468712

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
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UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:55PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.10	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.91	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



SIN No:SE04468712

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:38PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:55PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<55	IFCC
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SIN No:SE04468712

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:40PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:36PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.59	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.400	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

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

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

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

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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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



SIN No:SPL23124421

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:40PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 04:27PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF IMMUNOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.450	ng/mL	0-4	CLIA
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SIN No:SPL23124421

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:39PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 02:54PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS.	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2176251

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:39PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:44PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

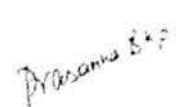
DEPARTMENT OF CLINICAL PATHOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method


URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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*** End Of Report ***


Result/s to Follow:
PERIPHERAL SMEAR

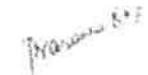

Dr PRASANNA B.K.P
Md.Path.Pathologist


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Consultant Pathologist


Dr PRASANNA B.K.P
Md.Path.Pathologist



Patient Name	: Mr. Ashwani Kumar Shukla	Age	: 49 Y M
UHID	: CMAR.0000324364	OP Visit No	: CMAROPV712659
Reported on	: 01-09-2023 15:05	Printed on	: 01-09-2023 15:08
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (15.6 cm), shape and **shows diffuse increase in echopattern.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures cm and parenchymal thickness measures cm.

Left kidney measures cm and parenchymal thickness measures cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern. It measures 3.2 x 3.3 x 3.5 cm.vol - 20.6 cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

GRADE II FATTY INFILTRATION OF LIVER.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Patient Name	: Mr. Ashwani Kumar Shukla	Age	: 49 Y M
UHID	: CMAR.0000324364	OP Visit No	: CMAROPV712659
Reported on	: 01-09-2023 15:05	Printed on	: 01-09-2023 15:08
Adm/Consult Doctor	:	Ref Doctor	: SELF

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

Printed on: 01-09-2023 15:05

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. Ashwani Kumar Shukla	Age	: 49 Y/M
UHID	: CMAR.0000324364	OP Visit No	: CMAROPV712659
Conducted By:	: Dr. PRASHANT RAMDAS WANKHADE	Conducted Date	: 01-09-2023 19:48
Referred By	: SELF		

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	11mm	06 - 11 mm
LA(es)	36mm	19 - 40 mm	LVPW(ed)	10mm	06 - 11 mm
LVID(ed)	42mm	35 - 55 mm	EF	60%	(50 - 70 %)
LVID(es)	22mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE-0.74 m/s, MVA-0.49 m/s MVE/A-1.49
Aortic Valve	Normal, 0.99m/s
Tricuspid Valve	Normal, Trace TR PASP- 18+10=28mmHg
Pulmonary Valve	Normal, 0.99m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV - RWMA	No RWMA at rest.
LV - FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal

Date : 01-09-2023
MR NO : CMAR.0000324364

Department : GENERAL
Doctor :

Name : Mr. Ashwani Kumar Shukla

Registration No :

Age/ Gender : 49 Y / Male

Qualification :

Consultation Timing: 09:39

Height : 162 cm	Weight : 91 kg	BMI :	Waist Circum :
Temp :	Pulse : 73 bpm	Resp :	B.P : 130 / 75 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

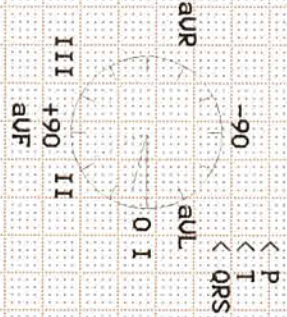
ENT Examination - Normal.



Follow up date:

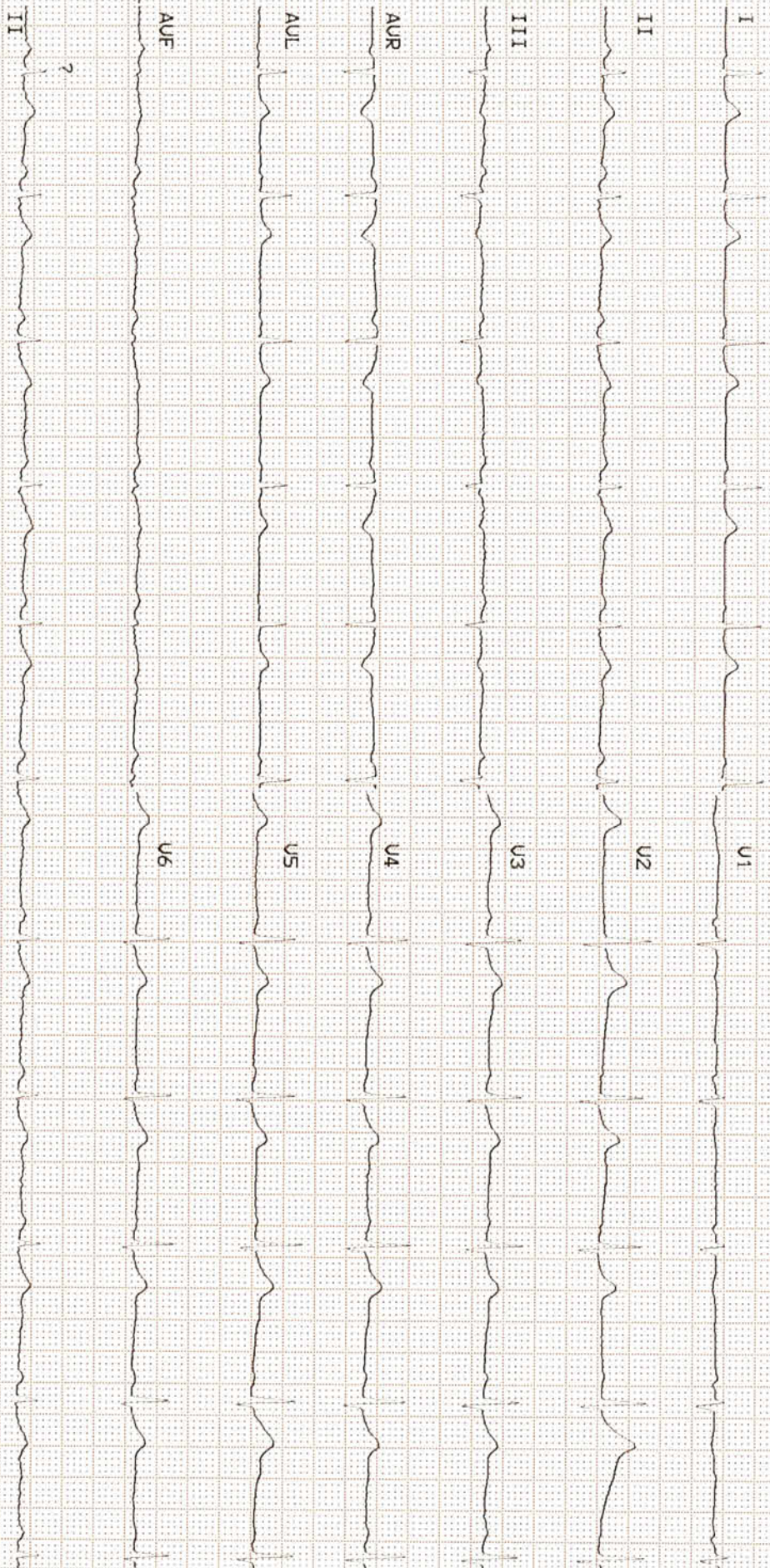
Doctor Signature

Measurement Results:
QRS : 84 ms
QT/QTcB : 390 / 402 ms
PR : 162 ms
P : 122 ms
RR/PP : 940 / 995 ms
P/QRS/T : 65 / 0 / 15 degrees
QTd/QTcBD : 42 / 43 ms
Sokolow : 0.9 mV
NK : 9



Interpretation:
R/S Inversion area between U1 and U2
probably normal ECG

Unconfirmed report.



Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 02:04PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 04:50PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	41.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	57.2	%	40-80	Electrical Impedance
LYMPHOCYTES	32.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2688.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1513.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	108.1	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	385.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	4.7	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	178000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	50	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				
RBCs: are normocytic normochromic				
WBCs: are normal in total number with normal distribution and morphology.				
PLATELETS: appear adequate in number.				



Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 02:04PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 04:50PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230209508

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:17PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:21PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	HEXOKINASE
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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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
2. Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	132	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

A: HbF >25%

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Visit ID	: CMAROPV712659	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 525252		

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:38PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:55PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	134	mg/dL	<200	CHO-POD
TRIGLYCERIDES	83	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.35		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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

Patient Name	: Mr.ASHWANI KUMAR SHUKLA	Collected	: 01/Sep/2023 10:00AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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cholesterol is recommended.

6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	109.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.03		0.9-2.0	Calculated



SIN No:SE04468712

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:38PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:55PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.10	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.91	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



SIN No:SE04468712

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:38PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:55PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<55	IFCC
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SIN No:SE04468712

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:40PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:36PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.59	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.400	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

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

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

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

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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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



SIN No:SPL23124421

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:40PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 04:27PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF IMMUNOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.450	ng/mL	0-4	CLIA
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SIN No:SPL23124421

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:39PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 02:54PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF CLINICAL PATHOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS.	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2176251

Patient Name : Mr.ASHWANI KUMAR SHUKLA	Collected : 01/Sep/2023 10:00AM
Age/Gender : 49 Y 6 M 19 D/M	Received : 01/Sep/2023 01:39PM
UHID/MR No : CMAR.0000324364	Reported : 01/Sep/2023 03:44PM
Visit ID : CMAROPV712659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 525252	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

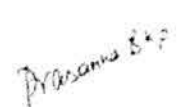
Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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***** End Of Report *****


Result/s to Follow:
PERIPHERAL SMEAR

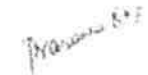

Dr PRASANNA B.K.P
Md.Path.Pathologist


Dr.Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist


DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
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M.B.B.S MD(Pathology)
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Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist


Dr PRASANNA B.K.P
Md.Path.Pathologist



Patient Name	: Mr. Ashwani Kumar Shukla	Age	: 49 Y M
UHID	: CMAR.0000324364	OP Visit No	: CMAROPV712659
Reported on	: 01-09-2023 15:05	Printed on	: 01-09-2023 15:08
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (15.6 cm), shape and **shows diffuse increase in echopattern.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures cm and parenchymal thickness measures cm.

Left kidney measures cm and parenchymal thickness measures cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern. It measures 3.2 x 3.3 x 3.5 cm.vol - 20.6 cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

GRADE II FATTY INFILTRATION OF LIVER.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

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Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

Printed on: 01-09-2023 15:05

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. Ashwani Kumar Shukla	Age	: 49 Y/M
UHID	: CMAR.0000324364	OP Visit No	: CMAROPV712659
Conducted By:	: Dr. PRASHANT RAMDAS WANKHADE	Conducted Date	: 01-09-2023 19:48
Referred By	: SELF		

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	11mm	06 - 11 mm
LA(es)	36mm	19 - 40 mm	LVPW(ed)	10mm	06 - 11 mm
LVID(ed)	42mm	35 - 55 mm	EF	60%	(50 - 70 %)
LVID(es)	22mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE-0.74 m/s, MVA-0.49 m/s MVE/A-1.49
Aortic Valve	Normal, 0.99m/s
Tricuspid Valve	Normal, Trace TR PASP- 18+10=28mmHg
Pulmonary Valve	Normal, 0.99m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV - RWMA	No RWMA at rest.
LV - FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal

Rhythm	Sinus
IMPRESSION	Sub-optimal echo window Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi


Dr. Prashant Ramdas
Consultant Cardiologist
DMC No. 53011

Patient Name : Mr. Ashwani Kumar Shukla

Age/Gender : 49 Y/M

UHID/MR No. : CMAR.0000324364

OP Visit No : CMAROPV712659

Sample Collected on :

Reported on : 01-09-2023 16:36

LRN# : RAD2087490

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 525252

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Boderline cardiomegaly

Rest of the Both lung fields and hila are normal .

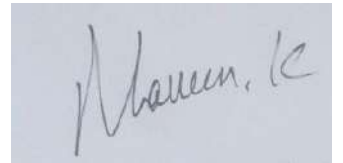
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

Suggested for further evaluation and clinical correlation .



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology



भारत सरकार
GOVERNMENT OF INDIA



अश्वनी कुमार शुकल
Ashwani Kumar Shukla
जन्म तिथि/DOB: 10/02/1974
पुरुष/ MALE
Mobile No: 9984006106

8725 1571 7049
VID : 9182 4779 1154 2599

मेरा आधार, मेरी पहचान

Jun 11, 2022, 12:58

Sep 1, 2023 9:32:45 AM
Varthur Road
Brookefield
Ple Bangalore
Bangalore District
1. For

Health Check up Booking Request(bobE45367), Beneficiary Code-53408

Mediwheel <wellness@mediwheel.in>

Tue 29-08-2023 11:55

To:Ashwani Kumar <Ashwini.Kumar3@bankofbaroda.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

गान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक
TION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NC

011-41195959
Email:wellness@mediwheel.in

Dear MR. ASHWANI KUMAR,

Thanks for booking Health Checkup and we have required following document for confirmation of booking health checkup.

1. HRM Letter

Please note following instruction for HRM letter.

1. For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:

a) Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value ->Reimbursement Type: Mandatory Health Check-up â€œ Click Add

b) Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit

c) After submission, click print button to generate Permission Letter

Booking Date : 29-08-2023

Health Check up : Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D
Name : ECHO (Metro)

Name of : Apollo Clinic - MARATHAHALLI
Diagnostic/Hospital

Address of : 673/A, Shriram Samruddhi Apartments, Varthur Road, Near
Diagnostic/Hospital Kundalahalli Signal, Whitefield, BEML Layout, Brookefield - 560066

Appointment Date : 01-09-2023

Preferred Time : 8:00am-8:30am

Member Information			
Booked Member Name	Age	Gender	Co-pay (INR)

Patient Name : Mr. Ashwani Kumar Shukla Age : 49 Y/M
 UHID : CMAR.0000324364 OP Visit No : CMAROPV712659
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