

Date: 21/10/2023

Patient Name : **VIJAY KUMAR**  
Gender/Age : Male / 58 Y  
Weight/Height : 173 Cms / 88.2 Kgs  
Appointment Id : x0jzvvywx1 -

Doctor Name : Dr Navneet Kaur  
Qualification : MBBS

Purpose Of Visit : Corporate Health Check  
ARCOFEMI

**Past Medical History**

Medical History : Diabetes - 1years - On Treatment  
Hypertension - 20years - On Treatment  
Drug History : TELMA 40 MG - 1 - Regular  
METFORMIN - 1 Oral Tablet - Regular  
Personal History  
Diet : Veg And Nonveg  
Habits : Tobacco Chewing  
Alcohol

**Radiology Test**

Radiology Reports Are Available Separately For Your Reference If Applicable



Dr Navneet Kaur  
**Doctor's Signature**

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#### Physical Examination

##### Vitals

Weight : 88.2 Kgs  
Height : 173 Cms  
BMI : 29.47 BMI  
Pulse : 84 BPM  
SpO2 : 96 %  
Temperature : 98.6 F

##### Physical Exam

Pallor : No  
Icterus : No  
Cyanosis : No  
Clubbing : No  
Koilonychia : No  
Edema : No

##### Cardiovascular System

Rhythm : Regular  
Systolic(Mm Of Hg) : 132  
Diastolic(Mm Of Hg) : 82  
Heart Sounds : S1S2+

##### Respiratory System

Breath Sounds : Normal

#### Work Life Style

Type Of Work : Low Activity  
Exposure To Computer : Medium



Dr Navneet Kaur  
Doctor's Signature

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 Qualification : MBBS

### Happiness Score

Sleeping Well : Good  
 Stress At Home : No  
 Stress At Work : No

### Impressions

- Apparently Healthy

### Wellness Prescription

Advice On Physical Activity : Exercise  
 Yoga/Relaxation Exercises  
 Advice On Diet : Low Cholesterol  
 Diabetes  
 Hypertension

### Follow Up And Review Plan

Review With : Endocrinology  
 Cardiology

### Medications

Medication	Dosage	Frequency	When To Take	Start Date	End Date
Notes: CAP MEDOSHA OMG	1	Once Daily	After Food	10/19/2023	12/31/2023
Tayo-60K 6000 IU Oral Tablet	1	Once In The Week	After Food	10/19/2023	12/31/2023
Others Notes: TAB NUROKIND G	1	Once Daily	After Food	10/19/2023	01/31/2024



Dr Navneet Kaur  
**Doctor's Signature**

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### Risk Scores

#### Apollo Hospitals Thank You For Your Consent

Based On Current Parameters, Personal & Family History, AI Enabled Tools Derive Health Risk Scores To Alert Participant On His/Her Likely Predisposition To A Disease To Aid Early Detection & Early Medical Intervention To Mitigate The Risk.

#### AICVD Risk Score Low Risk

Report Name	Risk Score	Acceptable Score
Risk Of Heart Disease	9	9

Info: Your Likelihood To Cardiovascular Disease Is With In Acceptable Range To Other People Of Your Age & Gender In Next 10 Years

Note: The Risk Category Is Determined Through The Ratio Between Patient Score And Acceptable Score At Multiple Decimal Points. The Outputs Are Shown In Whole Numbers


#### Pre-Diabetes Risk Score Low Risk

Report Name	Risk Score
Prediabetes	2.8

Note: The Risk Status Is Computed With The Machine Learning Algorithm And Categorised Based On The Individual's Chances Of Prediabetes / Diabetes. It Also Provides A Score Based On The Probability Of The Risk Status.



Dr Navneet Kaur  
**Doctor's Signature**

<b>Name</b> : Mr. VIJAY KUMAR	<b>Age</b> : 58 Y	<b>UHID</b> :SCHI.0000015868
<b>Address</b> : LAJPAT RAI GALI KOTLA MUBARAKPUR	<b>Sex</b> : M	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :SCHIOPV22398
		<b>Bill No</b> :SCHI-OCR-8442
		<b>Date</b> : 20.10.2023 11:45

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING) ✓	
2	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) ✓	
4	HbA1c, GLYCATED HEMOGLOBIN ✓	
5	2 D ECHO ✓	
6	LIVER FUNCTION TEST (LFT) ✓	
7	X-RAY CHEST PA ✓	
8	GLUCOSE, FASTING ✓	
9	HEMOGRAM + PERIPHERAL SMEAR ✓	
10	ENT CONSULTATION ✓	
11	FITNESS BY GENERAL PHYSICIAN ✓	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION ✓	
14	URINE GLUCOSE(POST PRANDIAL) ✓	
15	PERIPHERAL SMEAR ✓	
16	ECG ✓	
17	BLOOD GROUP ABO AND RH FACTOR ✓	
18	LIPID PROFILE ✓	
19	BODY MASS INDEX (BMI)	
20	OPHTHAL BY GENERAL PHYSICIAN ✓	
21	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
22	ULTRASOUND - WHOLE ABDOMEN ✓	
23	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
24	DENTAL CONSULTATION ✓	
25	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 2.50	

with bally (with 11)  
with 57.

Height:.....
Weight:.....
B.P.: 132 / 82
Pulse:.....

SpO2 - 96

## PHC\_Desk

---

**From:** noreply@apolloclinics.info  
**Sent:** 19 October 2023 19:14  
**To:** customercare@mediwheel.in  
**Cc:** phc.klc@apollospectra.com; syamsunder.m@apollohl.com; cc.klc@apollospectra.com  
**Subject:** Your Apollo order has been confirmed



**Dear MR. KUMAR VIJAY,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **SPECTRA NEHRU ENCLAVE clinic** on **2023-10-20** at **09:10-09:15**.

Payment Mode	<b>Credit</b>
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b>

"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."

**Note:** Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

**Note:** Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.





भारत सरकार

GOVERNMENT OF INDIA

Issue Date: 15/02/2016



विजय कुमार

Vijay Kumar

जन्म तिथि / DOB: 17/04/1965

पुरुष / MALE

Mobile No.: 9582778428

**3643 8725 2447**

VID : 9182 1664 6414 3601

मेरा आधार, मेरी पहचान



आधार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 11/01/2023

पता:

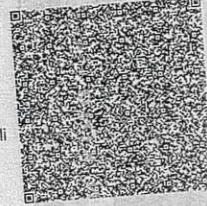
लेट रवी राम, स-४५१ फ्लैट न-५ २<sup>ण्ड</sup> फ्लोर, गली लाजपत  
राम, नानक चौद बस्ति कोटला मुबारकपुर, लोधी रोड,  
सेंट्रल दिल्ली,  
दिल्ली - 110003

Address:

S/O Late Ravi Ram, C-451 Flat No-5 2nd Floor, Gali  
Lajpat Rai, Nanak Chand Basti Kotla Mubarakpur,  
Lodhi Road, Central Delhi, Delhi - 110003

**3643 8725 2447**

VID : 9182 1664 6414 3601



1947  
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

P.O. Box No. 1947,  
Bengaluru-560 001.

20/10/23

Mr. Vijay Kumar

h 20/10/23 -nc  
20/10/23 -nc

(Signature)

10 - Blurry of vision  
(Signature)

NC 1922  
119 mm-L

11 - 20/10/23  
12 - 20/10/23

20/10/23 10/11/23 10/15/23 10/20/23 - 1/2  
20/10/23 10/11/23 10/15/23 10/20/23 - 1/2  
add 2.00 D (Signature)

PO4 P 10/10  
10/15  
Color vision (Signature) normal

findings seem ok  
Adv. - Contact lens by eye shop  
- Contact prescribed later (Signature)

FOP checked  
offer 30%

(Signature)



20/10/2023

Mr. Vijay Kumar

58 Years / Male

C/C :- Regular Dental Check - up

M/H :- Hypertension  
Diabetes ↓ medication

PDH :- Extraction done years back

O/E :- Calculus ++

Stains +

- Pockets  $\frac{\quad}{3.2.1 \quad | \quad 1.2.3}$

- Generalised Recession

- Missing teeth  $\frac{\quad}{6.}$

- Cervical Abrasion  $\frac{\quad}{3 \text{ teeth}}$

Advised :- OPG

- RPD in upper posterior region

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

**Dr. Lalit Mohan Parashar**

MS (ENT)  
Ear, Nose, Throat Specialist and  
Head & Neck Surgeon  
MCI: 4774/85

For Appointment: +91 1140465555  
Mob.: +91 9910995018

Vijay Kumar

58/m

NO LEADING ENT COMPLAINTS

O/E

NOSZ - SUPRUM MIDLINE

TUBS - NAD

EARS - B/L TM (N)

VOICE, SPIZZEN AND HEARING (N)

Sp = ENT - Normal



29/10/2027



ID: 15868

**VIJAY KUMAR**  
Male 58Years  
Req. No. :

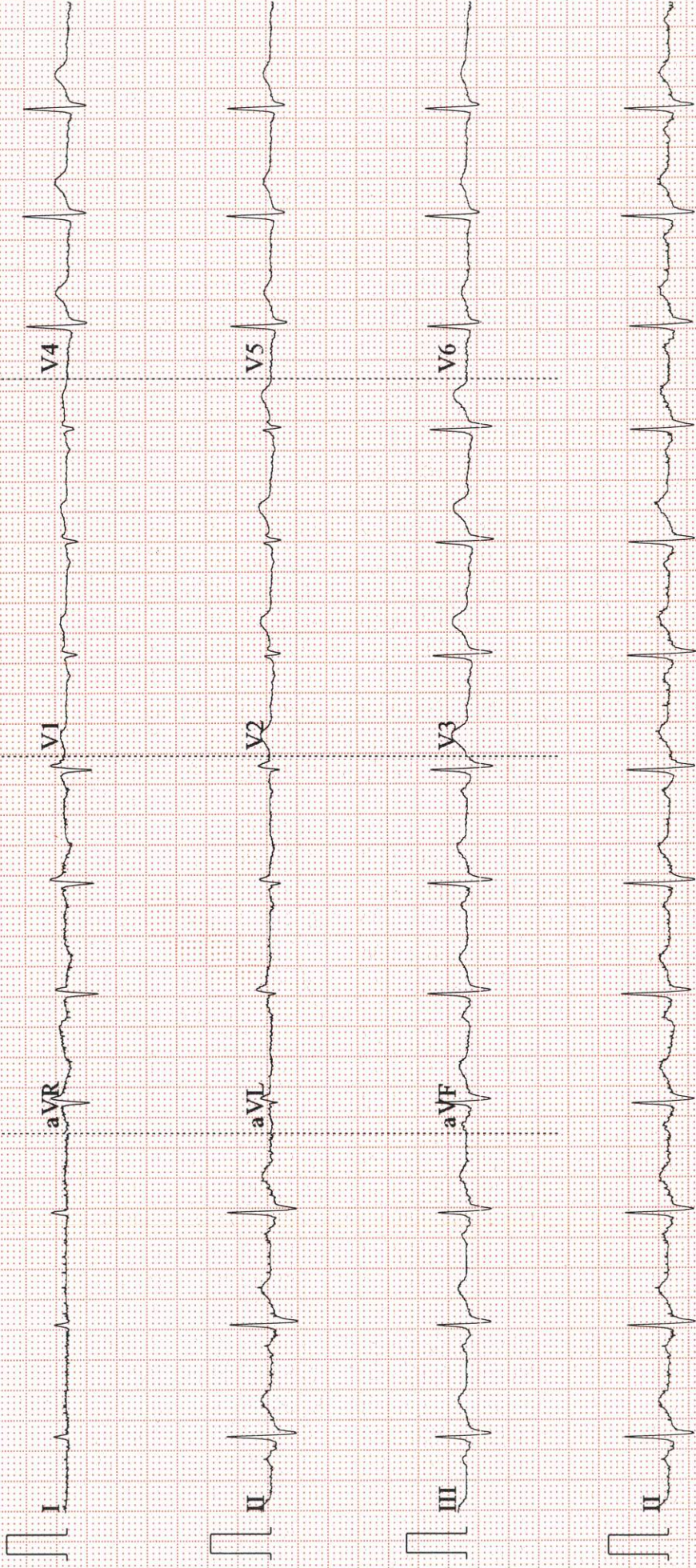
20-10-2023 12:17:40

HR : 81 bpm  
P : 118 ms  
PR : 161 ms  
QRS : 96 ms  
QT/QTcBz : 368/430 ms  
P/QRS/T : 83/56/76 °  
RV5/SV1 : 0.725/0.165 mV

**Diagnosis Information:**  
Sinus Rhythm  
Low Voltage(Chest Leads)

*Handwritten signature*

Report Confirmed by:





Patient Name : Mr. VIJAY KUMAR Age : 58 Y/M  
 UHID : SCHI.0000015868 OP Visit No : SCHIOPV22398  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 20-10-2023 15:13  
 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 \_\_\_\_\_cm<sup>2</sup>  
 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	3.6 (1.9 - 4.0cm)
LV es	3.0 (2.2 - 4.0cm)	LV ed	4.3 (3.7 - 5.6cm)
IVS ed	1.1 (0.6 - 1.1cm)	PW (LV)	1.0 (0.6 - 1.1cm)
RV ed	(0.7 - 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	55% (54%-76%)	IVS motion	<b>Normal</b> /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 Borderline concentric LVH
- v No RWMA, LVEF=55%
- v Grade I LVDD
- v No AR,PR,MR & 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*



<b>NAME :</b>	<b>VIJAY KUMAR</b>	<b>AGE/SEX:</b>	<b>58</b>	<b>YRS./M</b>
<b>UHID :</b>	<b>15868</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>20.10.2023</b>	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears enlarged in size, measures 15.9 cm, craniocaudally in mid clavicular line (normal  $\leq$  15.5 cm) and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**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 13.3 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

### **IMPRESSION: HEPTAOMEGALY WITH FATTY CHANGES IN LIVER GRADE II-III**

**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

## DIGITAL X-RAY REPORT

NAME: VIJAY	DATE: 20.10.2023
UHID NO : 15868	AGE: 58YRS/ SEX: M

### X-RAY CHEST PA VIEW

Bilateral apical pleural thickening seen.

Rest of the lung fields show accentuated bronchovascular markings.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

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.VIJAY KUMAR	Collected : 21/Oct/2023 08:34AM
Age/Gender : 58 Y 6 M 4 D/M	Received : 21/Oct/2023 08:48AM
UHID/MR No : SCHI.0000015868	Reported : 21/Oct/2023 11:59AM
Visit ID : SCHIOPV22398	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4236	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

----





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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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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.5	g/dL	13-17	Spectrophotometer
PCV	41.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.56	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,170</b>	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52.2	%	40-80	Electrical Impedence
LYMPHOCYTES	28	%	20-40	Electrical Impedence
EOSINOPHILS	<b>11.8</b>	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5308.74	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2847.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>1200.06</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	762.75	Cells/cu.mm	200-1000	Calculated
BASOPHILS	50.85	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC  
WBC - MILD EOSINOPHILIA  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA



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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
-----------	--------	------	-----------------	--------

**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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
-----------	--------	------	-----------------	--------

<b>GLUCOSE, FASTING , NAF PLASMA</b>	98	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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	137	mg/dL	70-140	GOD - POD
---	-----	-------	--------	-----------

**Comment:**

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

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

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>6.5</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	140	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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

DIABETES	≥ 6.5			
DIABETICS				
EXCELLENT CONTROL	6 – 7			
FAIR TO GOOD CONTROL	7 – 8			
UNSATISFACTORY CONTROL	8 – 10			
POOR CONTROL	>10			

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

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





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Age/Gender : 58 Y 6 M 4 D/M	Received : 21/Oct/2023 08:48AM
UHID/MR No : SCHI.0000015868	Reported : 21/Oct/2023 11:49AM
Visit ID : SCHIOPV22398	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4236	

**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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<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	136	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>137</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>109.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.98		0-4.97	Calculated

**Comment:**

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

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

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



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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	95.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's 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 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	0.70	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>13.00</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>6.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.5-8.5	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>134</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>95</b>	mmol/L	98 - 107	Direct ISE



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	61.00	U/L	15-73	Glycylglycine Nitoranalide





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UHID/MR No : SCHI.0000015868	Reported : 21/Oct/2023 02:28PM
Visit ID : SCHIOPV22398	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**

TRI-iodothyronine (T3, TOTAL)	<b>4.75</b>	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.63	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<b>5.300</b>	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

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
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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.900	ng/mL	0-4	CLIA



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**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	7.5		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	0-2	/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**

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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 \*\*\***



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