

Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 04:50PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 08:05PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF HAEMATOLOGY**

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

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

<b>HAEMOGLOBIN</b>	<b>8.8</b>	g/dL	13-17	Spectrophotometer
PCV	<b>26.90</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>2.94</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.5	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>33.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>3,320</b>	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	55.5	%	40-80	Electrical Impedence
LYMPHOCYTES	36	%	20-40	Electrical Impedence
EOSINOPHILS	5.3	%	1-6	Electrical Impedence
MONOCYTES	3	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	<b>1842.6</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1195.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	175.96	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>99.6</b>	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.64	Cells/cu.mm	0-100	Calculated

<b>PLATELET COUNT</b>	150000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	4	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

RBCs: are macrocytic admixed with microcytic hypochromic RBCs and moderate anisocytosis. Few pencil, target, macroovalocytes and polychromatophils seen.

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

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

**IMPRESSION: DIMORPHIC ANEMIA WITH LEUCOPENIA**



SIN No:BED230290108

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

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Age/Gender : 38 Y 7 M 17 D/M	Received : 25/Nov/2023 05:01PM
UHID/MR No : CJPN.000089498	Reported : 25/Nov/2023 05:48PM
Visit ID : CJPNOPV181541	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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GLUCOSE, FASTING , NAF PLASMA	105	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)	100	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	140	mg/dL		Calculated

**Comment:**

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

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

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

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



SIN No:PLF02060080,PLP1390635,EDT230106358

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	109	mg/dL	<200	CHO-POD
TRIGLYCERIDES	169	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	26	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	83	mg/dL	<130	Calculated
LDL CHOLESTEROL	49.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.19		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 cholesterol is recommended.
6. 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	3.06	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.50	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	2.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		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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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.76	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	23.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.08	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>59.00</b>	U/L	<55	IFCC



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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

Address:  
 323/100/123, Doddathangur Village, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034



Patient Name : Mr.ASIM HUSSAIN	Collected : 25/Nov/2023 11:03AM
Age/Gender : 38 Y 7 M 17 D/M	Received : 25/Nov/2023 05:16PM
UHID/MR No : CJPN.000089498	Reported : 25/Nov/2023 06:27PM
Visit ID : CJPNOPV181541	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.26	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.594	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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



SIN No:SPL23168162

NABL renewal accreditation under process

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:  
 323/100/123, Doddathangur Village, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034



Patient Name : Mr.ASIM HUSSAIN	Collected : 25/Nov/2023 11:02AM
Age/Gender : 38 Y 7 M 17 D/M	Received : 25/Nov/2023 05:05PM
UHID/MR No : CJPN.000089498	Reported : 25/Nov/2023 05:59PM
Visit ID : CJPNOPV181541	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	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:UR2227330

NABL renewal accreditation under process

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**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034



Patient Name : Mr.ASIM HUSSAIN	Collected : 25/Nov/2023 11:03AM
Age/Gender : 38 Y 7 M 17 D/M	Received : 25/Nov/2023 05:05PM
UHID/MR No : CJPN.000089498	Reported : 25/Nov/2023 05:56PM
Visit ID : CJPNOPV181541	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

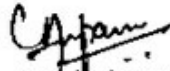
Result/s to Follow:  
PERIPHERAL SMEAR



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




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



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



<b>Name</b> : Mr. ASIM HUSSAIN  <b>Address</b> : BLR  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 38 Y  <b>Sex</b> : M	<b>UHID</b> :CJPN.000089498  <b>OP Number</b> :CJPNOPV181541 <b>Bill No</b> :CJPN-OCR-67262 <b>Date</b> : 25.11.2023 09:24
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION	
12	COMPLETE URINE EXAMINATION	
13	URINE GLUCOSE(POST PRANDIAL)	
14	PERIPHERAL SMEAR	
15	EKG	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

PSA

B.P - 118/78 mm/hg  
 wt - 74.8 kg  
 ht - 165 cm  
 waist - 93 cm  
 hip - 102 cm

Asim Hussain .

25/11/2023 .

38/M

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

No DM/H7N  
NKDA .

Clinical Diagnosis & Management Plan

- ENT check .
- Throat infections on fast .

O/E

Ears B/L TM ✓

Nose /Pharynx

Neck r (W)

Review sos

Follow up date:



Doctor Signature

Dr. Swathi

Name - Asim Husain  
Age - 38 y/o

Date - 25/11/23

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

cto - Routine

Eye checkup

H/O PUP - using  
glasses

H/O Eye St - No

UHVH  $\left\{ \begin{array}{l} 6/24 \quad N_6 \\ 6/18 \quad N_6 \end{array} \right.$

glasses  $\left\{ \begin{array}{l} 6/6 \quad N_6 \\ 6/6 \quad N_6 \end{array} \right.$

Color vision is normal in RE

continue the same Rx.

PUP

RE = -1.00 / -2.00 X 10°

LE = -1.50 / -1.50 X 90°

Follow up date:

After 6 months.

Doctor Signature



**NAME: Mr. ASIM HUSSAIN      AGE: 38 YRS/ M      DATE: 25/11/2023      GBAN : 89498**

**2D ECHO WITH COLOR DOPPLER**

Ao Diam : 3.3cm , LA Diam : 3.0 cm,  
IVSd : 1.1cm , IVSs:1.0 cm, LVIDd : 4.0cm , LVIDs : 2.2 cm LVPWd :1.2 cm ,  
LVPWS : 1.0 cm , EF – 75% , FS – 43% , RVIDd – 0.7cm

**2DVALVES**

MITRAL VALVE -----: NORMAL  
TRICUSPID VALVE-----: NORMAL  
AORTIC VALVE-----: NORMAL  
PULMONARY VALVE-----: NORMAL

**CHAMBERS**

LEFT ATRIUM-----: NORMAL.  
RIGHT ATRIUM-----: NORMAL  
LEFT VENTRICULAR-----: NORMAL  
RIGHT VENTRICULAR---:NORMAL

**DOPPLER**

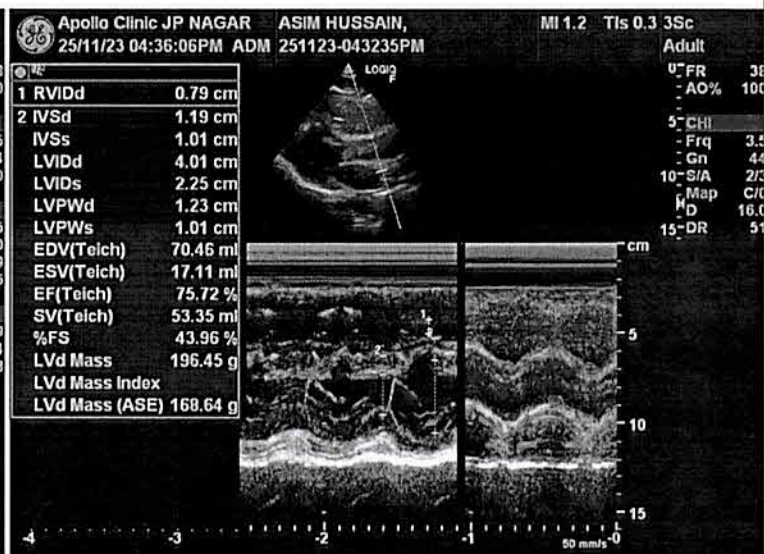
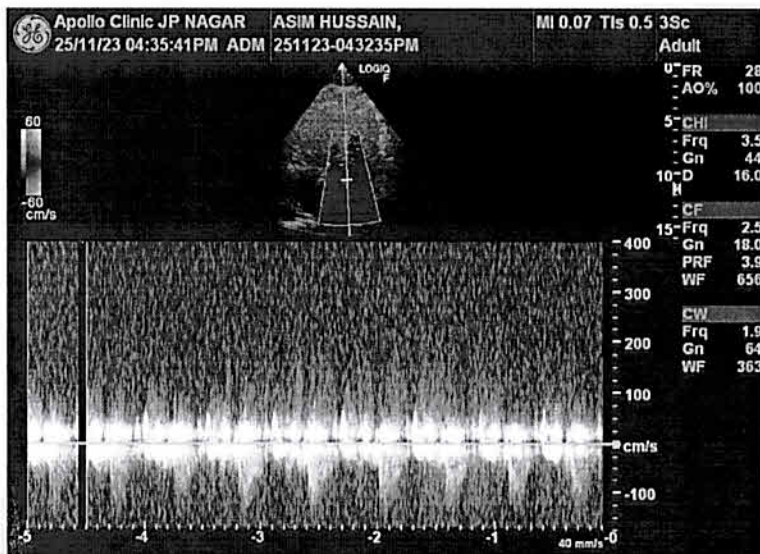
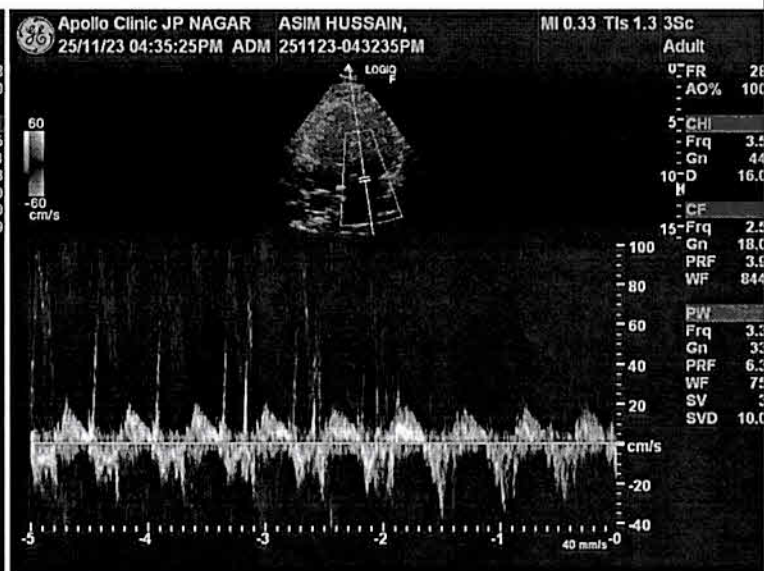
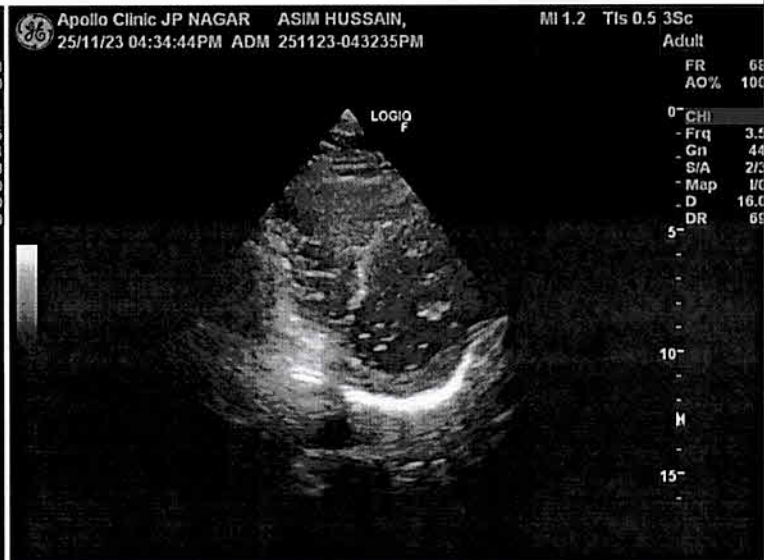
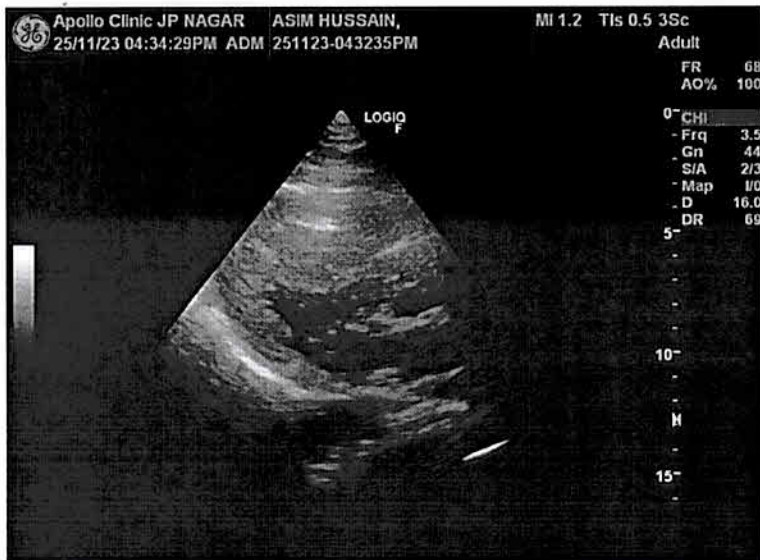
MV E Vel---- : 0.9 m/s , MV A Vel : 0.6 m/s  
TRICUSPID VALVE : NORMAL  
PERICARDIUM-----: NORMAL  
CLOT/VEGETATION----- : NIL

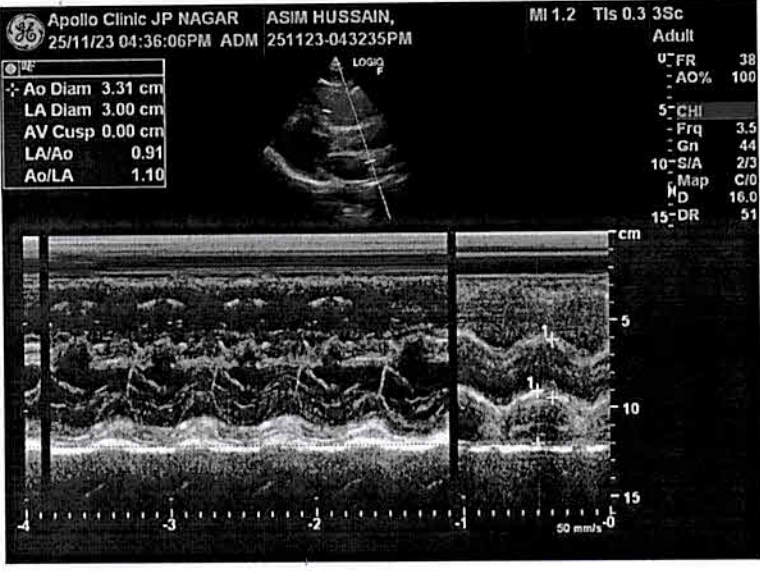
**IMPRESSION**

NORMAL VALVES AND CHAMBERS  
NORMAL LV SYSTOLIC FUNCTION  
NO CLOT /VEGETATION/EFFUSION/PAH  
NO REGIONAL WALL MOTION ABNORMALITIES



**DR. SHILPA JAYAPRAKASH, MD,DM**  
**CONSULTANT CARDIOLOGIST**





Mr asim hussain  
ID: cfpn89498

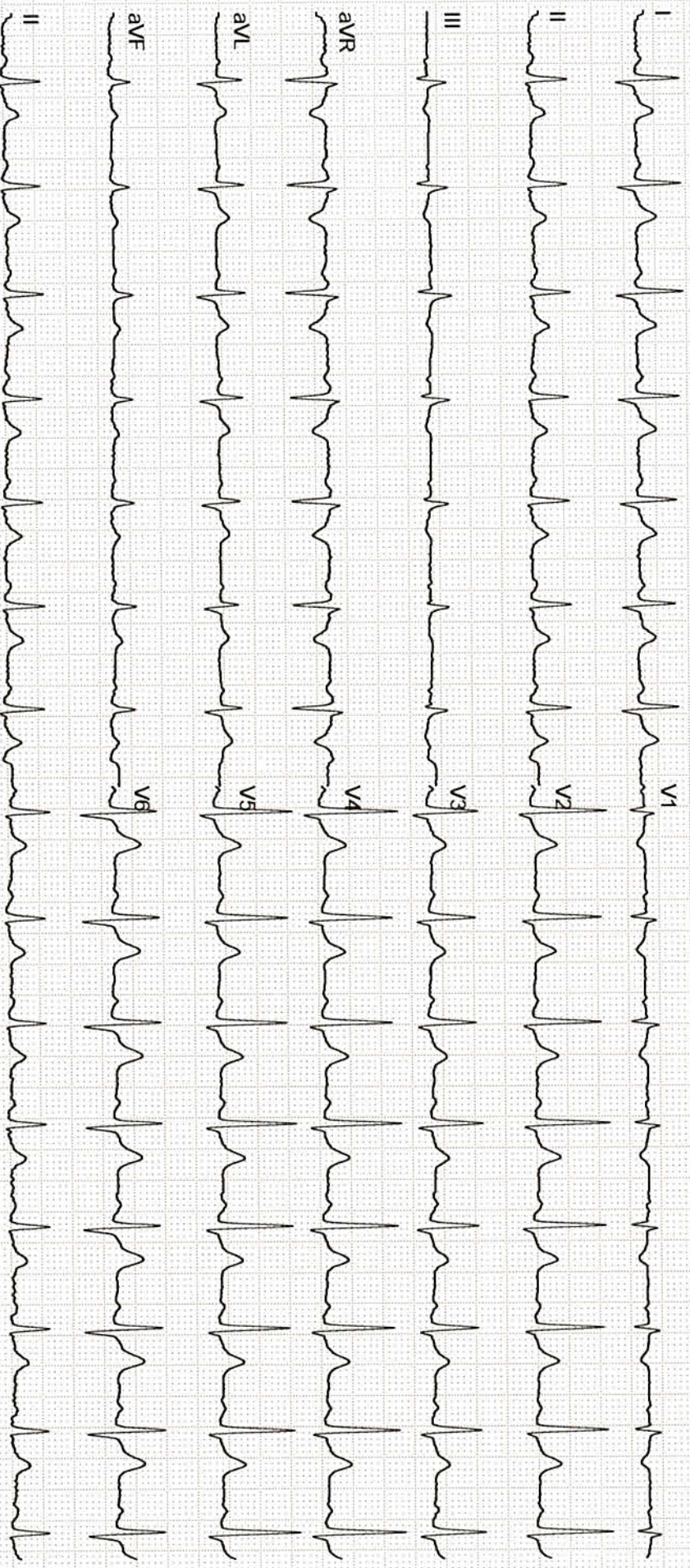
25.11.2023 10:07:03  
Apollo Clinic  
J P Nagar  
Bangalore

90 bpm  
118 / 78 mmHg

165 cm Male  
38 Years 74.0 kg

QRS	82 ms
QT / QTcBaz	342 / 418 ms
PR	140 ms
P	94 ms
RR / PP	670 / 666 ms
P / QRS / T	19 / 42 / 22 degrees

Normal sinus rhythm  
Normal ECG



*Handwritten signature*

Unconfirmed

<b>Patient Name</b>	: Mr. ASIM HUSSAIN	<b>Age/Gender</b>	: 38 Y/M
<b>UHID/MR No.</b>	: CJPN.0000089498	<b>OP Visit No</b>	: CJPNOPV181541
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-11-2023 13:37
<b>LRN#</b>	: RAD2159923	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 163318		

---

**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size (13.4cm)and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion was seen.

**PANCREAS** : Appeared normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 9.3 x 1.5 cm.

Left kidney measures :9.2 x 1.5 cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**PROSTATE**: Normal in size and echotexture.

Volume- 17 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

**IMPRESSION : NORMAL STUDY .**

Please Note :No preparation done before scanning.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Patient Name** : Mr. ASIM HUSSAIN

**Age/Gender** : 38 Y/M

---



**Dr. V K PRNAV VENKATESH**  
MBBS,MD  
Radiology

**Patient Name** : Mr. ASIM HUSSAIN

**Age/Gender** : 38 Y/M

**UHID/MR No.** : CJPN.0000089498

**OP Visit No** : CJPNOPV181541

**Sample Collected on** :

**Reported on** : 25-11-2023 12:39

**LRN#** : RAD2159923

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 163318

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

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.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

Your Apollo order has been confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Tue 11/21/2023 3:49 PM

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

Cc:JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>;Parijatha hn <Parijatha.hn@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear ASIM HUSSAIN,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **JPNAGAR clinic** on **2023-11-25** at **08:30-08:45**.

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

"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.**

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.



**आयकर विभाग**  
INCOME TAX DEPARTMENT  
ASIM HUSSAIN  
MOHAMMED SAMIA ULLA  
08/04/1985  
Permanent Account Number  
ACJPH8692N

**भारत सरकार**  
GOVT. OF INDIA



Signature  
*Asim Hussain*

22022011

Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 04:50PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 08:05PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF HAEMATOLOGY**

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

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

**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	<b>8.8</b>	g/dL	13-17	Spectrophotometer
PCV	<b>26.90</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>2.94</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.5	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>33.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>3,320</b>	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	55.5	%	40-80	Electrical Impedence
LYMPHOCYTES	36	%	20-40	Electrical Impedence
EOSINOPHILS	5.3	%	1-6	Electrical Impedence
MONOCYTES	3	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	<b>1842.6</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1195.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	175.96	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>99.6</b>	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.64	Cells/cu.mm	0-100	Calculated

**PLATELET COUNT**

<b>PLATELET COUNT</b>	150000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	4	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

RBCs: are macrocytic admixed with microcytic hypochromic RBCs and moderate anisocytosis. Few pencil, target, macroovalocytes and polychromatophils seen.

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

PLATELETS: appear adequate in number.

Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 04:50PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 08:05PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF HAEMATOLOGY**

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

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

**IMPRESSION: DIMORPHIC ANEMIA WITH LEUCOPENIA**



Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 04:50PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 07:39PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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



Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 05:01PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 05:48PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>105</b>	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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	100	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.

<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:

Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 05:01PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 05:48PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>REFERENCE GROUP</b>	<b>HbA1C %</b>			
NON DIABETIC	<5.7			
PREDIABETES	5.7 – 6.4			
DIABETES	≥ 6.5			
DIABETICS				
EXCELLENT CONTROL	6 – 7			
FAIR TO GOOD CONTROL	7 – 8			
UNSATISFACTORY CONTROL	8 – 10			
POOR CONTROL	>10			

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

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



Patient Name : Mr.ASIM HUSSAIN	Collected : 25/Nov/2023 11:03AM
Age/Gender : 38 Y 7 M 17 D/M	Received : 25/Nov/2023 06:04PM
UHID/MR No : CJPN.0000089498	Reported : 25/Nov/2023 08:05PM
Visit ID : CJPNOPV181541	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	109	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>169</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>26</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	83	mg/dL	<130	Calculated
LDL CHOLESTEROL	49.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>33.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.19		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 cholesterol is recommended.
6. 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.



Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 06:04PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 08:05PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	<b>3.06</b>	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.50</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	<b>2.56</b>	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		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.



Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 06:04PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 08:05PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 06:04PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 08:05PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	0.76	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	23.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.08	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 06:04PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 07:51PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>59.00</b>	U/L	<55	IFCC



Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 05:16PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 06:27PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.26	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.594	µIU/mL	0.34-5.60	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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



Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:02AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 05:05PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 05:59PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	6.0		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



Patient Name	: Mr.ASIM HUSSAIN	Collected	: 25/Nov/2023 11:03AM
Age/Gender	: 38 Y 7 M 17 D/M	Received	: 25/Nov/2023 05:05PM
UHID/MR No	: CJPN.0000089498	Reported	: 25/Nov/2023 05:56PM
Visit ID	: CJPNOPV181541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

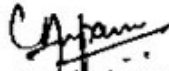
Result/s to Follow:  
PERIPHERAL SMEAR



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