

Patient Name : Mr.KRISHAN KUMAR	Collected : 02/Sep/2023 09:50AM
Age/Gender : 37 Y 0 M 10 D/M	Received : 02/Sep/2023 11:07AM
UHID/MR No : SKAR.0000098883	Reported : 02/Sep/2023 11:36AM
Visit ID : SKAROPV126294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 435	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



SIN No:BED230210850

Patient Name : Mr.KRISHAN KUMAR	Collected : 02/Sep/2023 09:50AM
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**DEPARTMENT OF HAEMATOLOGY**

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

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

<b>HAEMOGLOBIN</b>	14.1	g/dL	13-17	Spectrophotometer
PCV	42.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.92	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.9</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,400	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4440	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2516	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	148	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	296	Cells/cu.mm	200-1000	Electrical Impedance

**PLATELET COUNT**

PLATELET COUNT	200000	cells/cu.mm	150000-410000	Electrical impedance
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR				
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Age/Gender : 37 Y 0 M 10 D/M	Received : 02/Sep/2023 11:07AM
UHID/MR No : SKAR.0000098883	Reported : 02/Sep/2023 01:00PM
Visit ID : SKAROPV126294	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 MALE - TMT - 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	A			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



SIN No:BED230210850

Patient Name : Mr.KRISHAN KUMAR	Collected : 02/Sep/2023 03:14PM
Age/Gender : 37 Y 0 M 10 D/M	Received : 02/Sep/2023 04:00PM
UHID/MR No : SKAR.0000098883	Reported : 02/Sep/2023 04:19PM
Visit ID : SKAROPV126294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 435	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	87	mg/dL	70-100	GOD - POD
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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>	89	mg/dL	70-140	GOD - POD
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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.KRISHAN KUMAR	Collected : 02/Sep/2023 09:50AM
Age/Gender : 37 Y 0 M 10 D/M	Received : 02/Sep/2023 02:09PM
UHID/MR No : SKAR.0000098883	Reported : 02/Sep/2023 09:03PM
Visit ID : SKAROPV126294	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.3	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	105	mg/dL		Calculated

**Comment:**

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

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

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

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

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230080891

Patient Name : Mr.KRISHAN KUMAR	Collected : 02/Sep/2023 09:50AM
Age/Gender : 37 Y 0 M 10 D/M	Received : 02/Sep/2023 10:56AM
UHID/MR No : SKAR.0000098883	Reported : 02/Sep/2023 03:19PM
Visit ID : SKAROPV126294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 435	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>213</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>460</b>	mg/dL	<150	
HDL CHOLESTEROL	<b>35</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>178</b>	mg/dL	<130	Calculated
VLDL CHOLESTEROL	<b>92</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.09</b>		0-4.97	Calculated

Please correlate with clinical details

**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 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 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04470025



Patient Name : Mr.KRISHAN KUMAR  
 Age/Gender : 37 Y 0 M 10 D/M  
 UHID/MR No : SKAR.0000098883  
 Visit ID : SKAROPV126294  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 435

Collected : 02/Sep/2023 11:18AM  
 Received : 02/Sep/2023 02:08PM  
 Reported : 02/Sep/2023 03:01PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	111.79	mg/dL	<100	CHE/CHO/POD & Catalase



SIN No:BI15884389

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Visit ID : SKAROPV126294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 435	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	92.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.85	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	30.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	14.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04470025

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

66A/2, New Rohtak Road, Near Liberty  
Cinema, Karol Bagh, New Delhi

Patient Name : Mr.KRISHAN KUMAR	Collected : 02/Sep/2023 09:50AM
Age/Gender : 37 Y 0 M 10 D/M	Received : 02/Sep/2023 02:08PM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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)	1.27	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	8.46	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.070	µIU/mL	0.34-5.60	CLIA

**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
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

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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:SPL23125149

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Visit ID : SKAROPV126294  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 435

Collected : 02/Sep/2023 09:50AM  
Received : 02/Sep/2023 11:50AM  
Reported : 02/Sep/2023 12:12PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





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**DEPARTMENT OF CLINICAL PATHOLOGY**


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

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


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



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



Dr.Shivangi Chauhan  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 D/M UHID/MR No : SKAR.0000098883 Visit ID : SKAROPV126309 Ref Doctor : Dr.SELF	Collected : 02/Sep/2023 11:35AM Received : 02/Sep/2023 05:44PM Reported : 02/Sep/2023 09:04PM Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
TESTOSTERONE, TOTAL , SERUM	341.25	ng/dL	400-1080	CLIA

**Comment:**

Testosterone exhibits significant circadian variations in young men, and early morning samples are recommended. Increased levels are seen in precocious puberty (males), androgen resistance, CAH, ovarian stromal hyperthecosis. Decreased levels are seen in delayed puberty (males), gonadotropin deficiency, testicular feminization, estrogen therapy and certain systemic diseases

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



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



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**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



Patient Name : Mr.KRISHAN KUMAR	Collected : 02/Sep/2023 09:50AM
Age/Gender : 37 Y 0 M 10 D/M	Received : 02/Sep/2023 11:07AM
UHID/MR No : SKAR.0000098883	Reported : 02/Sep/2023 11:36AM
Visit ID : SKAROPV126294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 435	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	42.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.92	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,400	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYte COUNT

NEUTROPHILS	4440	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2516	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	148	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	296	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	200000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				





<b>TO ORDER TESTS</b> Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 D/M UHID/MR No : SKAR.0000098883 Visit ID : SKAROPV126294 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 435	Collected : 02/Sep/2023 09:50AM Received : 02/Sep/2023 11:07AM Reported : 02/Sep/2023 01:00PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	A			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



<b>Patient Name</b> : Mr.KRISHAN KUMAR <b>Age/Gender</b> : 37 Y 0 M 10 D/M <b>UHID/MR No</b> : SKAR.0000098863 <b>Visit ID</b> : SKAROPV126294 <b>Ref Doctor</b> : Dr.SELF <b>Empi/Auth/TPA ID</b> : 435	<b>Collected</b> : 02/Sep/2023 03:14PM <b>Received</b> : 02/Sep/2023 04:00PM <b>Reported</b> : 02/Sep/2023 04:19PM <b>Status</b> : Final Report <b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	87	mg/dL	70-100	GOD - POD
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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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	89	mg/dL	70-140	GOD - POD
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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



<b>TO ORDER COLLECTOR'S</b> Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 D/M UHID/MR No : SKAR.0000098883 Visit ID : SKAROPV126294 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 435	Collected : 02/Sep/2023 09:50AM Received : 02/Sep/2023 02:09PM Reported : 02/Sep/2023 09:03PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> WHOLE BLOOD EDTA	5.3	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> WHOLE BLOOD EDTA	105	mg/dL		Calculated

**Comment:**

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

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

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

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



<b>Patient Name</b> : Mr.KRISHAN KUMAR <b>Age/Gender</b> : 37 Y 0 M 10 D/M <b>UHID/MR No</b> : SKAR.0000098883 <b>Visit ID</b> : SKAROPV126294 <b>Ref Doctor</b> : Dr.SELF <b>Emp/Auth/TPA ID</b> : 435	<b>Collected</b> : 02/Sep/2023 09:50AM <b>Received</b> : 02/Sep/2023 02:08PM <b>Reported</b> : 02/Sep/2023 09:03PM <b>Status</b> : Final Report <b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>TO ORDER TESTS</b> Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 D/M UHID/MR No : SKAR.0000098883 Visit ID : SKAROPV126294 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 435	Collected : 02/Sep/2023 09:50AM Received : 02/Sep/2023 10:56AM Reported : 02/Sep/2023 03:19PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

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

TOTAL CHOLESTEROL	213	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	460	mg/dL	<150	
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
VLDL CHOLESTEROL	92	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.09		0-4.97	Calculated

Please correlate with clinical details

**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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 D/M UHID/MR No : SKAR.0000098883 Visit ID : SKAROPV125294 Ref Doctor : Dr.SELF Empl/Auth/TPA ID : 435	Collected : 02/Sep/2023 09:50AM Received : 02/Sep/2023 10:56AM Reported : 02/Sep/2023 03:19PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>TO ORDER LEVELS</b> Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 D/M UHID/MR No : SKAR.0000098883 Visit ID : SKAROPV126294 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 435	Collected : 02/Sep/2023 11:18AM Received : 02/Sep/2023 02:08PM Reported : 02/Sep/2023 03:01PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	111.79	mg/dL	<100	CHE/CHO/POD & Catalase





<b>Patient Name</b> : Mr.KRISHAN KUMAR <b>Age/Gender</b> : 37 Y 0 M 10 D/M <b>UHID/MR No</b> : SKAR.0000098883 <b>Visit ID</b> : SKAROPV128294 <b>Ref Doctor</b> : Dr.SELF <b>Emp/Auth/TPA ID</b> : 435	<b>Collected</b> : 02/Sep/2023 09:50AM <b>Received</b> : 02/Sep/2023 10:56AM <b>Reported</b> : 02/Sep/2023 11:18AM <b>Status</b> : Final Report <b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

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

BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wave/length
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	92.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		0.9-2.0	Calculated



Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 D/M UHID/MR No : SKAR.0000098883 Visit ID : SKAROPV126294 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 435	Collected : 02/Sep/2023 09:50AM Received : 02/Sep/2023 10:56AM Reported : 02/Sep/2023 11:18AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.85	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	30.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	14.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE



<b>TO ORDER LEVELS</b> Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 D/M UHID/MR No : SKAR.0000098883 Visit ID : SKAROPV126294 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 435	Collected : 02/Sep/2023 09:50AM Received : 02/Sep/2023 10:56AM Reported : 02/Sep/2023 11:18AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	16-73	Glycylglycine Kinetic method





<b>CHITRA LIPIC</b> Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 D/M UHID/MR No : SKAR.000098883 Visit ID : SKAROPV126294 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 435	Collected : 02/Sep/2023 09:50AM Received : 02/Sep/2023 02:08PM Reported : 02/Sep/2023 03:18PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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)	1.27	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	8.46	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.070	µIU/mL	0.34-5.60	CLIA

**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
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

Patient Name : Mr.KRISHAN KUMAR Age/Gender : 37 Y 0 M 10 DiM UHID/MR No : SKAR.0000098883 Visit ID : SKAROPV126294 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 435	Collected : 02/Sep/2023 09:50AM Received : 02/Sep/2023 02:08PM Reported : 02/Sep/2023 03:18PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**APOLLO HEALTH**  
 Patient Name : Mr.KRISHAN KUMAR  
 Age/Gender : 37 Y 0 M 10 D/M  
 UHID/MR No : SKAR.0000098883  
 Visit ID : SKAROPV126294  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 435

Collected : 02/Sep/2023 09:50AM  
 Received : 02/Sep/2023 11:50AM  
 Reported : 02/Sep/2023 12:12PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





TO OPERATOR

Patient Name : Mr.KRISHAN KLIMAR	Collected : 02/Sep/2023 09:50AM
Age/Gender : 37 Y 0 M 10 D/M	Received : 02/Sep/2023 11:50AM
UHID/MR No : SKAR.0000098883	Reported : 02/Sep/2023 12:11PM
Visit ID : SKAROPV126294	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 435	

DEPARTMENT OF CLINICAL PATHOLOGY

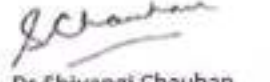
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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


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



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



Dr.Shivangi Chauhan  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



Mr Kishan

Age: 37Y/ Sex: M

Date: September 2, 2023

### ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and shows diffuse increase in echogenicity s/o grade-I fatty infiltration. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.  
Portal vein is normal in caliber

Gall bladder does not show any evidence of cholecystitis or cholelithiasis.

- CBD- proximal visualized part: - is not dilated.
- CBD- Mid and distal segment is obscured due to technical limitation.
- Central IHBR:- normal in caliber

Both kidneys are of normal size, shape and echopattern. No growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained. **There are multiple calculus seen, largest of size 4.5 mm at upper pole of right kidney & 5 mm calculi seen at lower pole of left kidney.**

Spleen is normal in size and echotexture.  
Pancreas does not show any pathology.

Urinary bladder is distended and shows no mural or intraluminal pathology.  
Prostate is normal in size and shape. No focal lesion is seen.  
No free fluid or pelvic collection seen.

*Please correlate clinically.*

**DR. SAURABH , MD**  
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

=====

NAME: KRISHAN KUMAR  
REF. BY: HEALTH CHECK UP  
DATE: 2.9.2023

=====

AGE 37 Y /SEX/M  
UHID: SKAR0000098883  
S. NO: 13675

X-RAY CHEST PA

Both lung fields are clear.  
Both costophrenic angles are clear.  
Heart and mediastinum appear normal.

Please correlate clinically.

  
DR. SAURABH, MD  
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009PTCO49961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
New Delhi-110 005

Ph: 011-49407700, 8448702877  
www.apollospectra.com

**Registered Address**

#7-1-617/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.



Mr. Nathan Palmer

37M-SKAR-908803  
Bill No-OCR-16319.  
2/9/23

B.P. 110/90  
HT 181 cm.  
wt. 80.6 kg  
BMI. 24.6

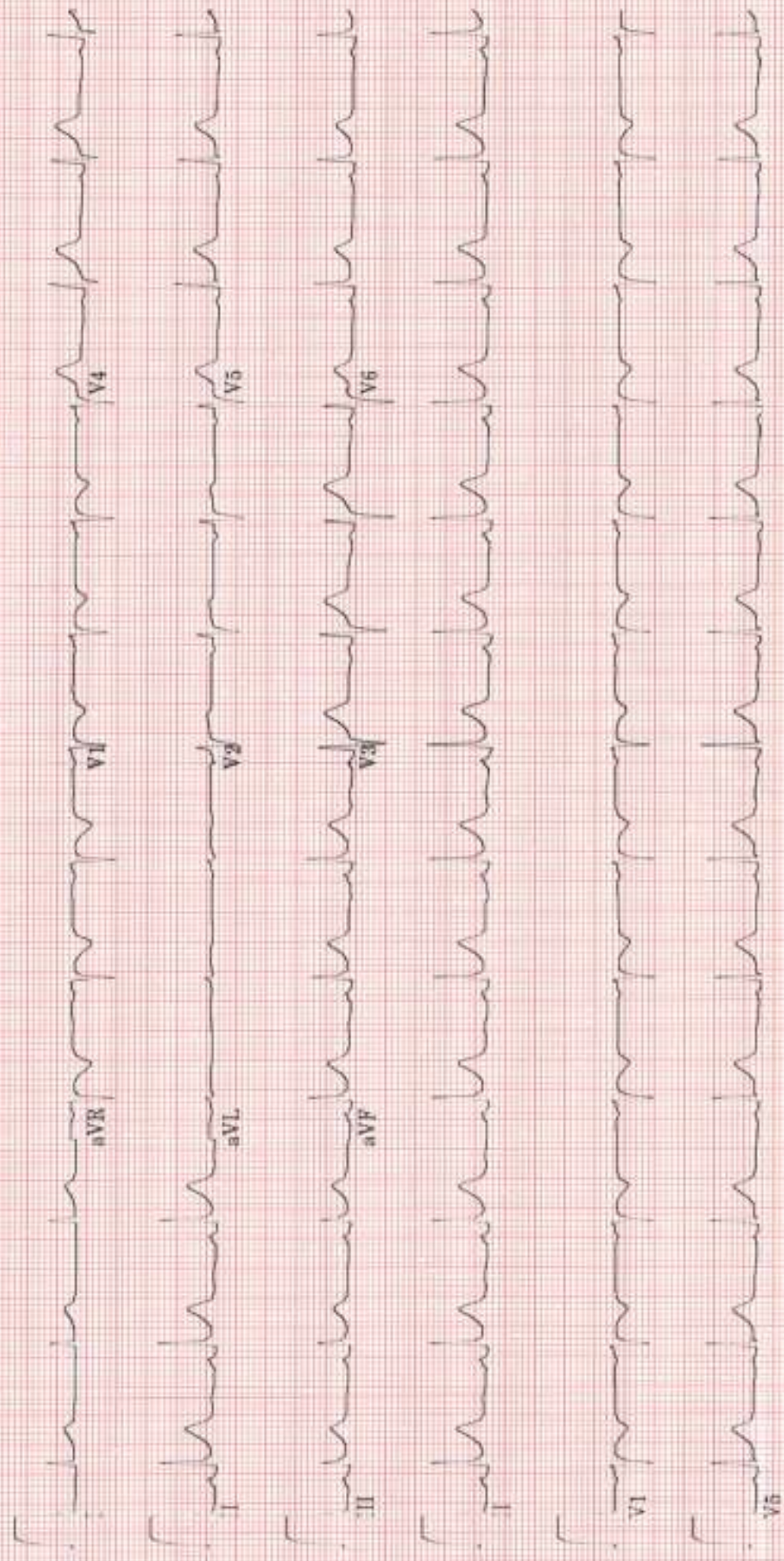
Normal sinus rhythm  
Normal ECG

vent. rate 76 bpm  
PR interval 132 ms  
QRS duration 78 ms  
QT/QTc 354/398 ms  
P-R-T axes 83 53 69

Technician:  
Test ind.

Unconfirmed

Referred by:



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm ids

MAC55 009C

12SL™ V279

AW CC



02-60 1/25

Mr Krishan Kumar  
32/M

	(A)	(B)
Per E Corchia	6/6	6/6
wb Corchia	6/36	6/31
Neu	WME	WME
Wlow	WME	WME

*Amber*

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

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CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
New Delhi-110 005.

Ph.: 011-49407700, 8448702877  
www.apollospectra.com

**Registered Address**

#7-1-617/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

## TREADMILL TEST REPORT

Name: Krishan  
Date: 2.9.2023

Age/Sex: 37Yrs/M  
Health Check UP

Medication: None  
Protocol: BRUCE

	Resting	Peak exercise	Recovery			
			2	4	6	8
HR/min	91	173	92			
B.P. mm Hg	110/90	140/98	130/90			

Reason for termination

- Fatigue
- THR Achieved

Events during exercise and recovery

ECG Changes: Baseline ECG: -WNL

Symptoms (Angina) : None

Arrhythmia : None

TET: 9:11 METS: 10.4 MHR (% THR): 94%

Impression

- TMT is Negative for inducible ischemia.
- Appropriate chronotropic & BP response.
- Good exercise capacity.

CONSULTANT CARDIOLOGIST

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**Dr. Sanjiv Dang**

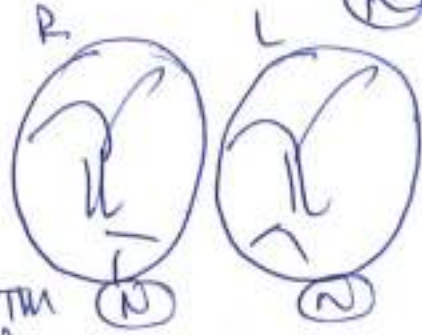
MBBS, MS (ENT)  
Ear, Nose & Throat Consultant  
DMC Regn. No. 9555  
Timing : 5.30 pm - 8.30 pm  
E : sanjivdang.mamc@gmail.com

For appointment please contact :  
011-49407700, 8448702877

Krishan Kumar  
M 37 years



ENT: Normal



TM (N) (N)  
Knee + +  
Wedge ← →  
Chest: clear

Adic

NO medication

S. Dang  
2-9-2023

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