

Patient Name	: Mr.ANANT KUMAR	Collected	: 03/Aug/2024 09:18AM
Age/Gender	: 31 Y 9 M 29 D/M	Received	: 03/Aug/2024 09:40AM
UHID/MR No	: SCHI.0000022796	Reported	: 03/Aug/2024 01:43PM
Visit ID	: SCHIOPV34401	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 187173		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240203168



Patient Name	: Mr.ANANT KUMAR	Collected	: 03/Aug/2024 09:18AM
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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				
HAEMOGLOBIN	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	43.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.79	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.5	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,470	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	80	%	40-80	Electrical Impedance
LYMPHOCYTES	12	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	9176	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1376.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	114.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	791.43	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.47	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	6.67		0.78- 3.53	Calculated
PLATELET COUNT	151000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

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Dr. SHWETA GUPTA
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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

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



Dr. SHWETA GUPTA
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Collected : 03/Aug/2024 12:47PM
Received : 03/Aug/2024 01:04PM
Reported : 03/Aug/2024 04:31PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	115	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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	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.



Dr. SHWETA GUPTA
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SIN No:PLP1479732



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 01:21PM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 02:36PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

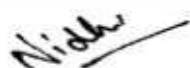
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240083567



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 Age/Gender : 31 Y 9 M 29 D/M
 UHID/MR No : SCHI.0000022796
 Visit ID : SCHIOPV34401
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 187173

Collected : 03/Aug/2024 09:18AM
 Received : 03/Aug/2024 09:40AM
 Reported : 03/Aug/2024 11:25AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	252	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	50.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.70		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.47		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	2.20	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	111.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.27		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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DEPARTMENT OF BIOCHEMISTRY

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	25.50	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.00	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.27		0.9-2.0	Calculated



Dr. SHWETA GUPTA
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SIN No:SE04799773



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UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 10:41AM
Visit ID : SCHIOPV34401	Status : Final Report
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Emp/Auth/TPA ID : 187173	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.00	U/L	15-73	Glycylglycine Nitoranalide



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UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 04:50PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.21	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.314	µIU/mL	0.38-5.33	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

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Dr Nidhi Sachdev
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SIN No:SPL24127600

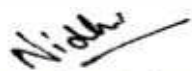


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Visit ID	: SCHIOPV34401	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr Nidhi Sachdev
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SIN No:SPL24127600



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 10:42AM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 01:54PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

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	DARK YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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Dr. SHWETA GUPTA
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SIN No:UR2398753



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 01:35PM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 01:56PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

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

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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UF012002



Name : Mr. Arant Kumar

Age: 31 Y

UHID: SCHI.0000022796

Sex: M



Address : delhi - 110019

OP Number: SCHIOPV34401

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-11730

Date : 03.08.2024 09:17

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	2D ECHO 1pm ✓	
3	LIVER FUNCTION TEST (LFT) ✓	
4	GLUCOSE, FASTING ✓	
5	HEMOGRAM + PERIPHERAL SMEAR ✓	
6	DIET CONSULTATION ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE (POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
12	DENTAL CONSULTATION ✓	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) : 12.45 ✓	
14	URINE GLUCOSE (FASTING) ✓	
15	HbA1c, GLYCATED HEMOGLOBIN ✓	
16	X-RAY CHEST PA ✓	
17	DENT CONSULTATION ✓	
18	FITNESS BY GENERAL PHYSICIAN ✓	
19	BLOOD GROUP ABO AND RH FACTOR ✓	
20	LIPID PROFILE ✓	
21	BODY MASS INDEX (BMI) ✓	
22	OPHTHAL BY GENERAL PHYSICIAN ✓	
23	ULTRASOUND - WHOLE ABDOMEN ✓	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Height: 170cm
Weight: 78.5
B.P.: 108/70
Pulse: 88bmt
SP02: 97

5724

Sub_order	Order_Id	Client Nam	Patient Nai	Email	Agreement Package N:	Mobile	Order Date
541182	539983	ARCOFEMI	MR. KUMA	Anant.kum	ARCOFEMI	ARCOFEMI	9.32E+09 #####

आयकर विभाग

INCOME TAX DEPARTMENT

ANANT KUMAR
PARSHURAM MANDAL

05/10/1992

Permanent Account Number

BXFPK0119R

Anant Kumar



भारत सरकार

GOVT. OF INDIA

05/10/92
05/10/92



Health Check up Booking Confirmed Request(22E30452),Package Code-PKG10000366,
Beneficiary Code-295710

Mediwheel <wellness@mediwheel.in>

Thu 8/1/2024 12:06 AM

To:ANANT KUMAR <ANANT.KUMAR5@bankofbaroda.com>

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

011-41195959

Dear **Anant kumar,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Annual Plus
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Apollo Spectra - Nehru Enclave
Address of Diagnostic/Hospital : R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi - 110019
City : Delhi
State : DELHI
Pincode : 110065
Appointment Date : 03-08-2024
Confirmation Status : Booking Confirmed
Preferred Time : 9:00 AM - 9:30 AM
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR ANANT	31 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KUMAR ANANT
EC NO.	187173
DESIGNATION	WEALTH EXECUTIVE
PLACE OF WORK	DELHI,DILSHAD GARDEN
BIRTHDATE	05-10-1992
PROPOSED DATE OF HEALTH CHECKUP	03-08-2024
BOOKING REFERENCE NO.	24S187173100109650E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **31-07-2024** till **31-03-2025** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

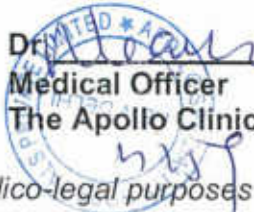
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Amrnt kumar on 3/8

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	



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

This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Anant	UHID No :	2276
AGE / GENDER :-	31yrs	RECEIPT No :-	
PANEL :	Ancofemi	EXAMINED ON :-	3/8

c/o gastritis

Chief Complaints:

Past History:

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

Personal History:

Alcohol	OE	:	Nil	Activity	:	Active
Smoking		:	Nil	Allergies	:	Nil

Family History: MS

General Physical Examination:

Height	170	:	cms	Pulse	88/m	bpm
Weight	78.5	:	Kgs	BP	108/70	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

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

Investigations:

- All the reports of tests and investigations are attached herewith

TLC 11470 TG 252
S-Bil 2.20

Recommendation:

• low fat diet
Repeat TLC/DLC

- Cap & Achue 102 + 1-2 months
- T Urso w/ 300mg 1-2 months
Cap Mucal DGR 102 + 2 weeks



Dr. Navneet Kaur
Consultant Physician

NAME :	ANANT KUMAR	AGE/SEX:	31 YRS./M
UHID :	22796		
REF BY :	APOLLO SPECTRA	DATE:-	03.08.2024

ULTRASOUND WHOLE ABDOMEN

Excessive bowel gases are seen

Liver: Appears normal in size, 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 minimally distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Prostate: is normal in size and echotexture.

No free fluid seen.

IMPRESSION: FATTY CHANGES IN LIVER GRADE I

Please correlate clinically and with lab. Investigations.


DR. DEEPIKA AGARWAL
Consultant Radiologist

Dr. DEEPIKA AGARWAL
Consultant Radiologist
DMC No. 56777
Apollo Speciality Hospitals (P) Ltd.
A-2, Chirag Enclave, Greater Kailash-1
New Delhi-110048

Date

SPECTACLES PRESCRIPTION

Ref. No.

CRN NO: Consultant Dr.

Name: Anant Age/Sex: 31/M Date: 3/8/24

Right Eye

Left Eye

	SPH	CYL	AXIS	VISION
D.V.	-0.50	-	-	6/6
ADD	-	-	-	nlc

	SPH	CYL	AXIS	VISION
D.V.	-0.50	-	-	6/6
ADD	-	-	-	nlc

- ADVICE
- Glass
 - Polycarbonate
 - CR 39
 - Bifocal
 - Kryplok
 - Progressive
 - Tint
 - Photochromic
 - ARC
 - Polarised

IPD

[Signature]
Optometrist Signature

Mr. Anant Kumar
31/11

3/8/24

Eye checkup

No H/o using glasses

No H/o systemic disease

$V_2 \left\{ \begin{array}{l} 6/6^{\text{P}} \\ 6/6^{\text{P}} \end{array} \right.$ MET $\left\{ \begin{array}{l} 13 \\ 15 \end{array} \right.$ minute color $\left\{ \begin{array}{l} \text{Normal} \\ \text{B/C} \end{array} \right.$

BCVA $\left\{ \begin{array}{l} -0.50 DS 6/6 \\ -0.50 DS 6/6 \end{array} \right.$ — MC

slit lamp exam

A/S Normal B/A

Pupils reaction Normal B/A

Fundus $\left\{ \begin{array}{l} \text{wNL} \\ \text{B/A} \end{array} \right.$

Adv:
glasses

Darekumar
3/8/24

DIGITAL X-RAY REPORT

NAME: ANANT	DATE: 03.08.2024
UHID NO : 22796	AGE: 31 YRS/ SEX: M

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. DEEPIKA AGARWAL
Consultant Radiologist

Dr. DEEPIKA AGARWAL
Consultant Radiologist
DMC No. 56777
Apollo Speciality Hospitals (P) Ltd.
A-2, Chirag Enclave, Greater Kailash-1
New Delhi-110048

Dr. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DDC No: A-14151

For Appointment : +91 11 4046 5555
Mob.: +91 9910995018
Email: drusha.maheshwari@apollospectra.com



Mr. Anant Kumar
31 Year | Male

C/C:- Regular Dental Check-up

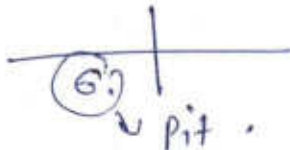
M/H:- N.R.H

PDH:- N.R.H

Deng Allergy:- No known Allergy

O/E:- Calculus +

Stains + sev

Caries  Pit

Assesed:- Scaling

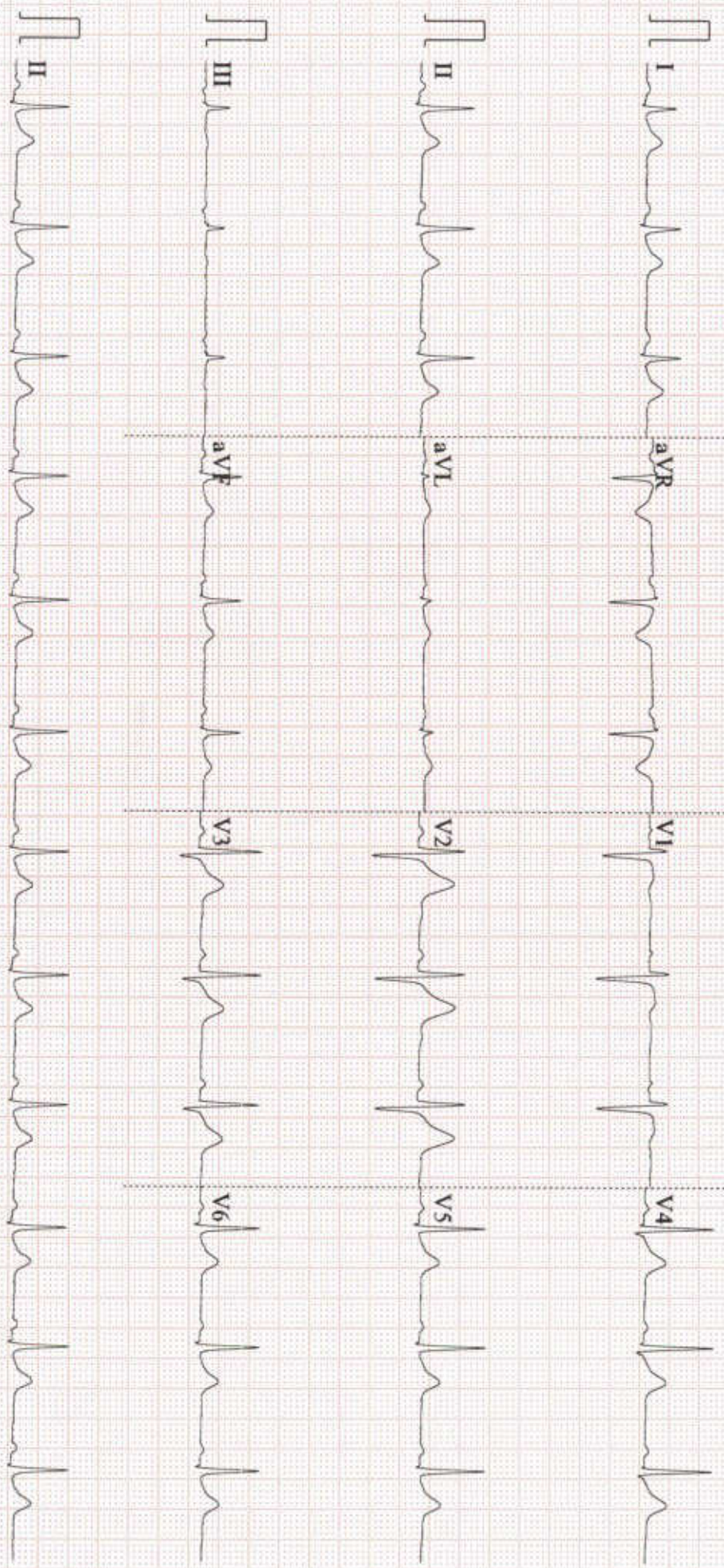
Rx. Sensodyne Toothpaste (Repair & Protect)

ID: 22796
ANANT KUMAR
Male 31Years
Req. No. :

03-08-2024 11:23:56
HR : 72 bpm
P : 83 ms
PR : 141 ms
QRS : 85 ms
QT/QTcBz : 355/390 ms
P/QRS/T : 19/55/36
RV5/SV1 : 1.090/0.828 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



Patient Name	: Mr. Anant Kumar	Age	: 31 Y/M
UHID	: SCHL000022796	OP Visit No	: SCHIOPV34401
Conducted By	: Dr. MUKESH K. GUPTA	Conducted Date	: 03-08-2024 16:13
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 _____ cm²
Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

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

PULMONARY VALVE

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

AORTIC VALVE

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

Measurements	Normal Values	Measurements	Normal values
Aorta	2.8 (2.0 – 3.7cm)	LA es	3.0 (1.9 – 4.0cm)
LV es	2.5 (2.2 – 4.0cm)	LV ed	4.5 (3.7 – 5.6cm)
IVS ed	0.9 (0.6 – 1.1cm)	PW (LV)	0.8 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVd (ml)	
EF	65% (54%-76%)	IVS motion	Normal /Flat/Paradoxical

CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy

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

	Contraction	<u>Normal</u> /Reduced
Regional wall motion abnormality		<u>Absent</u>
LA		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus
RA		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus
RV		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- 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

Patient Name : Mr.ANANT KUMAR
Age/Gender : 31 Y 9 M 29 D/M
UHID/MR No : SCHI.0000022796
Visit ID : SCHIOPV34401
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 187173

Collected : 03/Aug/2024 09:18AM
Received : 03/Aug/2024 09:40AM
Reported : 03/Aug/2024 01:43PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240203168



Patient Name	: Mr.ANANT KUMAR	Collected	: 03/Aug/2024 09:18AM
Age/Gender	: 31 Y 9 M 29 D/M	Received	: 03/Aug/2024 09:40AM
UHID/MR No	: SCHI.0000022796	Reported	: 03/Aug/2024 01:43PM
Visit ID	: SCHIOPV34401	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 187173		

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				
HAEMOGLOBIN	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	43.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.79	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.5	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,470	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	80	%	40-80	Electrical Impedance
LYMPHOCYTES	12	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	9176	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1376.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	114.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	791.43	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.47	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	6.67		0.78- 3.53	Calculated
PLATELET COUNT	151000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

Page 2 of 15



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:BED240203168



Patient Name	: Mr.ANANT KUMAR	Collected	: 03/Aug/2024 09:18AM
Age/Gender	: 31 Y 9 M 29 D/M	Received	: 03/Aug/2024 09:40AM
UHID/MR No	: SCHI.0000022796	Reported	: 03/Aug/2024 01:43PM
Visit ID	: SCHIOPV34401	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 187173		

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240203168



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 09:40AM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 01:43PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

DEPARTMENT OF HAEMATOLOGY

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



Dr. SHWETA GUPTA
 MBBS,MD (Pathology)
 Consultant Pathology
 SIN No:BED240203168



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 12:47PM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 01:04PM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 04:31PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	115	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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	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.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:PLP1479732



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 01:21PM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 02:36PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

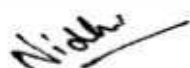
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240083567



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 09:40AM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 11:25AM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	252	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	50.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.70		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.47		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 09:40AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	2.20	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	111.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.27		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



Dr. SHWETA GUPTA
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 Consultant Pathology

SIN No:SE04799773



Patient Name	: Mr.ANANT KUMAR	Collected	: 03/Aug/2024 09:18AM
Age/Gender	: 31 Y 9 M 29 D/M	Received	: 03/Aug/2024 09:40AM
UHID/MR No	: SCHI.0000022796	Reported	: 03/Aug/2024 11:25AM
Visit ID	: SCHIOPV34401	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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



Dr. SHWETA GUPTA
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Consultant Pathology

SIN No:SE04799773



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 09:40AM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 11:25AM
Visit ID : SCHIOPV34401	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	25.50	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.00	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.27		0.9-2.0	Calculated



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:SE04799773



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 09:40AM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 10:41AM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA
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SIN No:SE04799773



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 01:21PM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 04:50PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.21	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.314	µIU/mL	0.38-5.33	CLIA

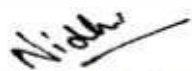
Comment:

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

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Dr Nidhi Sachdev
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SIN No:SPL24127600

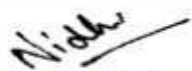


Patient Name	: Mr.ANANT KUMAR	Collected	: 03/Aug/2024 09:18AM
Age/Gender	: 31 Y 9 M 29 D/M	Received	: 03/Aug/2024 01:21PM
UHID/MR No	: SCHI.0000022796	Reported	: 03/Aug/2024 04:50PM
Visit ID	: SCHIOPV34401	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 187173		

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Consultant Pathologist

SIN No:SPL24127600



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 10:42AM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 01:54PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

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	DARK YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UR2398753



Patient Name : Mr.ANANT KUMAR	Collected : 03/Aug/2024 09:18AM
Age/Gender : 31 Y 9 M 29 D/M	Received : 03/Aug/2024 01:35PM
UHID/MR No : SCHI.0000022796	Reported : 03/Aug/2024 01:56PM
Visit ID : SCHIOPV34401	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

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

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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UF012002



Patient Name : Mr. Anant Kumar Age : 31 Y/M
 UHID : SCHI.0000022796 OP Visit No : SCHIOPV34401
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 03-08-2024 16:15
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score : _____

Doppler Normal/Abnormal E>A **E>A**
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

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

PULMONARY VALVE

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

AORTIC VALVE

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

Measurements **Normal Values** **Measurements** **Normal values**

Patient Name : Mr. Anant Kumar Age : 31 Y/M
 UHID : SCHI.0000022796 OP Visit No : SCHIOPV34401
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 03-08-2024 16:15
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Aorta	2.8	(2.0 – 3.7cm)	LA es	3.0	(1.9 – 4.0cm)
LV es	2.5	(2.2 – 4.0cm)	LV ed	4.5	(3.7 – 5.6cm)
IVS ed	0.9	(0.6 – 1.1cm)	PW (LV)	0.8	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVs (ml)		
EF	65%	(54%-76%)	IVS motion		<u>Normal</u> /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

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

Patient Name : Mr. Anant Kumar Age : 31 Y/M
UHID : SCHI.0000022796 OP Visit No : SCHIOPV34401
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 03-08-2024 16:15
Referred By : SELF

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

Patient Name : Mr. Anant Kumar
UHID : SCHI.0000022796
Conducted By: :
Referred By : SELF

Age : 31 Y/M
OP Visit No : SCHIOPV34401
Conducted Date :

Patient Name : Mr. Anant Kumar
UHID : SCHI.0000022796
Conducted By :
Referred By : SELF

Age : 31 Y/M
OP Visit No : SCHIOPV34401
Conducted Date :
