

Name : Mr. Manjee Upadhyay

Age: 37 Y

Sex: M

UHID: CINR.0000163759



OP Number: CINROPV220950

Bill No : CINR-OCR-94700

Date : 04.03.2024 08:51

Address : Bangalore

 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
<del>2</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>X-RAY CHEST PA - 10</del>	
<del>5</del>	<del>GLUCOSE, FASTING</del>	
<del>6</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>7</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>9</del>	<del>PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ECG - 6</del>	
<del>11</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>12</del>	<del>LIPID PROFILE</del>	
<del>13</del>	<del>BODY MASS INDEX (BMI) - 6</del>	
<del>14</del>	<del>OPHTHAL BY GENERAL PHYSICIAN - 5</del>	
<del>15</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>16</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
<del>17</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 12:00pm</del>	

Dental - ①  
 Ayurvedic - ②  
 Anallo - ⑤



Date HOSPITALS : 04-03-2024

MR NO : CINR.0000163759

Name : Mr. Manjee Upadhyay

Age/ Gender : 37 Y / Male

Department : GENERAL

Doctor :

Registration No :

Qualification :

Consultation Timing: 08:51

Height : 180 cm	Weight : 92.3 kg	BMI : 28.5 kg/m <sup>2</sup>	Waist Circum : 38 cm
Temp : 98.6	Pulse : 114 bpm	Resp : 18 cpm	B.P : 140 / 80 mm Hg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

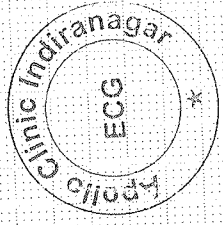
Doctor Signature

97 bpm  
- / - mmHg

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

04.03.2024 11:04:30  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

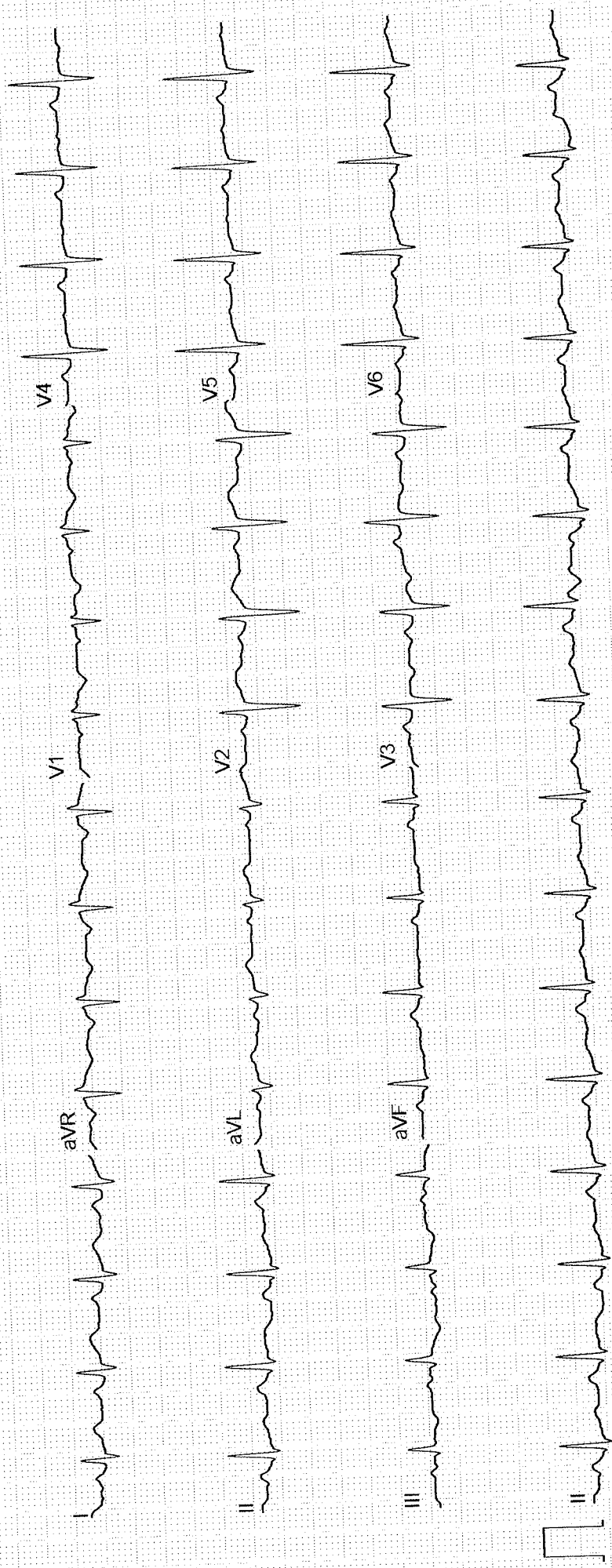


Male  
QRS : 88 ms  
QT / QTcBaz : 352 / 447 ms  
PR : 156 ms  
P : 120 ms  
RR / PP : 616 / 618 ms  
P / QRS / T : 40 / 67 / 11 degrees

Mr manjee  
ID: 163759  
08.02.1987  
37 Years

**Dr. M. SUDHAKAR RAO**  
FACC, FESC, FSCAI  
Consultant Cardiologist  
MBBS, MD, DM (Cardiology)  
CTG0000016XTK  
KMC, Reg No. Apollo Clinic

*Manjee*



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2 5x3\_25\_R1 Unconfirmed 1/1

## OPHTHAL PRESCRIPTION

PATIENT NAME : *Manjee upadhyay*

DATE : *3/4/24*

UHID NO : *263759*

AGE : *37*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *M*

This is to certify that I have examined  
years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance				<i>6/6</i>				<i>6/6</i>
Add				<i>NK</i>				<i>N6</i>

PD - RE: \_\_\_\_\_ LE: \_\_\_\_\_

Colour Vision: *Normal*

Remarks: *Lubric eye drops*

*1-1-1-4 - ① mark*

Apollo clinic Indiranagar

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - MYSORE  
NO.2254, KAUSALYA, THIRD FLOOR,  
SOUTH WING, VINOBA ROAD, , - 0

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

35-40 Male

Shri/Smt./Kum. MANJEE UPADHYAY,

P.F. No. 801789

Designation : Single Window Operator - A

Checkup for Financial Year 2023-2024

Approved Charges Rs. 2200.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

*Manjee Upadhyay*  
(Signature of the Employee)

Yours Faithfully,

For Union Bank of India  
BRANCH MANAGER/SENIOR MANAGER

Ms. Manjee Upadhyay  
Chekknr. No. - 662100

PS. : Status of the application- Sanctioned

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Enrollment No. : 0604/10821/61304

To  
MANJEE UPADHYAY

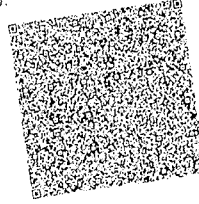
C/O: Shyamjee Upadhyay.  
00.

3rd cross,  
manjunath nagara,  
channapatna town,  
VTC: Channapatna, PO: Channapatna,  
Sub District: Channapatna, District: Ramanagar,  
State: Karnataka, PIN Code: 562160.  
Mobile: 9531874518

87950546



KF879505469F1



आपका आधार क्रमांक / Your Aadhaar No. :

**7733 9298 8233**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Issue Date: 03/11/2013

MANJEE UPADHYAY  
DOB: 08/02/1987  
Male

**7733 9298 8233**

मेरा आधार, मेरी पहचान

Patient Name	: Mr. Manjee Upadhyay	Age	: 37 Y M
UHID	: CINR.0000163759	OP Visit No	: CINROPV220950
Reported on	: 04-03-2024 15:56	Printed on	: 04-03-2024 15:56
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

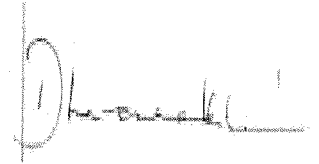
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:04-03-2024 15:56

---End of the Report---



**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology

**Patient Name** : Mr. Manjee Upadhyay

**Age/Gender** : 37 Y/M

**UHID/MR No.** : CINR.0000163759

**OP Visit No** : CINROPV220950

**Sample Collected on** :

**Reported on** : 04-03-2024 15:56

**LRN#** : RAD2255811

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9531874518

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

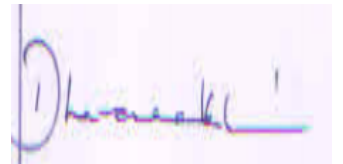
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**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology



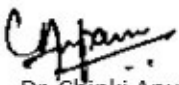
Patient Name : Mr.MANJEE UPADHYAY	Collected : 04/Mar/2024 09:15AM
Age/Gender : 37 Y 0 M 24 D/M	Received : 04/Mar/2024 11:30AM
UHID/MR No : CINR.0000163759	Reported : 04/Mar/2024 01:57PM
Visit ID : CINROPV220950	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9531874518	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	47.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.82	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	98.3	fL	83-101	Calculated
MCH	32.7	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,110	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.3	%	40-80	Electrical Impedance
LYMPHOCYTES	33.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2876.93	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1732.29	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	148.19	Cells/cu.mm	20-500	Calculated
MONOCYTES	347.48	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.11	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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



Dr. Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:BED240057263

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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

APOLLO CLINICS NETWORK

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

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

 1860 500 7788  
www.apolloclinic.com

Patient Name : Mr.MANJEE UPADHYAY  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

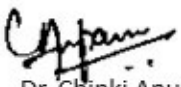
### ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

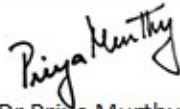
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:BED240057263

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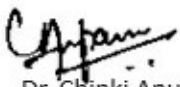
 **1860 500 7788**  
www.apolloclinic.com

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Age/Gender : 37 Y 0 M 24 D/M	Received : 04/Mar/2024 11:30AM
UHID/MR No : CINR.0000163759	Reported : 04/Mar/2024 02:50PM
Visit ID : CINROPV220950	Status : Final Report
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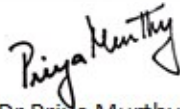
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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



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



Dr. Priya Murthy  
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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mr.MANJEE UPADHYAY	Collected : 04/Mar/2024 09:15AM
Age/Gender : 37 Y 0 M 24 D/M	Received : 04/Mar/2024 11:47AM
UHID/MR No : CINR.0000163759	Reported : 04/Mar/2024 02:05PM
Visit ID : CINROPV220950	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9531874518	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	70-100	HEXOKINASE

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	127	mg/dL	70-140	HEXOKINASE

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.

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



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

SIN No:EDT240025865

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Age/Gender : 37 Y 0 M 24 D/M	Received : 04/Mar/2024 11:47AM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9531874518	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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**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)



  
**DR.SHIVARAJA SHETTY**  
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SIN No:EDT240025865

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9531874518	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>244</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	79.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>48.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.13		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.




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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	2.21	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.93	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	95.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.92	mg/dL	0.67-1.17	Jaffe's, Method
UREA	20.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.39	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.29	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated



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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.06	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.89	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.241	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Patient Name : Mr.MANJEE UPADHYAY	Collected : 04/Mar/2024 09:15AM
Age/Gender : 37 Y 0 M 24 D/M	Received : 04/Mar/2024 11:45AM
UHID/MR No : CINR.0000163759	Reported : 04/Mar/2024 02:40PM
Visit ID : CINROPV220950	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9531874518	

DEPARTMENT OF CLINICAL PATHOLOGY

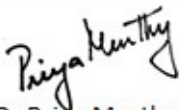
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Result/s to Follow:

Page 13 of 14



Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2296998

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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

APOLLO CLINICS NETWORK

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

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

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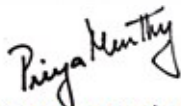
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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

PERIPHERAL SMEAR

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