

Date : 24-02-2024
MR NO : CMYS.0000059741
Name : Mr. P S KRISHNA
Age/ Gender : 54 Y / Male

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 08:10

Height : 164	Weight : 86.6	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Near
vision

Distant
vision

Glau
vision

Rt eye

N₃₆

6/12

(R)

lf eye

N₃₆

6/12

(L)

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Patient Name	: Mr. P S KRISHNA	Age	: 54 Y M
UHID	: CMYS.0000059741	OP Visit No	: CMYSOPV122671
Reported on	: 24-02-2024 14:55	Printed on	: 24-02-2024 14:56
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.

IMPRESSION :NORMAL STUDY .

Printed on:24-02-2024 14:55

---End of the Report---

Pradeep
Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

CIN : U65112TG2009PLC015819

Regd Office: 110, 6th E2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No.: 044-4444 1711 Fax No: 4404 7744 | Email ID: enquiry@apollohosp.com | www.apollohosp.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore: Hebbalahalli | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala: Sarajpet Road | **Mysore:** CV Mahalle

Online appointments: www.apollohosp.com

TO BOOK AN APPOINTMENT

1860 500 7788

Informed Consent/Declaration For Test Exclusion

Patient Name: P. S. Basanna Age: 54 Years

UHID Number: 59741

Please tick and sign the relevant part

I certify that I will skip Physician Consultation Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature P. S. Basanna Date 24/02/24

Witness signature: Niketha Date: 24/02/24

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

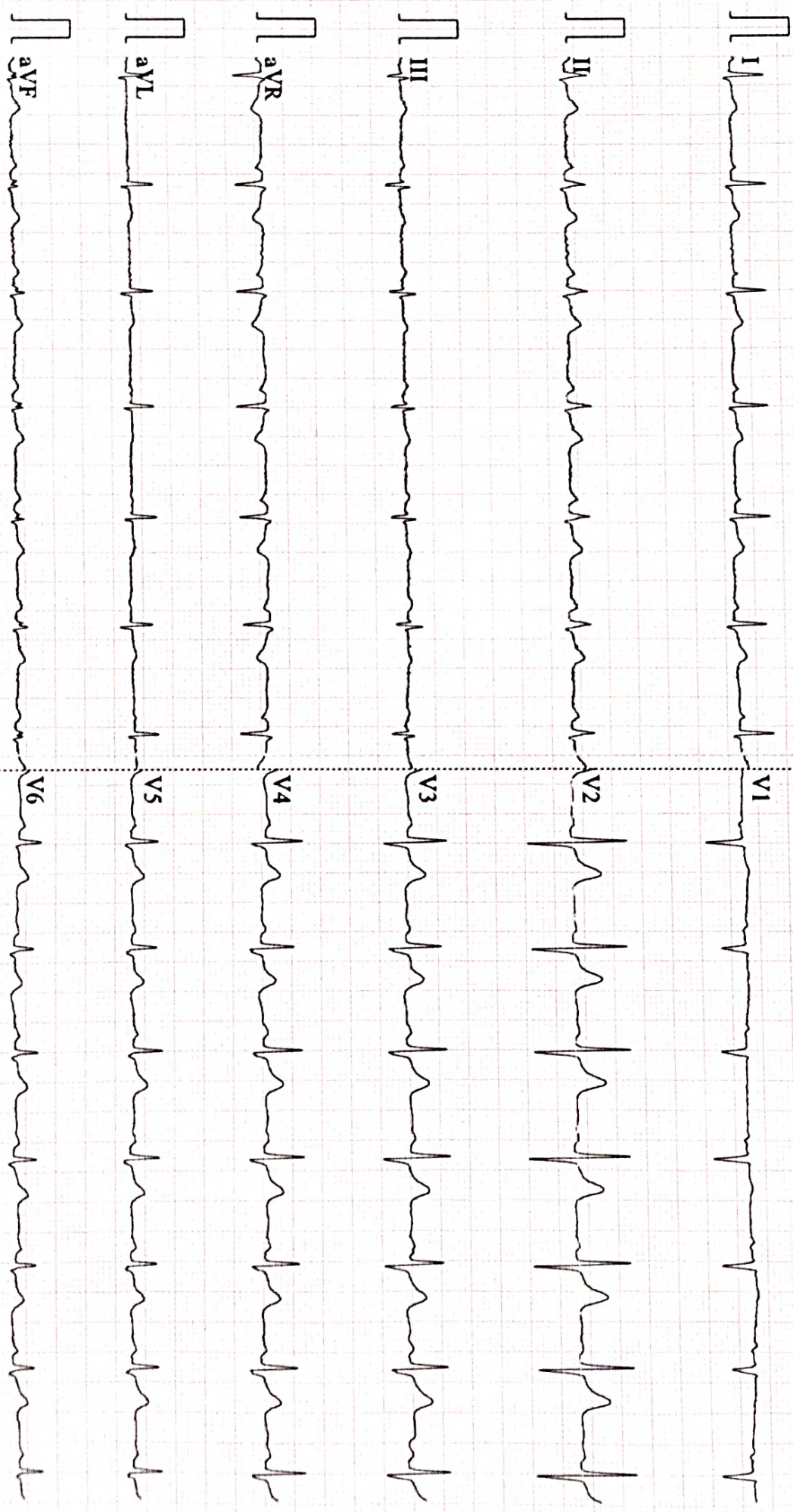
ID: 59741
MR P S KRISHNA
Male 54Years
164cm 81kg 130/80 mmHg

24-02-2024 09:18:44 AM

Diagnosis Information:

APOLLO Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4006040/41

Unconfirmed Report.



भारत सरकार
Government of India

भारत

Issue Date: 23/01/2011



कृष्ण.पी.एस
Krishna.P S
जन्म दिनांक / DOB: 20/04/1969
पुरुष / Male

9553 9658 1153



भारत

9553 9658 1153

मेरा आधार, मेरी पहचान

Dear P S KRISHNA,

We have received your booking request for the following health checkup, please upload HRM Letter as soon as possible.

Upload HRM Letter

Booking Date : 21-02-2024
User Package Name : MediWheel Full Body Health Checkup Male 50 To 60 For Self and Spouse
Hospital Package Name : Mediwheel Full Body Standard Plus
Health Check Code :
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital- : Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore - 570002
Appointment Date : 24-02-2024
Preferred Time : 8:00am

Member Information		
Booked Member Name	Age	Gender
P S KRISHNA	54 year	Male
JYOTHI D	46 year	Female

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Tests included in this Package :

- Bmi Check
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- Eye Check-up consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,
Mediwheel Team

Name: Mr. P S KRISHNA
Age/Gender: 54 Y/M
Address: MYSORE
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000059741
Visit ID: CMYSOPV122671
Visit Date: 24-02-2024 08:10
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

Diabetes Mellitus: No History of Diabetes Mellitus,

SYSTEMIC REVIEW

**Weight

--->: Stable,

Number of kgs: 72,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NIL,

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION

Constitutional: Normal ,

Eyes: Normal ,

ENT: Normal ,

Cardiovascular: Normal ,

Respiratory: Normal ,

Gastrointestinal: Normal ,

Genitourinary: Normal ,

Musculoskeletal: Normal ,

Integumentary: Normal ,

Neurological: Normal ,

Psychiatric: Normal ,

Endocrine: Normal ,

Hematologic/Lymphatic/Immuno: **Normal** ,

Allergic/Immunologic: **Normal** ,

SYSTEMIC EXAMINATION

IMPRESSION

IMPRESSION

Finding Category : **within normal limits**,

Ultrasound Radiology

: **NORMAL**,

ECG

: **NORMAL**,

RECOMMENDATION

Fitness Report

Fitness.: **YES**,

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Patient Name : Mr. P S KRISHNA

Age/Gender : 54 Y/M

UHID/MR No. : CMYS.0000059741

OP Visit No : CMYSOPV122671

Sample Collected on :

Reported on : 24-02-2024 14:56

LRN# : RAD2246206

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 955396581153

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

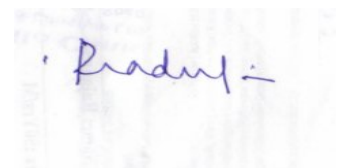
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Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY .

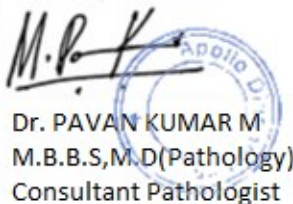


Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Patient Name : Mr.P S KRISHNA	Collected : 24/Feb/2024 08:20AM
Age/Gender : 54 Y 10 M 4 D/M	Received : 24/Feb/2024 10:53AM
UHID/MR No : CMYS.0000059741	Reported : 24/Feb/2024 11:42AM
Visit ID : CMYSOPV122671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 955396581153	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240047631



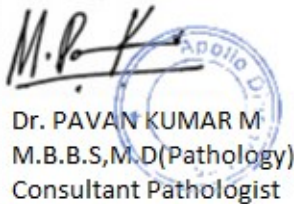
Patient Name : Mr.P S KRISHNA	Collected : 24/Feb/2024 08:20AM
Age/Gender : 54 Y 10 M 4 D/M	Received : 24/Feb/2024 10:53AM
UHID/MR No : CMYS.0000059741	Reported : 24/Feb/2024 02:13PM
Visit ID : CMYSOPV122671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 955396581153	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	44.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.7	%	40-80	Electrical Impedance
LYMPHOCYTES	31.1	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	3.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5611.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2923.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	441.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	366.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.92		0.78- 3.53	Calculated
PLATELET COUNT	225000	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				

R.B.C: Majority are normocytic normochromic.



Dr. PAVAN KUMAR M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

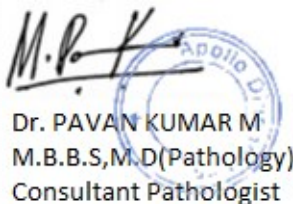
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

W.B.C: normal in number with normal morphology and distribution.

Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



Dr. PAVAN KUMAR M
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Consultant Pathologist

SIN No:BED240047631

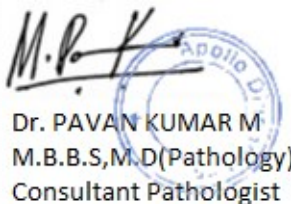


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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240047631



Patient Name : Mr.P S KRISHNA	Collected : 24/Feb/2024 08:20AM
Age/Gender : 54 Y 10 M 4 D/M	Received : 24/Feb/2024 03:46PM
UHID/MR No : CMYS.0000059741	Reported : 24/Feb/2024 04:26PM
Visit ID : CMYSOPV122671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 955396581153	

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	239	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	313	mg/dl	70-140	GOD, POD

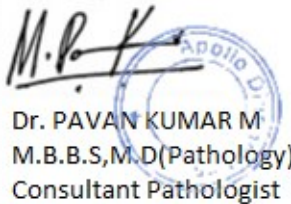
Comment:

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	10.1	%		HPLC

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240021240



Patient Name : Mr.P S KRISHNA	Collected : 24/Feb/2024 08:20AM
Age/Gender : 54 Y 10 M 4 D/M	Received : 24/Feb/2024 03:46PM
UHID/MR No : CMYS.0000059741	Reported : 24/Feb/2024 04:26PM
Visit ID : CMYSOPV122671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 955396581153	

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	243	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. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240021240



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Age/Gender : 54 Y 10 M 4 D/M	Received : 24/Feb/2024 11:13AM
UHID/MR No : CMYS.0000059741	Reported : 24/Feb/2024 12:18PM
Visit ID : CMYSOPV122671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 955396581153	

DEPARTMENT OF BIOCHEMISTRY

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

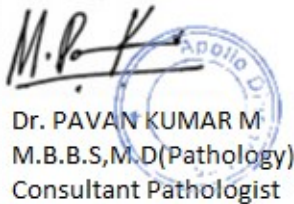
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	144	mg/dl	0-200	CHOD
TRIGLYCERIDES	199	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	33	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	71.27	mg/dL	<100	Calculated
VLDL CHOLESTEROL	39.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		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.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04639467



Patient Name : Mr.P S KRISHNA	Collected : 24/Feb/2024 08:20AM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 955396581153	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.88	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	95.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.21	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated

Comment:

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

Common patterns seen:


1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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SIN No:SE04639467

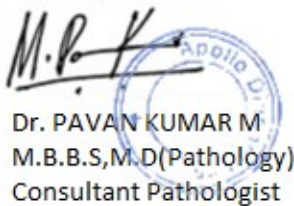


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UHID/MR No : CMYS.0000059741	Reported : 24/Feb/2024 01:10PM
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Emp/Auth/TPA ID : 955396581153	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.87	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	14.30	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	6.7	mg/dl	6-20	Urease, UV
URIC ACID	6.10	mg/dL	3.5-7.2	Uricase
CALCIUM	10.30	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.71	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



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Consultant Pathologist

SIN No:SE04639467

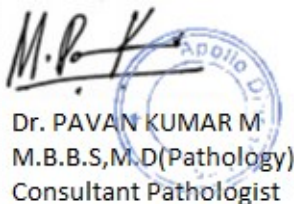


Patient Name : Mr.P S KRISHNA	Collected : 24/Feb/2024 08:20AM
Age/Gender : 54 Y 10 M 4 D/M	Received : 24/Feb/2024 11:13AM
UHID/MR No : CMYS.0000059741	Reported : 24/Feb/2024 12:14PM
Visit ID : CMYSOPV122671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 955396581153	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	50.00	U/l	0-55	IFCC



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04639467



Patient Name : Mr.P S KRISHNA	Collected : 24/Feb/2024 08:20AM
Age/Gender : 54 Y 10 M 4 D/M	Received : 24/Feb/2024 10:46AM
UHID/MR No : CMYS.0000059741	Reported : 24/Feb/2024 12:15PM
Visit ID : CMYSOPV122671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 955396581153	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.92	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.84	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.830	µIU/mL	0.35-4.94	CMIA

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

- 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.
- 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.
- 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.
- 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



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
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SIN No:SPL24031278



Patient Name	: Mr.P S KRISHNA	Collected	: 24/Feb/2024 08:20AM
Age/Gender	: 54 Y 10 M 4 D/M	Received	: 24/Feb/2024 10:46AM
UHID/MR No	: CMYS.0000059741	Reported	: 24/Feb/2024 12:15PM
Visit ID	: CMYSOPV122671	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 955396581153		

DEPARTMENT OF IMMUNOLOGY

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


Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24031278



Patient Name : Mr.P S KRISHNA	Collected : 24/Feb/2024 08:20AM
Age/Gender : 54 Y 10 M 4 D/M	Received : 24/Feb/2024 12:39PM
UHID/MR No : CMYS.0000059741	Reported : 24/Feb/2024 01:30PM
Visit ID : CMYSOPV122671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 955396581153	

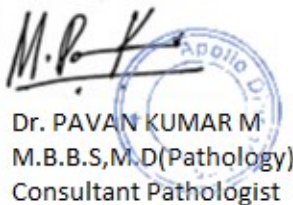
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+++)		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	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 ***

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2289777

