

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 11:33AM
UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 02:40PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	12.1	g/dL	13-17	Spectrophotometer
PCV	39.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.3	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	62.2	fL	83-101	Calculated
MCH	19.2	pg	27-32	Calculated
MCHC	30.8	g/dL	31.5-34.5	Calculated
R.D.W	17.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,610	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65.9	%	40-80	Electrical Impedence
LYMPHOCYTES	26.6	%	20-40	Electrical Impedence
EOSINOPHILS	2.5	%	1-6	Electrical Impedence
MONOCYTES	4.4	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4355.99	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1758.26	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	165.25	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	290.84	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	39.66	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	120000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: Show moderate anisocytosis, microcytosis and hypochromia

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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

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**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.**

**Note: Kindly evaluate for iron deficiency status/hemoglobinopathy with iron profile and hemoglobin electrophoresis.**

Kindly correlate clinically.

Result is verified on smear. Kindly correlate clinically.



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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
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 01:48PM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 08:13PM
UHID/MR No : CKOR.000245957	Reported : 23/Sep/2023 09:07PM
Visit ID : CKOROPV380932	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
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GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	110	mg/dL	70-140	HEXOKINASE
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 01:45PM
UHID/MR No : CKOR.000245957	Reported : 23/Sep/2023 03:43PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> WHOLE BLOOD EDTA	5.5	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> WHOLE BLOOD EDTA	111	mg/dL		Calculated

**Comment:**

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

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

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

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

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230087507

NABL renewal accreditation under process

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 12:07PM
UHID/MR No : CKOR.000245957	Reported : 23/Sep/2023 12:59PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	135	mg/dL	<200	CHO-POD
TRIGLYCERIDES	149	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>28</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	77	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.81		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04490364

NABL renewal accreditation under process



Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
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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
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.78	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.64	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.95	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		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.

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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
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**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 ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

CREATININE	0.96	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>11.60</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>5.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.26</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	11.00	U/L	<55	IFCC



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Visit ID : CKOROPV380932	Status : Final Report
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Emp/Auth/TPA ID : NA	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.91	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	<b>5.080</b>	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

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

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

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

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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name				Result	Unit	Bio. Ref. Range	Method
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes			
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



SIN No:SPL23135737

NABL renewal accreditation under process

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:41AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 03:36PM
UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 05:05PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2189490

NABL renewal accreditation under process

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Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 03:36PM
UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 04:57PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

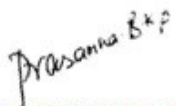
**DEPARTMENT OF CLINICAL PATHOLOGY**


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

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

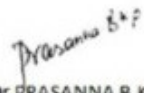
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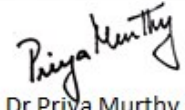
Result/s to Follow:  
PERIPHERAL SMEAR

  
Dr PRASANNA B.K.P  
Md.Path.Pathologist

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

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

  
Dr PRASANNA B.K.P  
Md.Path.Pathologist

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





9512207441!

Name : Mr. Abhishek Mishra

Age: 36 Y

UHID:CKOR.0000245957

Sex: M



Address : Koramangala

OP Number:CKOROPV380932

Plan : ARCOFEMI MEDIWHEEL MALE AHC  
CREDIT PAN INDIA OP AGREEMENT

Bill No :CKOR-OCR-77810

Date : 23.09.2023 09:30

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

*[Handwritten signature]*

Ht - 179 cm

Wt - 66.3 kg

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of .....

*Abhishek Mishra 36y* on *24-9-23* After reviewing the medical history and on clinical examination it has been found that he/she is

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	Tick
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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"> <li>• Currently Unfit.</li> <li>• Unfit</li> </ul> <p>Review after _____ recommended</p>	

*T. Seddaram*

Dr. *(Signature)*  
**DR. RAJENDRA N. SHARMA**  
 Medical Officer  
 The Apollo Clinic (Location)  
 PG-DIABETES/CARDIAC (PHEI)  
 PG-THYROID (PHEI), ENDOCRINOLOGY  
 DIABETES, THYROID, SPECIALIST  
 KMC : 33095. MOB : 9740199006

*08 (7) = (60)*

*This certificate is not meant for medico-legal purposes.*

Patient Name : Mr. Abhishek Mishra  
UHID : CKOR.0000245957  
Reported on : 23-09-2023 13:39  
Adm/Consult Doctor :

Age : 36 Y M  
QP Visit No : CKOROPV380932  
Printed on : 23-09-2023 14:14  
Ref Doctor : SELF

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

Both lungs fields appear normal.


Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

**IMPRESSION : NORMAL STUDY.**

  
DR. APURVA A J  
RADIOLOGIST

Printed on:23-09-2023 13:39

---End of the Report---



Department Name

: Mr. Abhishek Mishra



**Apollo Medical Centre**

Patient ID: 245957

Age

: 36 Year(s)

Sex

Exp. ~~Male~~ Closer to you.

1 Referring Doctor : H/C

Date

: 23.09.2023

**ULTRASOUND ABDOMEN AND PELVIS**

**FINDINGS:**

**Liver** is normal in size and shows normal echotexture..No biliary dilatation .No focal lesion  
**CBD** is not dilated.

**Portal vein** is normal in size, course and calibre.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid.

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity

**Spleen** is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Urinary Bladder** is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

**Prostate:** normal in size and echotexture.

There is no ascites.

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY DETECTED**

**DR. APURVA A J**  
**RADIOLOGIST**



**DR . MAHABALESHWAR.M**  
**MBBS.(MYS), MD(AIIMS DELHI)FICS**  
**D.O (JIPMER)**  
**REG.NO:KMC:9748**

**THE APOLLO MEDICAL CENTER KORAMANGALA**

NAME:	Abhishek M. M
AGE :	36
GENDER:	M

**OPHTHALMIC REPORT**

**RIGHT EYE**

**LEFT EYE**

**GENERAL APPEARANCE**

**VISION - DISTANCE**

WITHOUT GLASS

6/6

6/6

WITH GLASS

GLASS POWER

**NEAR**

WITHOUT GLASS

NG

NG

WITH GLASS

GLASS POWER

**COLOUR**

— normal

normal

**ANTERIOR SEGMENT:-**



**FUNDUS**

**I.O.P: DIGITAL**

**DOCTOR SIGNATURE**



ANVANCHAL AGGARWAL MITTAL  
MBBS, MS (ENT)



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Centre  
Expertise. Closer to you.

**HEALTH CHECK - ENT**

**NAME:** Mr. Abhishek Mishra

**AGE:** 36 / M .

**EAR:**

EXTERNAL EAR

**RE:**

(N)

**LE:**

(N)

MIDDLE EAR

(N) TM dull.

(N)

INNER EAR (FN)

(N)

(N)

**HEARING ASSESSMENT:**

**RE:**

Positive

**LE:**

Positive

RHINNE

WEBER

ABC

↔ Equal  
Same as examiner on both sides.

**NOSE**

**THROAT**

AIRWAY (N)

ORAL CAVITY (N)

SEPTUM (N)

OROPHARYNX (N)

TURBINATES (N)

PHARYNX (N)

OTHERS

LARYNX

**NECK**

NECK NODES

Not palpable.

OTHER

**AUDIOMETRY** \_\_\_\_\_

**IMPRESSION** \_\_\_\_\_

*Anvanchal*  
SIGNATURE

NAME: MR. Abhishek Mishra

AGE: 36Y

SEX: MALE

DATE: 23/09/2023

## ECHOCARDIOGRAPHY REPORT

### MEASUREMENT

AO -28 (20 – 35)mm	LIVD d - 35(36-52)mm	IVS - 10 (06 - 11)mm
LA -24 (19- 40)mm	LVID s - 24(23- 39)mm	PWD - 11(06- 11)mm
EF - 60% (>50%)	RVID-22	

### VALVES

Mitral Valve : Normal  
Aortic Valve : Normal  
Tricuspid Valve : Normal  
Pulmonary Valve : Normal

### CHAMBERS

Left Atrium : Normal  
Right Atrium : Normal  
Left Ventricle : Normal  
Right Ventricle : Normal

### SEPTAE

IVS : Intact  
IAS : Intact

**GREAT ARTERIES**

Aorta : Normal  
Pulmonary Artery : Normal

**DOPPLER DATA**

Mitral : Normal  
Aortic : TRIVIAL AR  
Tricuspid : Normal  
Pulmonary : Normal

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

**FINAL DIAGNOSIS**

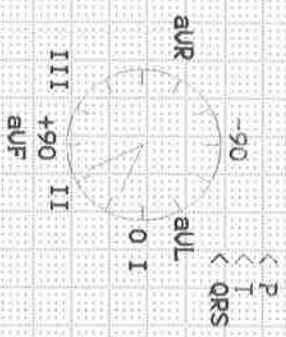
**NORMAL CHAMBERS AND VALVES TRIVAL AR  
NORMAL BIVENTRICULAR FUNCTION  
NO RWMA AT REST, LV EF -60%**



**DR. MOHAN MURALI  
CONSULTANT  
CARDIOLOGIST**



AGE: 36  
 Measurement Results:  
 QT/QTcB : 346 / 401 ms  
 PR : 160 ms  
 P : 114 ms  
 RR/PP : 744 / 740 ms  
 P/ORS/T : 65 / 65 / 25 degrees  
 QTd/QTcBd : 26 / 30 ms  
 Sokolow : 2.1 mV  
 NK : 11

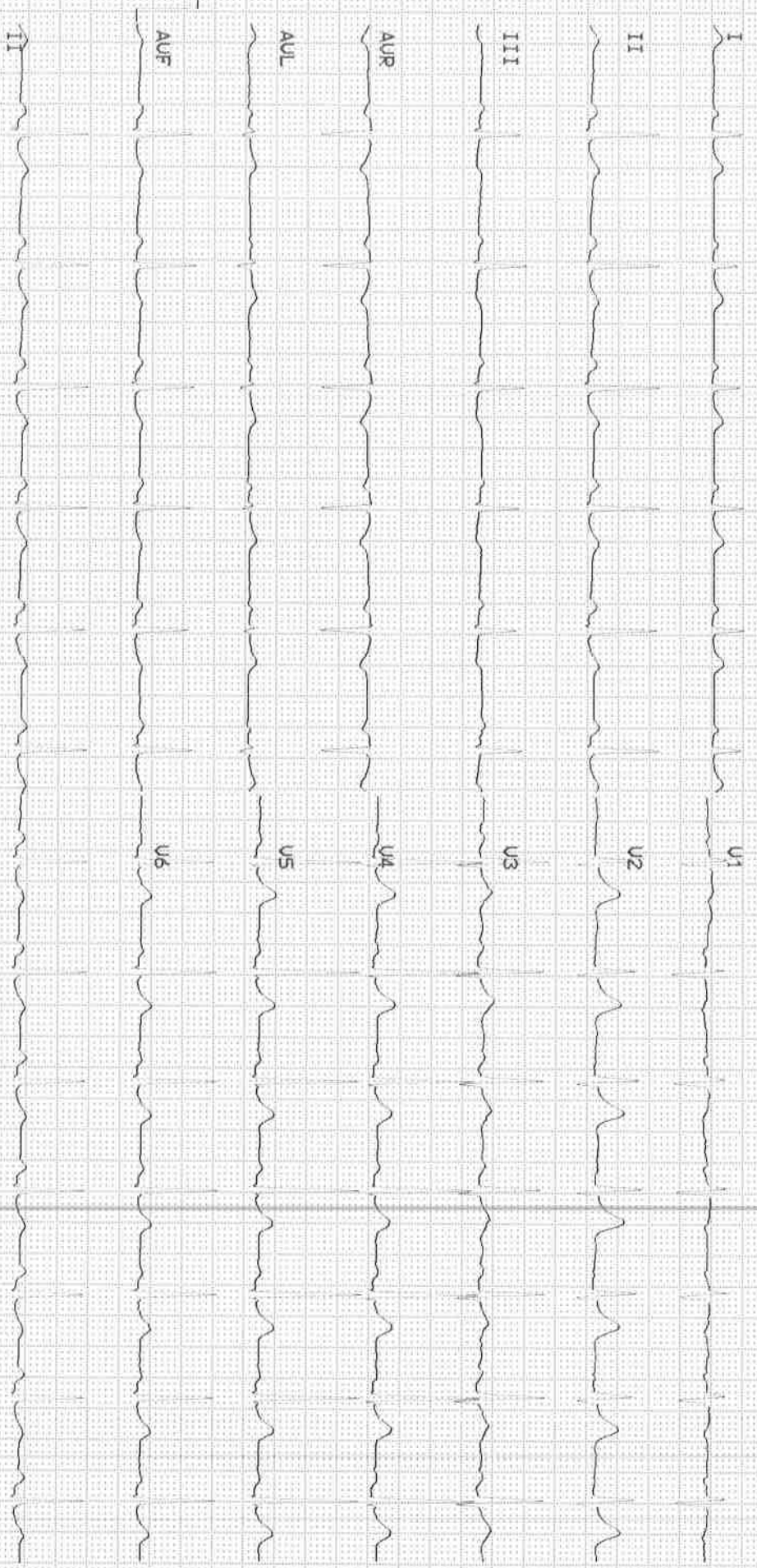


Interpretation:

Normal sinus rhythm

*[Handwritten signature]*

Unconfirmed report.



Patient Name	: Mr. Abhishek Mishra	Age	: 36 Y/M
UHID	: CKOR.0000245957	OP Visit No	: CKOROPV380932
Reported By:	: Dr. TOBY ABRAHAM THOMAS	Conducted Date	: 24-09-2023 12:15
Referred By	: SELF		

### ECG REPORT

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 81 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### Impression:

NORMAL RESTING ECG.

Dr. TOBY ABRAHAM THOMAS  
CONSULTANT

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH  
FOR FUTURE REFERENCE IF NEEDED.

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 11:33AM
UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 02:40PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**DEPARTMENT OF HAEMATOLOGY**

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

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

HAEMOGLOBIN	12.1	g/dL	13-17	Spectrophotometer
PCV	39.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.3	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	62.2	fL	83-101	Calculated
MCH	19.2	pg	27-32	Calculated
MCHC	30.8	g/dL	31.5-34.5	Calculated
R.D.W	17.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,610	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	65.9	%	40-80	Electrical Impedance
LYMPHOCYTES	26.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	4.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4355.99	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1758.26	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	165.25	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	290.84	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	39.66	Cells/cu.mm	0-100	Electrical Impedance

**PLATELET COUNT**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westgren method
--------------------------------------	----	-------------------------	------	--------------------------

**PERIPHERAL SMEAR**

RBCs: Show moderate anisocytosis, microcytosis and hypochromia

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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**1860 500 7788**

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
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UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 02:40PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.

Note: Kindly evaluate for iron deficiency status/hemoglobinopathy with iron profile and hemoglobin electrophoresis.

Kindly correlate clinically.

Result is verified on smear. Kindly correlate clinically.



Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 11:33AM
UHID/MR No : CKOR_0000245957	Reported : 23/Sep/2023 02:11PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**DEPARTMENT OF HAEMATOLOGY**

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

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

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 01:48PM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 08:13PM
UHID/MR No : CKOR,0000245957	Reported : 23/Sep/2023 09:07PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**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	89	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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	110	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.



Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 01:45PM
UHID/MR No : CKOR_0000245957	Reported : 23/Sep/2023 03:43PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	mg/dL		Calculated

**Comment:**

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

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

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

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

Patient Name	: Mr.ABHISHEK MISHRA	Collected	: 23/Sep/2023 09:42AM
Age/Gender	: 36 Y 5 M 19 D/M	Received	: 23/Sep/2023 01:45PM
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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



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TO BOOK AN APPOINTMENT

 **1860 500 7788**



Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 12:07PM
UHID/MR No : CKOR_0000245957	Reported : 23/Sep/2023 12:59PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**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	135	mg/dL	<200	CHO-POD
TRIGLYCERIDES	149	mg/dL	<150	GPO-POD
HDL CHOLESTEROL (good)	28	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	77	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.81		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Page 7 of 16

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TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 12:07PM
UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 12:59PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method



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**APOLLO CLINICS NETWORK KARNATAKA**

**NABL renewal accreditation under process**

**Bangalore** (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (Kalidasa Road)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK APPOINTMENT

**1860 500 7788**

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 12:07PM
UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 12:59PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

BILIRUBIN, TOTAL	0.78	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.64	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.95	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		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.

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Visit ID : CKOROPV380932	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
-----------	--------	------	-----------------	--------

**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 ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.96	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>11.60</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>5.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.26</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT  
**1860 500 7788**

Patient Name	: Mr ABHISHEK MISHRA	Collected	: 23/Sep/2023 09:42AM
Age/Gender	: 36 Y 5 M 19 D/M	Received	: 23/Sep/2023 12:07PM
UHID/MR No	: CKOR.0000245957	Reported	: 23/Sep/2023 12:59PM
Visit ID	: CKOROPV380932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: NA		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	11.00	U/L	<55	IFCC



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TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 12:08PM
UHID/MR No : CKOR_0000245957	Reported : 23/Sep/2023 01:32PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**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)	1.2	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.91	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	<b>5.080</b>	µIU/mL	0.35-4.94	CMIA

**Comment:**

**Note:**

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

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

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

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TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:42AM
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UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 01:32PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name				Result	Unit	Bio. Ref. Range	Method
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes			
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



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TO BOOK ANY APPOINTMENT

**1860 500 7788**



Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:41AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 03:36PM
UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 05:05PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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TO BOOK APPOINTMENT

**1860 500 7788**

Patient Name : Mr.ABHISHEK MISHRA	Collected : 23/Sep/2023 09:41AM
Age/Gender : 36 Y 5 M 19 D/M	Received : 23/Sep/2023 03:36PM
UHID/MR No : CKOR.0000245957	Reported : 23/Sep/2023 04:57PM
Visit ID : CKOROPV380932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR

*Prasanna B.K.P*  
Dr PRASANNA B.K.P  
Md.Path.Pathologist

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

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

*Prasanna B.K.P*  
Dr PRASANNA B.K.P  
Md.Path.Pathologist

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



Fwd: Health Check up Booking Confirmed Request(bobS46229),Package Code-  
PKG10000309, Beneficiary Code-23623

Juhi Kumari Singh <JUHI.SINGH@bankofbaroda.com>

Sat 23-09-2023 09:20

To:Koramangala Apolloclinic <koramangala@apolloclinic.com>

Abhishek Misbra

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**From:** Mediwheel <wellness@mediwheel.in>

**Sent:** Friday, September 15, 2023 6:26:27 pm

**To:** Juhi Kumari Singh <JUHI.SINGH@bankofbaroda.com>

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

**Subject:** Health Check up Booking Confirmed Request(bobS46229),Package Code-PKG10000309,  
Beneficiary Code-23623

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⚠: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें.  
**ON:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK

011-41195959

Email:wellness@mediwheel.in

Dear **Abhishek Mishra,**

Please find the confirmation for following request.

**Booking Date** : 12-09-2023

**Package Name** : Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO  
(Metro)

**Name of Diagnostic/Hospital** : Apollo Medical Centre

**Address of Diagnostic/Hospital** : Plot 51, 5th Block, Opp. Jyothi Nivas College, Koramangala -  
560095

**Contact Details** : (080) 2563 3833 - 24 - 23/9972044580

**City** : Bangalore

**State** : Karnataka

**Pincode** : 560095

**Appointment Date** : 23-09-2023

**Confirmation Status** : Confirmed

**Preferred Time** : 09:30:AM

**Comment** : APPOINTMENT TIME 9:00AM

**Instructions to undergo Health Check:**

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

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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**आज़ादी का अमृत महोत्सव - Azadi Ka Amrit Mahotsav अस्वीकरण:**

\*\*\*\*\* यह ईमेल (किसी भी संलग्नक सहित) केवल अपेक्षित प्राप्तकर्ता/ओं के उपयोग के लिए है और इसमें ऐसी सामग्री हो सकती है जो कंपनी की गोपनीय और निजी सूचना हो. दूसरों द्वारा इसमें कोई भी संशोधन या इसे आधार बनाना या इस संदेश की किसी भी या सभी सामग्री को कॉपी करना या वितरित करना या अग्रेषित करना पूरी तरह से वर्जित है. यदि आप अपेक्षित प्राप्तकर्ता नहीं हैं, तो कृपया ईमेल द्वारा संबंधित प्रेषक से संपर्क करें और सभी प्रतियां हटा दें. इस संबंध में आपका सहयोग वांछनीय है.

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\*\*\*\*\*

भारत सरकार  
Government of India

Issue Date: 22/12/2011



Abhishek Mishra  
DOB : 04/04/1987  
Male

6602 1249 2831

मेरा आधार, मेरी पहचान



Patient Name	: Mr. Abhishek Mishra	Age	: 36 Y/M
UHID	: CKOR.0000245957	OP Visit No	: CKOROPV380932
Reported By:	: Dr. TOBY ABRAHAM THOMAS	Conducted Date	: 24-09-2023 12:15
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 81 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### **Impression:**

NORMAL RESTING ECG.

Dr. TOBY ABRAHAM THOMAS  
CONSULTANT

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH  
FOR FUTURE REFERENCE IF NEEDED.

Patient Name	: Mr. Abhishek Mishra	Age	: 36 Y/M
UHID	: CKOR.0000245957	OP Visit No	: CKOROPV380932
Reported By:	: Dr. TOBY ABRAHAM THOMAS	Conducted Date	: 24-09-2023 12:15
Referred By	: SELF		

---

----- END OF THE REPORT -----

**Patient Name** : Mr. Abhishek Mishra

**Age/Gender** : 36 Y/M

**UHID/MR No.** : CKOR.0000245957

**OP Visit No** : CKOROPV380932

**Sample Collected on** :

**Reported on** : 23-09-2023 13:39

**LRN#** : RAD2106702

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : NA

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

**IMPRESSION : NORMAL STUDY.**

**DR. APURVA A J**  
**RADIOLOGIST**



<b>Patient Name</b>	: Mr. Abhishek Mishra	<b>Age/Gender</b>	: 36 Y/M
<b>UHID/MR No.</b>	: CKOR.0000245957	<b>OP Visit No</b>	: CKOROPV380932
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-09-2023 11:17
<b>LRN#</b>	: RAD2106702	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: NA		

---

**DEPARTMENT OF RADIOLOGY**

---

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** is normal in size and shows normal echotexture..No biliary dilatation .No focal lesion  
CBD is not dilated.

**Portal vein** is normal in size, course and calibre.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid.

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity

**Spleen** is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Urinary Bladder** is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate: normal in size and echotexture.

There is no ascites.

**IMPRESSION:**

- NO SIGNIFICANT ABNORMALITY DETECTED



**Patient Name** : Mr. Abhishek Mishra

**Age/Gender** : 36 Y/M

---

**DR. APURVA A J**  
**RADIOLOGIST**

Name: Mr. Abhishek Mishra  
Age/Gender: 36 Y/M  
Address: Koramangala  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. RIDHIMA G

MR No: CKOR.0000245957  
Visit ID: CKOROPV380932  
Visit Date: 23-09-2023 09:30  
Discharge Date:  
Referred By: SELF

## **HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

### **Chief Complaints**

COMPLAINTS:::: For General Health Checkup,

## **SYSTEMIC REVIEW**

### **\*\*Weight**

--->: Stable,

## **HT-HISTORY**

### **Past Medical History**

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: no,

## **PHYSICAL EXAMINATION**

## **SYSTEMIC EXAMINATION**

## **IMPRESSION**

## **RECOMMENDATION**

## **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

Name: Mr. Abhishek Mishra  
Age/Gender: 36 Y/M  
Address: Koramangala  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000245957  
Visit ID: CKOROPV380932  
Visit Date: 23-09-2023 09:30  
Discharge Date:  
Referred By: SELF

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Consulting Doctor: Dr. VIJAYA LAKSHMI M

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**Doctor's Signature**

Patient Name : Mr. Abhishek Mishra  
UHID : CKOR.0000245957  
Conducted By: :  
Referred By : SELF

Age : 36 Y/M  
OP Visit No : CKOROPV380932  
Conducted Date : 23-09-2023 18:09

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