


Name : Mr. Nanigopal Pramanik Address : bangalore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 52 Y Sex : M	UHID :CINR.0000162565  <small>* C I N R . 0 0 0 0 1 6 2 5 6 5 *</small> OP Number :CINROPV218561 Bill No :CINR-OCR-93749 Date : 10.02.2024 08:25
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	COMPLETE URINE EXAMINATION	
6	PERIPHERAL SMEAR	
7	ECG - 6	
8	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
9	GLUCOSH, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
10	HbA1c; GLYCATED HEMOGLOBIN	
11	X-RAY CHEST PA - 6	
12	FITNESS BY GENERAL PHYSICIAN	
13	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI) - 6	
16	OPTICAL BY GENERAL PHYSICIAN	
17	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

17
 18
 19
 Wellness - 0



Date: 10-02-2024

Department : GENERAL

MR NO : CINR.0000162565

Doctor :

Name : Mr. Nanigopal Pramanik

Registration No :

Age/ Gender : 52 Y / Male

Qualification :

Consultation Timing: 08:25

Height: 176 cm	Weight: 80.8 kg	BMI: 27.6 kg/m ²	Waist Circum: 90 cm
Temp: 98.6 °F	Pulse: 65 bpm	Resp: 18 bpm	B.P: 120/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

ID: 162565

27.02.1971
54 Years

Male

QRS
QT / QTcBaz 84 ms
PR 472 / 435 ms
P 158 ms
RR / PP 122 ms
P / QRS / T 932 / 937 ms
54 / 14 / 6 degrees

10.02.2024 10:49:48
AROLLO CLINIC
INDIRANAGAR
BANGALORE

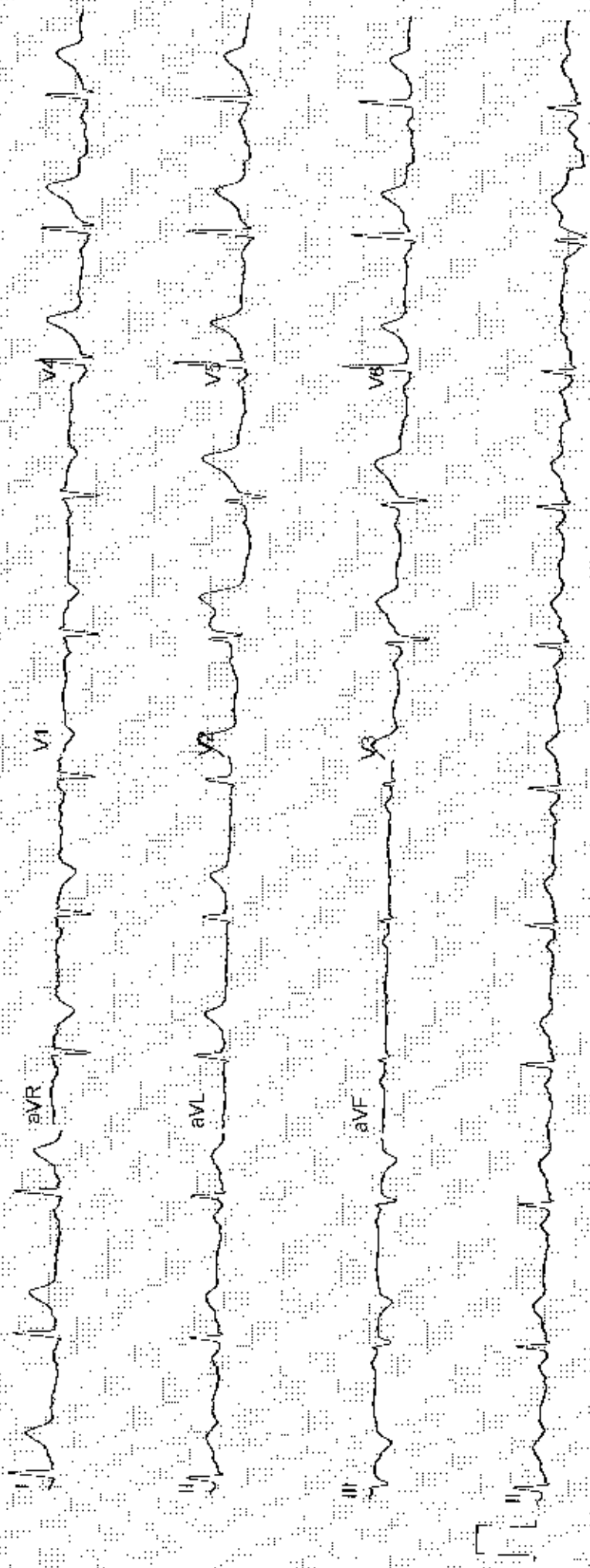
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

64 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



[Handwritten signatures]



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: *Narigopal pramanik* DATE: *10/2/24*
UHID NO: *112565* AGE: *52*
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>8/8</i>				<i>6/6</i>
Add	<i>2.55</i>			<i>N/A</i>	<i>2.55</i>			<i>N/A</i>

PD - RE: _____ -LE: _____

Colour Vision: *Normal*

Remarks:

Apollo clinic Indiranagar

WISDOM
IN THE
WISDOM BANK

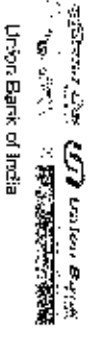


1900 - Established in 1900
Hudson - In 1900, Hudson was the
center of the Hudson River Valley
and the Hudson River Valley
was the center of the Hudson Valley

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was the center of the Hudson Valley

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Health checkup at the-up City **Health Checkup Authorization letter**



RO - BANGALORE EAST
NO. 117, GROUND FLOOR, JERVAH
SAMRASE, 2ND MAIN, SAMRASE ROAD,
WALLASAHALLI - 0

To,

The Chief Medical Officer

M/S. Medical
411950839/A brand name of
Academy Health (Pvt. Ltd.)
Mumbai-200024
Dear Sir,

Tra-up arrangement for Health Checkup under Health Checkup **SD-ED Male**

Shri. S. M. K. K. KAAM KSHAMA


P.F. No. 708422 Designation: HEAD CASHIER II CUM CLERK

Checkup for Financial Year 2023-2024 Approved Charges: Rs. 4003.00

The above mentioned staff member of our Branch/Centre desires to undergo Health Checkup at your Hospital/Clinic. Under this leave 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,
(Signature of the Employer)
BRANCH MANAGER/ SENIOR MANAGER
Union Bank of India
Warananagar Branch
Date: 20/12/2023



Health Checkup at the-up City | Health Checkup Authorization letter



Patient Name	: Mr. Nanigopal Pramanik	Age/Gender	: 52 Y/M
UHID/MR No.	: CINR.0000162565	OP Visit No	: CINROPV218561
Sample Collected on	:	Reported on	: 10-02-2024 16:02
LRN#	: RAD2231421	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9880051230		

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

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mr.NANIGOPAL PRAMANIK	Collected : 10/Feb/2024 08:47AM
Age/Gender : 52 Y 11 M 11 D/M	Received : 10/Feb/2024 11:16AM
UHID/MR No : CINR.0000162565	Reported : 10/Feb/2024 12:52PM
Visit ID : CINROPV218561	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9880051230	

DEPARTMENT OF HAEMATOLOGY

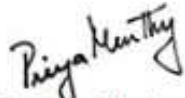
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	45.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.01	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.7	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,010	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	57.7	%	40-80	Electrical Impedance
LYMPHOCYTES	27.4	%	20-40	Electrical Impedance
EOSINOPHILS	7.4	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4044.77	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1920.74	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	518.74	Cells/cu.mm	20-500	Calculated
MONOCYTES	497.71	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.04	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	355000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



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



SIN No: BED240033001

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/52, 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 | Ramdapur | Nallakurta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Moggappair | T Nagar) | Volasarakkham | 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:
123/100/123, Doddathurage Village, Neelabhi Main Road,
Neelabhi Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Patient Name : Mr.NANIGOPAL PRAMANIK	Collected : 10/Feb/2024 08:47AM
Age/Gender : 52 Y 11 M 11 D/M	Received : 10/Feb/2024 11:16AM
UHID/MR No : CINR.0000162565	Reported : 10/Feb/2024 12:52PM
Visit ID : CINROPV218561	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9880051230	

DEPARTMENT OF HAEMATOLOGY

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

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

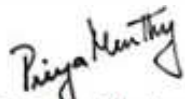
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly correlate clinically.



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



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Consultant Pathologist



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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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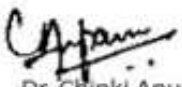
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Visit ID : CINROPV218561	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9880051230	

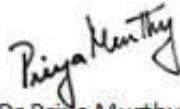
DEPARTMENT OF HAEMATOLOGY

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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



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



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Patient Name : Mr.NANIGOPAL PRAMANIK	Collected : 10/Feb/2024 08:47AM
Age/Gender : 52 Y 11 M 11 D/M	Received : 10/Feb/2024 11:14AM
UHID/MR No : CINR.0000162565	Reported : 10/Feb/2024 02:02PM
Visit ID : CINROPV218561	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9880051230	

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	98	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)	76	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	5.9	%		HPLC


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

SIN No:EDT240014454



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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	123	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
M.B.B.S, M.D (Biochemistry)
CONSULTANT BIOCHEMIST

SIN No: EDT240014454



Patient Name : Mr.NANIGOPAL PRAMANIK	Collected : 10/Feb/2024 08:47AM
Age/Gender : 52 Y 11 M 11 D/M	Received : 10/Feb/2024 11:34AM
UHID/MR No : CINR.0000162565	Reported : 10/Feb/2024 12:46PM
Visit ID : CINROPV218561	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9880051230	

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	248	mg/dL	<200	CHO-POD
TRIGLYCERIDES	162	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	161.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.59		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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

SIN No:SE04624577



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.27	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.09	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	51.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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.



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

SIN No:SE04624577



Patient Name : Mr.NANIGOPAL PRAMANIK	Collected : 10/Feb/2024 08:47AM
Age/Gender : 52 Y 11 M 11 D/M	Received : 10/Feb/2024 11:34AM
UHID/MR No : CINR.0000162565	Reported : 10/Feb/2024 12:46PM
Visit ID : CINROPV218561	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9880051230	

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	0.85	mg/dL	0.67-1.17	Jaffe's, Method
UREA	18.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.97	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.58	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



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Age/Gender : 52 Y 11 M 11 D/M	Received : 10/Feb/2024 11:34AM
UHID/MR No : CINR.0000162565	Reported : 10/Feb/2024 12:44PM
Visit ID : CINROPV218561	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9880051230	

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	19.00	U/L	<55	IFCC



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Patient Name : Mr.NANIGOPAL PRAMANIK	Collected : 10/Feb/2024 08:47AM
Age/Gender : 52 Y 11 M 11 D/M	Received : 10/Feb/2024 11:33AM
UHID/MR No : CINR.0000162565	Reported : 10/Feb/2024 12:28PM
Visit ID : CINROPV218561	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9880051230	

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)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.00	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.694	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

- 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.SHIVARAJA SHETTY
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SIN No:SPL24021668



Patient Name	: Mr.NANIGOPAL PRAMANIK	Collected	: 10/Feb/2024 08:47AM
Age/Gender	: 52 Y 11 M 11 D/M	Received	: 10/Feb/2024 11:33AM
UHID/MR No	: CINR.0000162565	Reported	: 10/Feb/2024 12:28PM
Visit ID	: CINROPV218561	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9880051230		

DEPARTMENT OF IMMUNOLOGY

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



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SIN No:SPL24021668



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Patient Name : Mr.NANIGOPAL PRAMANIK	Collected : 10/Feb/2024 08:47AM
Age/Gender : 52 Y 11 M 11 D/M	Received : 10/Feb/2024 01:52PM
UHID/MR No : CINR.0000162565	Reported : 10/Feb/2024 04:00PM
Visit ID : CINROPV218561	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	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	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

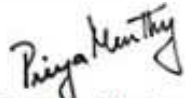
*** End Of Report ***

Result/s to Follow:

Page 12 of 13



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



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



SIN No: UR2279009

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DEPARTMENT OF CLINICAL PATHOLOGY

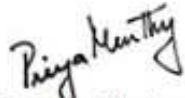
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

PERIPHERAL SMEAR

Page 13 of 13



Dr. Shobha Emmanuel
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