

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of sanath singh on 09/09/2023

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>fatty liver (S)</u></p> <p>2. <u>low platelet count</u></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>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. cahish
Medical Officer
The Apollo Clinic, (Location)
Dr. CHINMAY NAIK
MBBS.
M.P. 9890287
Reg.No.:MCI-13/51948

This certificate is not meant for medico-legal purposes

Date : 09-09-2023 Department : GENERAL
 MR NO : CVIM.0000230046 Doctor :
 Name : Mr. Santosh Kumar Singh Registration No :
 Age/ Gender : 45 Y / Male Qualification :

Consultation Timing: 09:48

Height : 168	Weight : 72	BMI :	Waist Circum : 98
Temp : 98.9	Pulse : 88	Resp : 18	B.P : 120/80

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

. No complaints

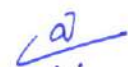
SYSTEMIC :

. CVS :

. CNS :

. RS :

NAD



Follow up date:

Doctor Signature

Mr Sateesh Singh

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

S. Sin (ENT) |
ENT] N/A

Follow up date:



Doctor Signature

Santosh
45 Years

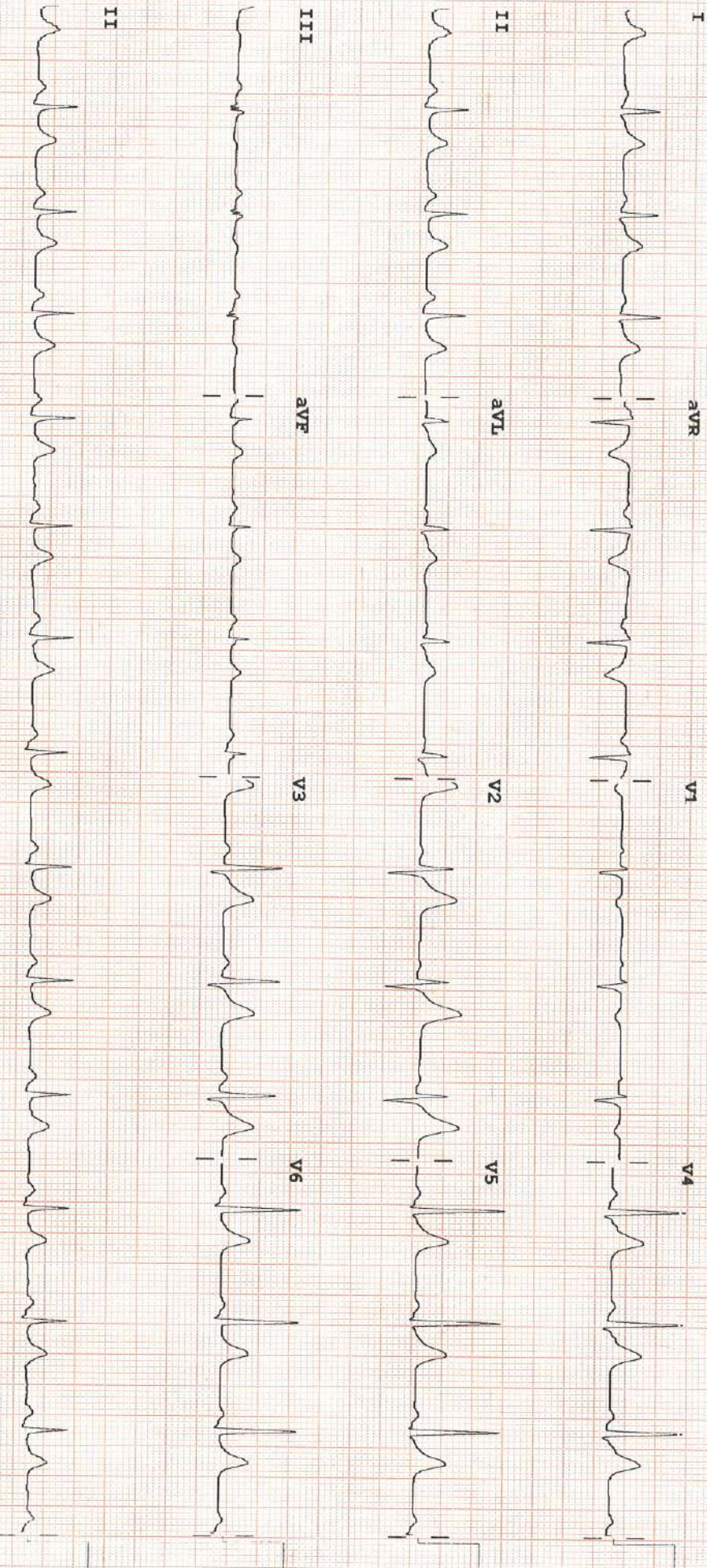
Singh
Male

09-Sep-23 12:58:40 PM

Rate 84 Sinus rhythm
PR 130 ST elev, probable normal early repol pattern
QRSD 85 normal P axis, V-rate 50-99
QT 337 ST elevation, age<55
QTc 399
--AXIS--
P 57
QRS 32
T 29
12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

PHILIPS

REORDER M3708A

F 50~ 0.50 - 40 Hz W

PH100B CL

P?

NAME : SANTOSH SINGH
AGE : 45 Y/M

DATE : 11/09/2023

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : has thin leaflets, normal subvalvular apparatus. No MR/MS

AORTIC VALVE : has thin leaflets, normal gradients across the valve. No AR/AS

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients. pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. No LV diastolic dysfunction. Good LV systolic function. LVEF 65%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact.

No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:25MM
LEFT ATRIUM	:30MM
IVSd	: 10MM
PWd	10 MM
LVIDd	:43 MM
LVIDs	: 26 MM
LVEF	: 65 %

IMPRESSION:

NORMAL CARDIAC VALVES.
GOOD LV SYSTOLIC FUNCTION, LVEF 65%



DR. PRAMOD NARKHEDE
DNB(Medicine), DNB(Cardiology)
Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Pankaj 7057755045

POWER PRESCRIPTION

NAME: Pankaj K. Singh

GENDER: M/F

DATE: 9/9/23

AGE: 45

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+0.25	—	—	6/6
NEAR	ADD +1.5	—	2.5	

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+0.25	—	—	6/6
NEAR	ADD +1.5	—	—	

INSTRUCTIONS:

Artificals

A

DR. M. D. ALAVAN
MBBS, D.O.M.S.
Consulting Eye Surgeon
Reg. No. 36319

SIGNATURE

Patient Name : Mr. Santosh Kumar Singh Age : 45 Y M
UHID : CVIM.0000230046 OP Visit No : CVIMOPV560836
Reported on : 09-09-2023 12:36 Printed on : 11-09-2023 10:18
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:09-09-2023 12:36

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mr. Santosh Kumar Singh Age : 45 Y M
UHID : CVIM.0000230046 OP Visit No : CVIMOPV560836
Reported on : 09-09-2023 12:42 Printed on : 11-09-2023 10:18
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and bright in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is over distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

Grade I fatty liver.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mr. Santosh Kumar Singh

Age : 45 Y M

UHID : CVIM.0000230046

OP Visit No : CVIMOPV560836

Reported on : 09-09-2023 12:42

Printed on : 11-09-2023 10:18

Adm/Consult Doctor :

Ref Doctor : SELF

Printed on:09-09-2023 12:42

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 12:52PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:49PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC NORMOCYTIC NORMOCHROMIC
 WBC MILD LEUCOPENIA
 PLATELETS MILD THROMBOCYTOPENIA
 NO HEMOPARASITES SEEN



SIN No:BED230217729

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	40.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.9	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.4	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.1	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	10.5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2019.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1080	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	97.2	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	378	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	25.2	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	135000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC MILD LEUCOPENIA				
PLATELETS MILD THROMBOCYTOPENIA				
NO HEMOPARASITES SEEN				



SIN No: BED230217729



Certificate No: MC-5697

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 12:52PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 03:11PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No: BED230217729

This test has been performed at Apollo Health and Lifestyle Ltd - Sadashiv Pet, Hitech City, Hyderabad. Apollo Health and Lifestyle Ltd - Sadashiv Pet, Hitech City, Hyderabad. Apollo Health and Lifestyle Ltd - Sadashiv Pet, Hitech City, Hyderabad. Apollo Health and Lifestyle Ltd - Sadashiv Pet, Hitech City, Hyderabad.

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 12:52PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:13PM
Visit ID : CVIMOPV560836	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	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:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	144	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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
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UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:13PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	114	mg/dL		Calculated

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

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

Note: Dietary preparation or fasting is not required.

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



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:33PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 05:33PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	126	mg/dL	<200	CHO-POD
TRIGLYCERIDES	134	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	29	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	97	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.17	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.76	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.35		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.



Certificate No: MC-5697

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UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 05:33PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.69	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41.41	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	128.51	U/L	30-120	IFCC
PROTEIN, TOTAL	8.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	0.83	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.83	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.76	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.44	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.45	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.83	mmol/L	101-109	ISE (Indirect)



SIN No:SE04476818

APOLLO CLINICS NETWORK

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.75	U/L	<55	IFCC



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:29PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:50PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	1.15	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.57	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.980	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:29PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:50PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.423	ng/mL	<4	CMIA



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:14PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 01:39PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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			PROTEIN ERROR METHOD INDICATOR
GLUCOSE	NEGATIVE			GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE			AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE			SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL			MODIFIED EHRlich REACTION
BLOOD NITRITE	NEGATIVE			Peroxidase
LEUCOCYTE ESTERASE	NEGATIVE			Diazotization
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



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:14PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 01:41PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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 ***

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

Sanjay Ingle
DR.Sanjay Ingle
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



21

Name : Mr. Santosh Kumar Singh

Age: 45 Y

UHID:CVIM.0000230046

Sex: M



Address : pune

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CVIMOPV560836

Bill No :CVIM-OCR-59575

Date : 09.09.2023 09:49

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D ECHO	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	OPHTHAL BY GENERAL PHYSICIAN	
21	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
22	ULTRASOUND - WHOLE ABDOMEN	
23	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
24	DENTAL CONSULTATION	
25	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) — 2 hrs.	

574
1-2-2



[Redacted Name]
[Redacted Address]



संतोष कुमार सिंह
Santosh Kumar Singh
DOB: 01-03-1978
Gender: Male



6188 7572 4853

आधार - आम आदमी का अधिकार

Fwd: Health Check up Booking Confirmed Request(UBOI1989),Package Code-PKG10000367, Beneficiary Code-271116

Santosh Singh <sksingh741728@gmail.com>

Sat 2023-09-09 09:01

To:Vimannagar Apolloclinic <vimannagar@apolloclinic.com>

----- Forwarded message -----

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

Date: Tue, Sep 5, 2023, 19:16

Subject: Health Check up Booking Confirmed Request(UBOI1989),Package Code-PKG10000367, Beneficiary Code-271116

To: <sksingh741728@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **SANTOSH KUMARSINGH,**

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

Booking Date : 01-09-2023

Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male

Patient Package Name : MediWheel Full Body Health Checkup Male 40 To 50

Name of Diagnostic/Hospital : Apollo Clinic

Address of Diagnostic/Hospital : Shop no S1, Ground Floor, Datta Mandir Chowk, Nyati Millenium Premises, Viman Nagar, Pune - 411014

City : Pune

State :

Pincode : 411014

Appointment Date : 09-09-2023

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am-9:00am

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

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

Patient Name : Mr. Santosh Kumar Singh

Age/Gender : 45 Y/M

UHID/MR No. : CVIM.0000230046

OP Visit No : CVIMOPV560836

Sample Collected on :

Reported on : 09-09-2023 12:44

LRN# : RAD2094567

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 121221

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and bright in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is over distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

Grade I fatty liver.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mr. Santosh Kumar Singh

Age/Gender : 45 Y/M

UHID/MR No. : CVIM.0000230046

OP Visit No : CVIMOPV560836

Sample Collected on :

Reported on : 09-09-2023 12:36

LRN# : RAD2094567

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 121221

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.



Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 12:52PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:49PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC NORMOCYTIC NORMOCHROMIC
WBC MILD LEUCOPENIA
PLATELETS MILD THROMBOCYTOPENIA
NO HEMOPARASITES SEEN



SIN No:BED230217729

APOLLO CLINICS NETWORK

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 12:52PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:49PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	40.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.9	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83.4	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,600	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	56.1	%	40-80	Electrical Impedence
LYMPHOCYTES	30	%	20-40	Electrical Impedence
EOSINOPHILS	2.7	%	1-6	Electrical Impedence
MONOCYTES	10.5	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2019.6	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1080	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	97.2	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	378	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	25.2	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	135000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC MILD LEUCOPENIA
PLATELETS MILD THROMBOCYTOPENIA
NO HEMOPARASITES SEEN



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 12:52PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 03:11PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 12:52PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:13PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	97	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:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	144	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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 12:52PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:13PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	114	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.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:33PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 05:33PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	126	mg/dL	<200	CHO-POD
TRIGLYCERIDES	134	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	29	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	97	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.17	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.76	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.35		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.

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:33PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 05:33PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04476818

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:33PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 05:33PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	0.90	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.69	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41.41	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	128.51	U/L	30-120	IFCC
PROTEIN, TOTAL	8.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:33PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 05:33PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	0.83	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.83	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.76	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.44	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.45	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.83	mmol/L	101–109	ISE (Indirect)



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
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Visit ID : CVIMOPV560836	Status : Final Report
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Emp/Auth/TPA ID : 121221	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.75	U/L	<55	IFCC



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:29PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:50PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	1.15	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.57	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.980	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No: SPL23128856

APOLLO CLINICS NETWORK

Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:29PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 02:50PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.423	ng/mL	<4	CMIA
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Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:14PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 01:39PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121221	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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



Patient Name : Mr.SANTOSH KUMAR SINGH	Collected : 09/Sep/2023 10:20AM
Age/Gender : 45 Y 6 M 8 D/M	Received : 09/Sep/2023 01:14PM
UHID/MR No : CVIM.0000230046	Reported : 09/Sep/2023 01:41PM
Visit ID : CVIMOPV560836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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 *****



Dr Sneha Shah
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Consultant Pathologist

