

**NAME: MR. JOYDEEP S    AGE: 41YRS/ M    DATE: 27/01/2024    CJPN : 66033**

**2D ECHO WITH COLOR DOPPLER**

Ao Diam : 3.6cm , LA Diam : 3.9cm,  
IVSd : 1.1cm , IVSs;1.1cm, LVIDd : 6.0cm , LVIDs : 3.7 cm LVPWd :1.1cm ,  
LVPWS : 1.3 cm , EF – 72% , FS – 42% , RVIDd – 1.1cm

**2DVALVES**

MITRAL VALVE -----: NORMAL  
TRICUSPID VALVE-----: NORMAL  
AORTIC VALVE-----: NORMAL  
PULMONARY VALVE-----: NORMAL

**CHAMBERS**

LEFT ATRIUM-----: NORMAL.  
RIGHT ATRIUM-----: NORMAL  
LEFT VENTRICULAR-----: NORMAL  
RIGHT VENTRICULAR---:NORMAL

**DOPPLER**

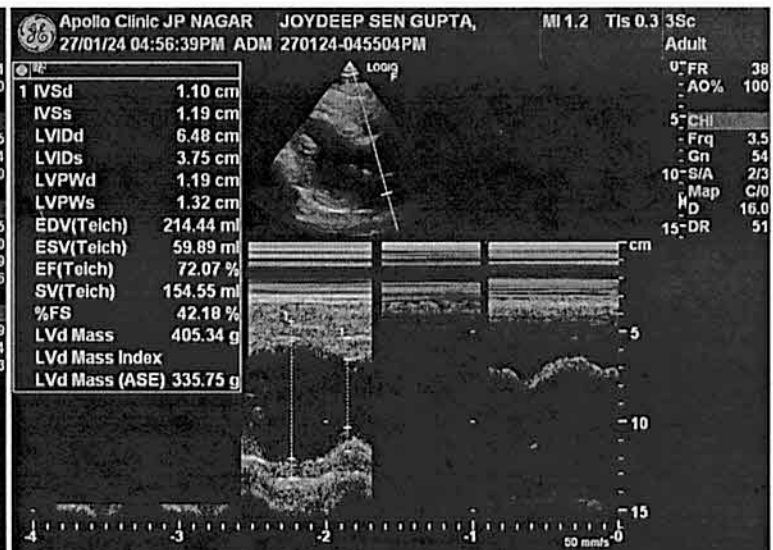
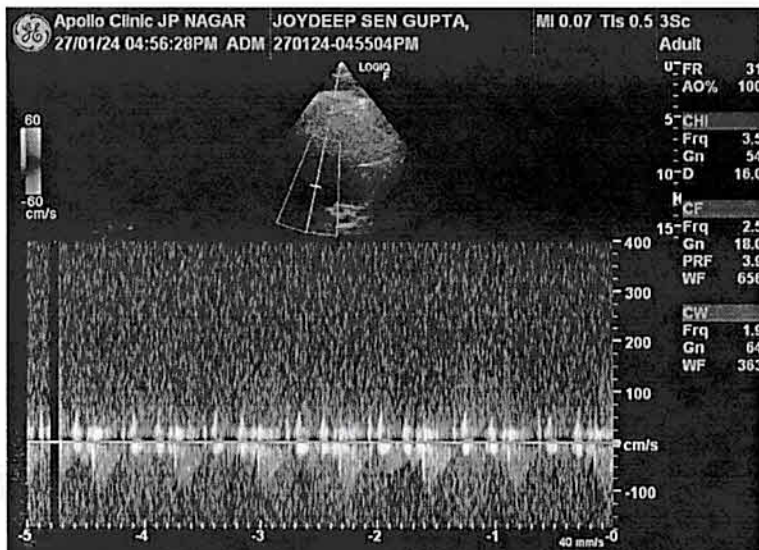
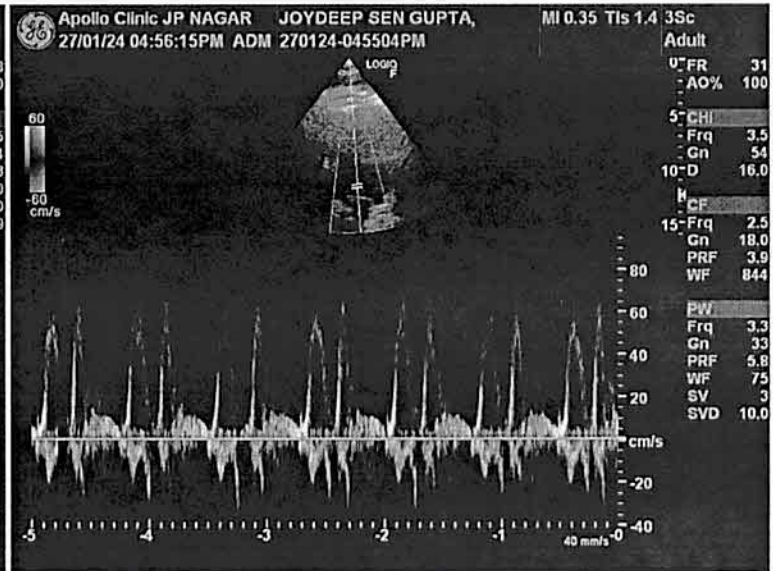
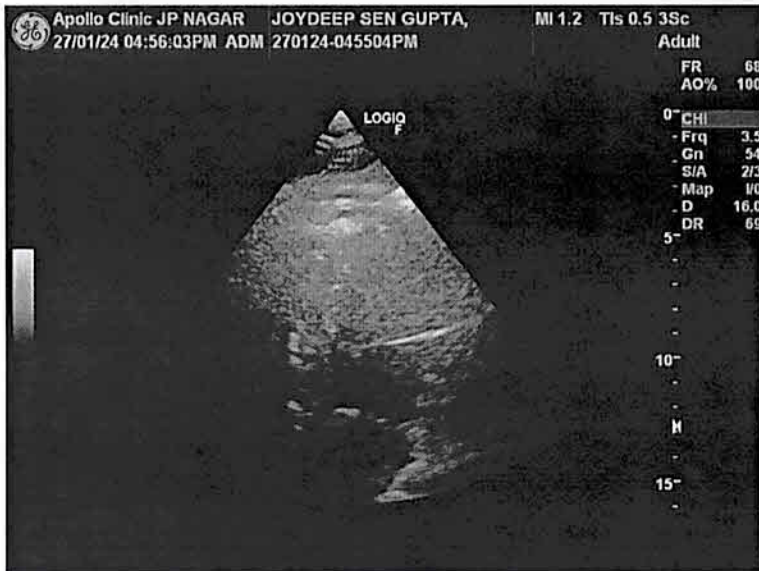
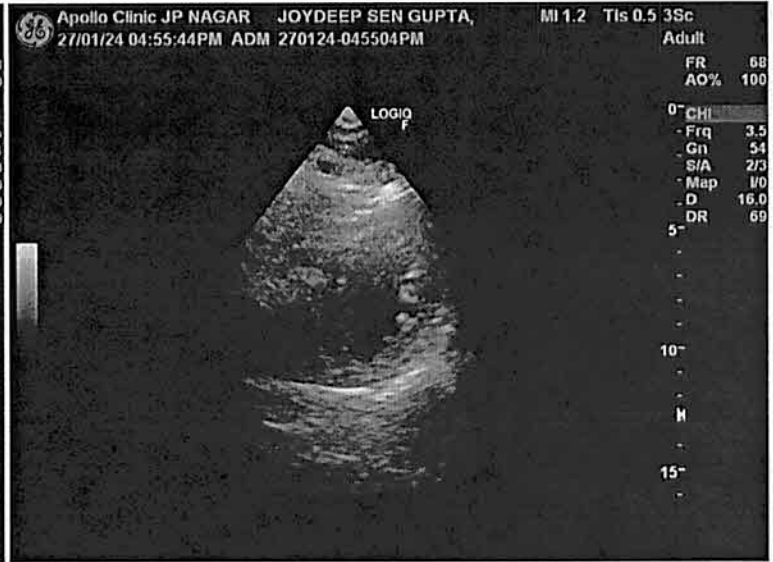
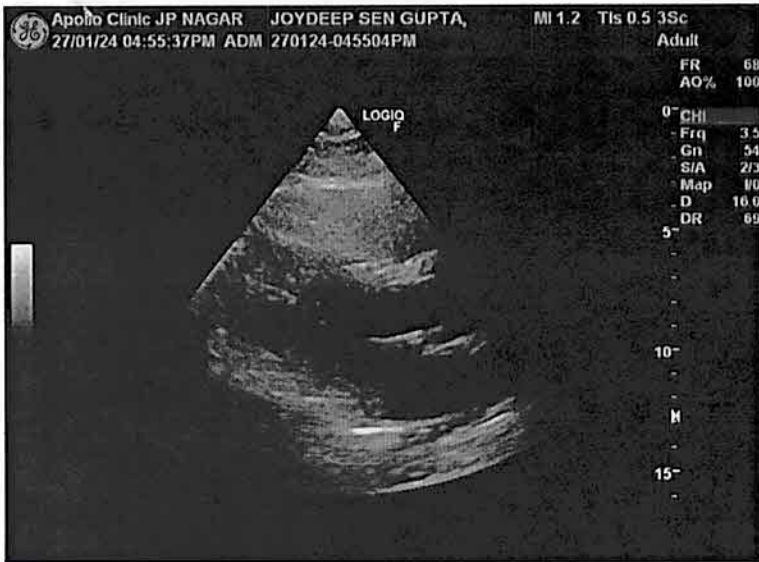
MV E Vel---- : 0.6m/s , MV A Vel : 0.6 m/s  
TRICUSPID VALVE : NORMAL  
PERICARDIUM-----: NORMAL  
CLOT/VEGETATION----- : NIL

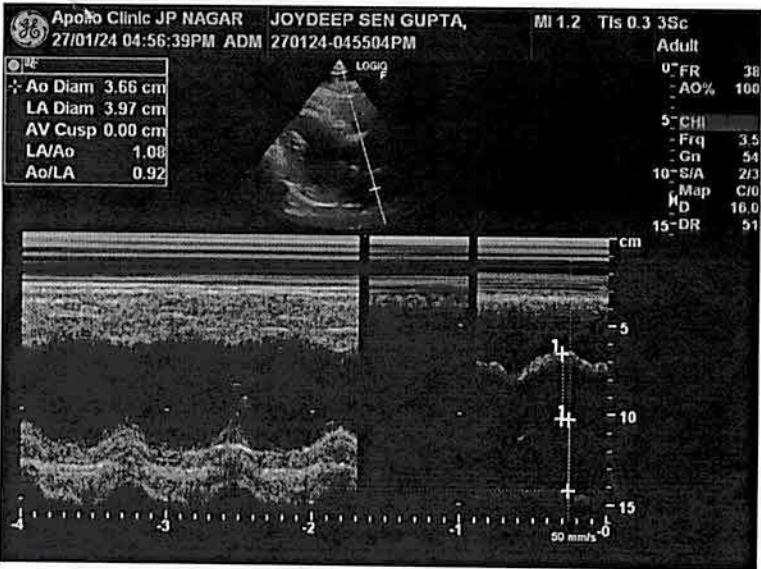
**IMPRESSION**

NORMAL VALVES AND CHAMBERS  
NORMAL LV SYSTOLIC FUNCTION  
NO CLOT /VEGETATION/EFFUSION/PAH  
NO REGIONAL WALL MOTION ABNORMALITIES



**DR. SHILPA JAYAPRAKASH, MD,DM  
CONSULTANT CARDIOLOGIST**





Jogdeep Sengupta.

4/19.

Height : 174	Weight : 80.6kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Prediabetic stage.  
Hic acid -7-9.

Clinical Diagnosis & Management Plan

Foods to avoid :- Tomato seeds,  
Beet leaf, Spinach, Asparagus, Red meat,

Include : more vit C foods,  
Gaura, Orange, musabi,  
Papaya, banana, lemon juice  
Amla shots

Limit : Mango, chikku, Jackfruit.

Follow up date:

Neelanjana  
Debnath  
Doctor Signature

Name : Mr. JOYDEEP SENGUPTA

Age: 41 Y

Sex: M

UHID:CELE.0000066033



OP Number:CJPNOPV186673

Bill No :CJPN-OCR-68809

Date : 26.01.2024 10:10

Address : E CITY

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Sr.No	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION <i>-D</i>	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	
18	CARDIAC STRESS TEST(TMT) <i>or Echo</i>	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN <i>-)</i>	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Bp - 133 / 95 mmHg

Wb - 80.6 kg

Hb - 17.4 gm

Waist - 89 cm

Hip - 99 cm

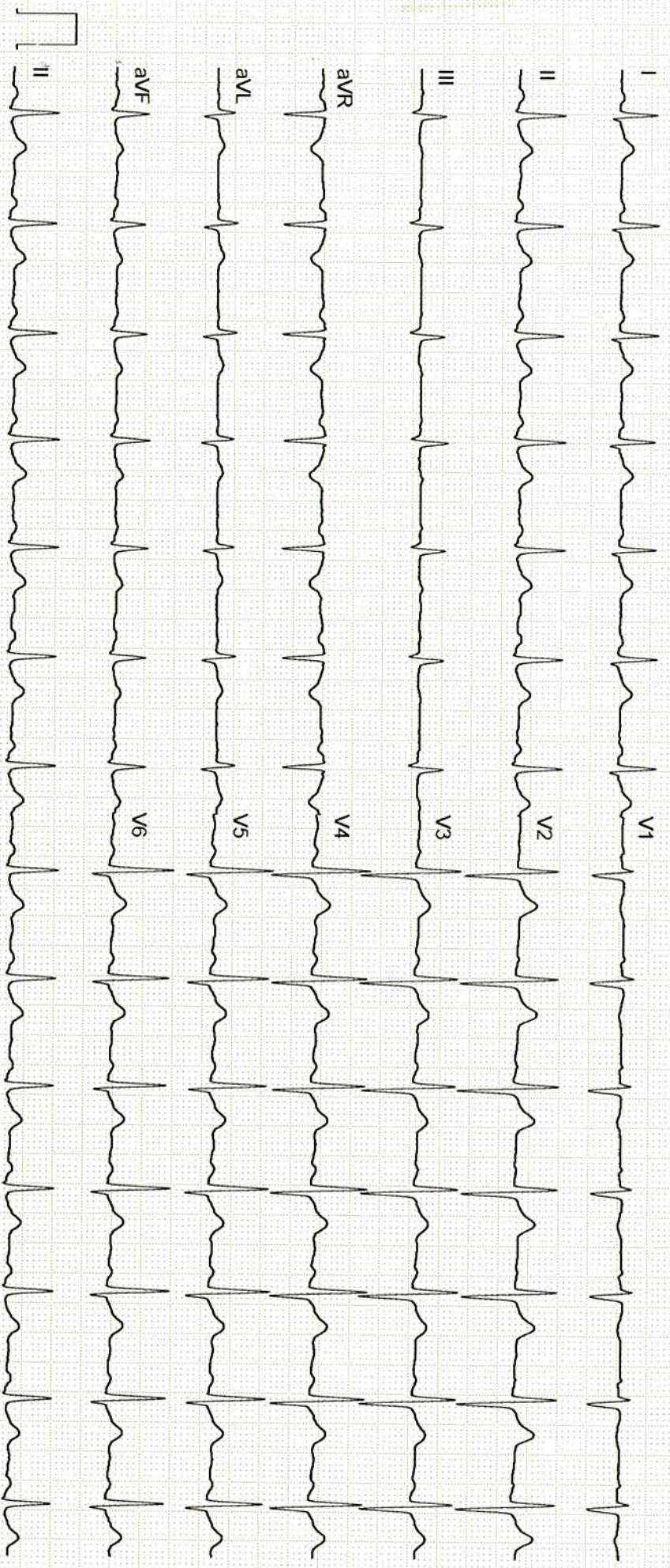
Do -

41 Years 174 cm Male  
80.0 kg

QRS : 78 ms  
QT / QTcBaz : 370 / 437 ms  
PR : 140 ms  
P : 104 ms  
RR / PP : 718 / 714 ms  
P / QRS / T : 52 / 50 / 39 degrees

Normal sinus rhythm  
Normal ECG

*WST*  
*BS*



GE MAC2000 1:1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 2x5x6\_25\_R1

Unconfirmed



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	JOYDEEP SENGUPTA
DATE OF BIRTH	19-04-1982
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	26-01-2024
BOOKING REFERENCE NO.	23M169271100085968S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. BAGCHI SANDIPA
EMPLOYEE EC NO.	169271
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	BANGALORE,BTM LAYOUT
EMPLOYEE BIRTHDATE	05-03-1985

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **25-01-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



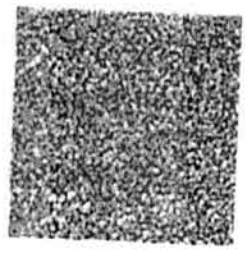


ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0000/00591/55064

To  
ಜೋಯದೀಪ್ ಸೇಂಗುಪ್ಪ  
Joydeep Sengupta  
S/o Jabanendar,  
Block A7 Flat No 051 5th Floor Westend Heights,  
DLF New Town,  
Akshaya Nagar Begur,  
VTC: Begur,  
PO: Bommanahalli,  
District: Bengaluru,  
State: Karnataka,  
PIN Code: 560068,  
Mobile: 7829263636



Signature Not Verified

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

XXXX XXXX 2640  
VID : 9199 1012 5508 5132

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಜೋಯದೀಪ್ ಸೇಂಗುಪ್ಪ  
Joydeep Sengupta  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 19/04/1982  
ಪ್ರಕಾರ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ. ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆನ್‌ಲೈನ್ XML ಸ್ವಿನ್ ವಿಳಾಸದೊಂದಿಗೆ ಮಾತ್ರ ಉಪಯೋಗಿಸಬಹುದು.  
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

XXXX XXXX 2640  
ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಮಾಹಿತಿ / INFORMATION

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ. ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಯುನೈಟೆಡ್ ಪ್ರಾದೇಶಿಕತೆಯ ವಿರೋಧದಲ್ಲಿ ನಿರೀಕ್ಷಿಸಬಹುದಾದ, ನಿವಾಸಿಗಳು ಒದಗಿಸಿದ ದಾಖಲೆಯ ಪುರಾವೆಯುನಾಥಾಗಿ ಆಧಾರ್‌ನಲ್ಲಿ ಜನ್ಮದಿನಾಂಕವನ್ನು ದಾಖಲಿಸಲಾಗಿದೆ.
- ಈ ಆಧಾರ್ ಪತ್ರದ ಪರಿಶೀಲನೆಯನ್ನು ಆನ್‌ಲೈನ್‌ನಲ್ಲಿ ಯುನೈಟೆಡ್ ಸೇವಿಸಿದ ದೃಢೀಕರಣ ಸಂಸ್ಥೆ ಮೂಲಕ ಅಥವಾ ಅಧಿಕಾರ ಸ್ಥಳಗಳಲ್ಲಿ ಲಭ್ಯವಿರುವ mAadhaar ಮೂಲಕ ಅಥವಾ ಆಧಾರ್ OR ಸ್ಕ್ಯಾನರ್ ಅಧಿಕಾರ ಉಪಯೋಗಿಸಿ, ಅಥವಾ [www.uidai.gov.in](http://www.uidai.gov.in) ನಲ್ಲಿ ಲಭ್ಯವಿರುವ ಸುರಕ್ಷಿತ QR ಕೋಡ್ ರೀಡರ್ ಅಧಿಕಾರವನ್ನು ಲಭಿಸಿಕೊಂಡು OR ಕೋಡ್ ಸ್ಕ್ಯಾನರ್‌ನಿಂದ ಮಾಡಬಹುದು.
- ಆಧಾರ್ ವಿಶಿಷ್ಟವಾಗಿದೆ ಮತ್ತು ಸುರಕ್ಷಿತವಾಗಿದೆ.
- ಆಧಾರ್‌ಗೆ ದಾಖಲಾದ ದಿನಾಂಕದಿಂದ ಪ್ರತಿ 10 ವರ್ಷಗಳಿಗೊಮ್ಮೆ ಗುರುತು ಮತ್ತು ವಿಳಾಸವನ್ನು ಟೆಂಪರರಿನಿಂದ ದಾಖಲೆಗಳನ್ನು ಆಧಾರ್‌ನಲ್ಲಿ ಕಡ್ಡಾಯವಾಗಿ ನವೀಕರಿಸಬೇಕು.
- ವಿವಿಧ ಸರ್ಕಾರಿ ಮತ್ತು ಸರ್ಕಾರೇತರ ಪ್ರಯೋಜನಗಳನ್ನು / ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ.
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇಮೇಲ್ ಪಡೆಯನ್ನು ಆಧಾರ್‌ನಲ್ಲಿ ನವೀಕರಿಸಿ.
- ಆಧಾರ್ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು mAadhaar ಅಧಿಕಾರವನ್ನು ಡೌನ್‌ಲೋಡ್ ಮಾಡಿ.
- ಆಧಾರ್/ಬಯೋಮೆಟ್ರಿಕ್‌ಗಳನ್ನು ಲಭಿಸದೇ ಇರುವಾಗ ಭದ್ರತೆಯನ್ನು ಖಚಿತಪಡಿಸಿ ಕೊಳ್ಳಲು ಲಾಕ್/ಅನ್‌ಲಾಕ್ ಆಧಾರ್/ಬಯೋಮೆಟ್ರಿಕ್ ಸೌಲಭ್ಯವನ್ನು ಲಭಿಸಿ.
- ಆಧಾರ್ ಕೋಡ್‌ನ ಸಂಖ್ಯೆಗಳು ನಿಮ್ಮ ಒಪ್ಪಿಗೆ ಪಡೆಯಲು ಬದ್ಧವಾಗಿರುತ್ತವೆ.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in)
- Aadhaar is unique and secure
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics
- Entities seeking Aadhaar are obligated to seek consent.

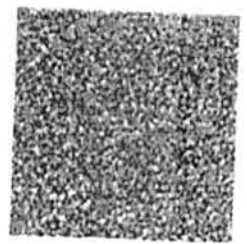


ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India



ವಿಳಾಸ:  
ತಂದೆ ಜುನಂದರ್, ಬಾಕ್ ಎ 7 ಫ್ಲಾಟ್ ಸಂ 051 5ನೇ  
ಮಹಡಿ ವಸತಿ ಹಿಲ್ಸ್, ಡಿ ಎನ್ ಎಸ್ ಹೊಸ ವಟ್ಟೂರು  
ಆಕ್ಶಯ ನಗರ ಬೆಗುರು, ಬೆಗುರು, ಬೆಂಗಳೂರು  
ಪಿನ್‌ಕೋಡ್:  
ಕರ್ನಾಟಕ - 560068

Address:  
S/o Jabanendar, Block A7 Flat No 051 5th  
Floor Westend Heights, DLF New Town,  
Akshaya Nagar Begur, Begur, PO:  
Bommanahalli, DIST: Bengaluru,  
Karnataka - 560068



XXXX XXXX 2640  
VID : 9199 1012 5508 5132

1647 | [help@uidai.gov.in](mailto:help@uidai.gov.in) | [www.uidai.gov.in](http://www.uidai.gov.in)

TMT DENTAL AND OPHTHAL PENDING

<b>Patient Name</b>	: Mr. JOYDEEP SENGUPTA	<b>Age/Gender</b>	: 41 Y/M
<b>UHID/MR No.</b>	: CELE.0000066033	<b>OP Visit No</b>	: CJPNOPV186673
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-01-2024 10:58
<b>LRN#</b>	: RAD2217120	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7829263636		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER : Normal in size and increased in echotexture.** No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal. PV- 10 mm.

**GALL BLADDER :** Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN :** Normal in size and echotexture. No focal lesion was seen.

**PANCREAS :** Appeared normal to the visualized extent.

**KIDNEYS :** Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.  
Right kidney measures: 10.6 x 2.0cm.  
Left kidney measures : 11.1 x 2.1cm.

**URINARY BLADDER :** Well distended. Normal in internal contents. Wall thickness is normal.

**PROSTATE:** Normal in size and echotexture.  
Prostate measures : 3.9 x 3.0 x 3.5 cms. Volume- 22 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

## **IMPRESSION : GRADE I FATTY LIVER OTHERWISE NORMAL STUDY.**

Please Note :No preparation done before scanning.

(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. JOYDEEP SENGUPTA

**Age/Gender** : 41 Y/M

---

**Dr. KUSUMA JAYARAM**  
MBBS,DMRD  
Radiology

**Patient Name** : Mr. JOYDEEP SENGUPTA

**Age/Gender** : 41 Y/M

**UHID/MR No.** : CELE.0000066033

**OP Visit No** : CJPNOPV186673

**Sample Collected on** :

**Reported on** : 26-01-2024 10:16

**LRN#** : RAD2217120

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 7829263636

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

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. KUSUMA JAYARAM**  
**MBBS,DMRD**  
Radiology

Patient Name : Mr.JOYDEEP SENGUPTA	Collected : 26/Jan/2024 10:13AM
Age/Gender : 41 Y 9 M 7 D/M	Received : 26/Jan/2024 12:23PM
UHID/MR No : CELE.000066033	Reported : 26/Jan/2024 02:58PM
Visit ID : CJPNOPV186673	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7829263636	

DEPARTMENT OF HAEMATOLOGY

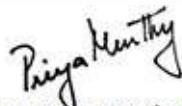
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.1	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.06	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,400	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	62.4	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	<b>11.1</b>	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4617.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1776	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	170.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	821.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.8	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	150000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>52</b>	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC : Normocytic normochromic



Dr. Nisha  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



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



SIN No:BED240018779

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APOLLO CLINICS NETWORK

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034



Patient Name : Mr.JOYDEEP SENGUPTA	Collected : 26/Jan/2024 10:13AM
Age/Gender : 41 Y 9 M 7 D/M	Received : 26/Jan/2024 12:23PM
UHID/MR No : CELE.0000066033	Reported : 26/Jan/2024 02:58PM
Visit ID : CJPNOPV186673	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7829263636	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

WBC: Normal in number, morphology and distribution. No abnormal cells seen.

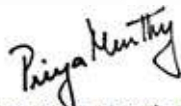
Platelets: Adequate in number. Macroplatelets seen.

No haemoparasites seen.

Impression : Normocytic normochromic blood picture.



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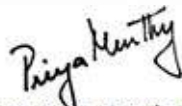
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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



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Patient Name : Mr.JOYDEEP SENGUPTA	Collected : 26/Jan/2024 10:13AM
Age/Gender : 41 Y 9 M 7 D/M	Received : 26/Jan/2024 12:31PM
UHID/MR No : CELE.000066033	Reported : 26/Jan/2024 02:21PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	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




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SIN No:EDT240007909

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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)




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	176	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		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 350mg/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 ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.72	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>101</b>	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>61.0</b>	U/L	<50	IFCC
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.82</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.14		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's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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




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DEPARTMENT OF BIOCHEMISTRY

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.10	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.91</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.98	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	104	mmol/L	101-109	ISE (Indirect)



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	64.00	U/L	<55	IFCC




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

APOLLO CLINICS NETWORK

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

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

 1860 500 7788  
www.apolloclinic.com

Patient Name : Mr.JOYDEEP SENGUPTA	Collected : 26/Jan/2024 10:13AM
Age/Gender : 41 Y 9 M 7 D/M	Received : 26/Jan/2024 12:44PM
UHID/MR No : CELE.0000066033	Reported : 26/Jan/2024 02:23PM
Visit ID : CJPNOPV186673	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7829263636	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.99	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.74	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.340	µIU/mL	0.35-4.94	CMIA

Comment:

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

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



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

SIN No:SPL24012268

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.193	ng/mL	<4	CMIA




DR.SHIVARAJA SHETTY  
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Patient Name : Mr.JOYDEEP SENGUPTA	Collected : 26/Jan/2024 10:12AM
Age/Gender : 41 Y 9 M 7 D/M	Received : 26/Jan/2024 12:35PM
UHID/MR No : CELE.000066033	Reported : 26/Jan/2024 02:34PM
Visit ID : CJPNOPV186673	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7829263636	

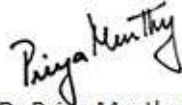
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Nisha  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



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



SIN No:UR2268549

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Patient Name : Mr.JOYDEEP SENGUPTA	Collected : 26/Jan/2024 10:15AM
Age/Gender : 41 Y 9 M 7 D/M	Received : 26/Jan/2024 12:35PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

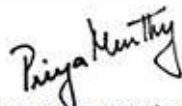
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr.Nisha  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



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



SIN No:UF010311

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