

NAME: MR.JACOB NAVEEN AGE: 35YRS/ M DATE: 27/01/2024 CJPN : 21063

2D ECHO WITH COLOR DOPPLER

Ao Diam : 3.3cm , LA Diam : 3.1cm,
IVSd : 0.9cm , IVSs;1.1cm, LVIDd : 3.5cm , LVIDs : .2.0 cm LVPWd :1.2cm ,
LVPWS : 1.0cm , EF – 74% , FS – 42% , RVIDd – 0.9cm

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

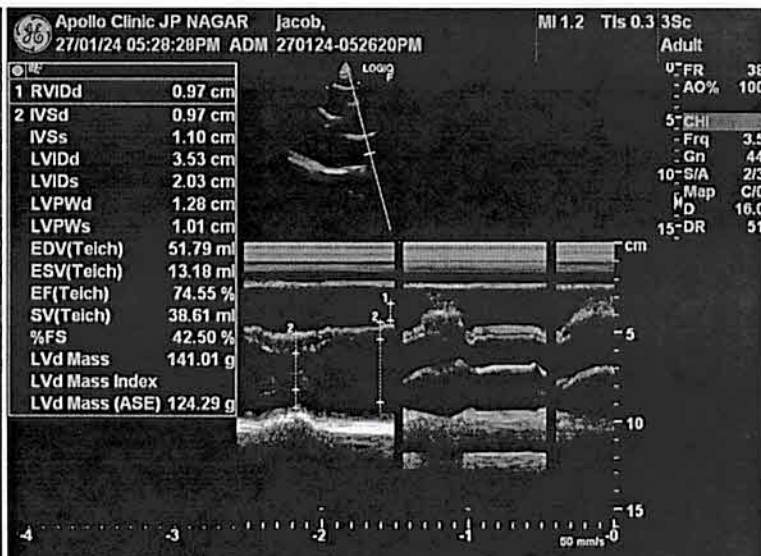
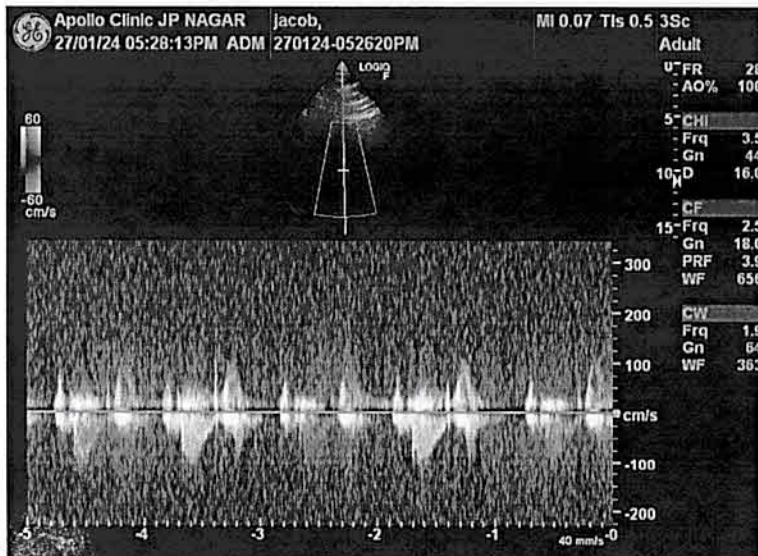
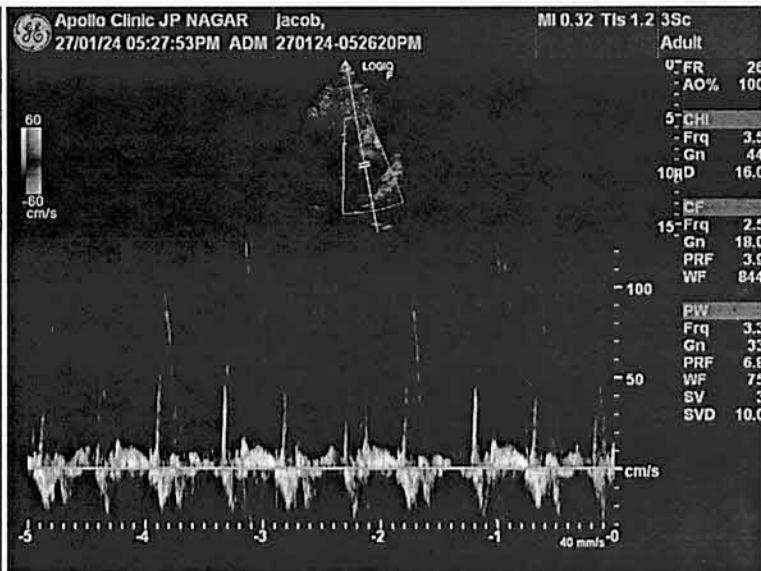
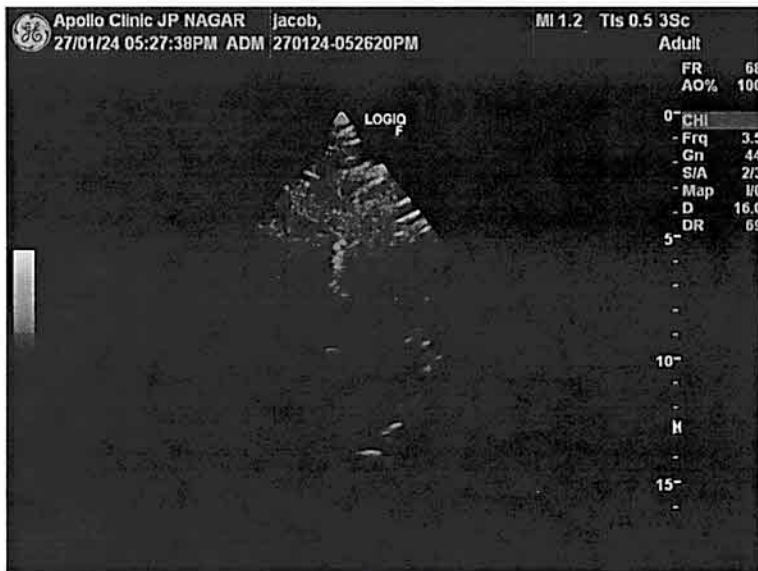
MV E Vel---- : 1.0m/s , MV A Vel : 0.5 m/s
TRICUSPID VALVE : NORMAL
PERICARDIUM-----: NORMAL
CLOT/VEGETATION----- : NIL

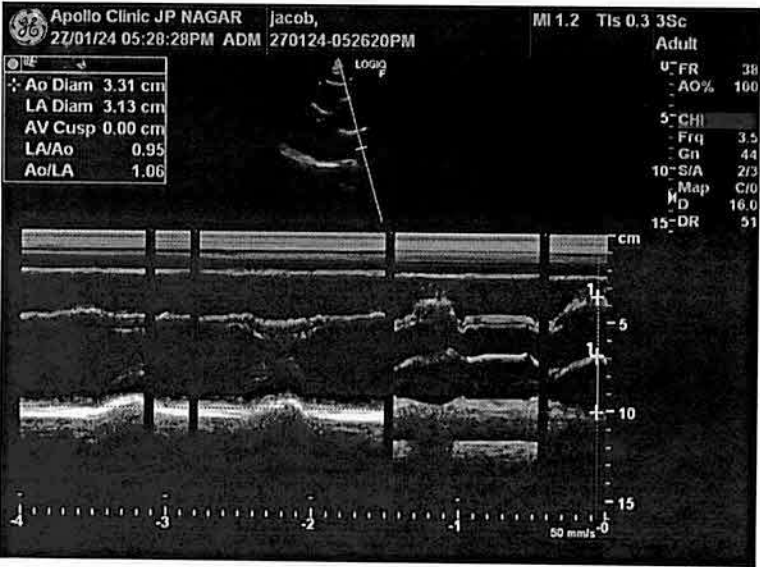
IMPRESSION

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**





Name : Mr. JACOB NAVEEN T X

Age: 35 Y

UHID:CJPN.0000021063

Sex: M



Address : J P NAGAR 9TH PHASE

 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
 INDIA OP AGREEMENT

OP Number:CJPNOPV186662

Bill No :CJPN-OCR-68800

Date : 26.01.2024 08:19

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO	
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 - 22	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11AM	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN - 3	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

BP - 116 (Hmg)

Wt - 68.2 kg

Hb - 178

waist - 75cm

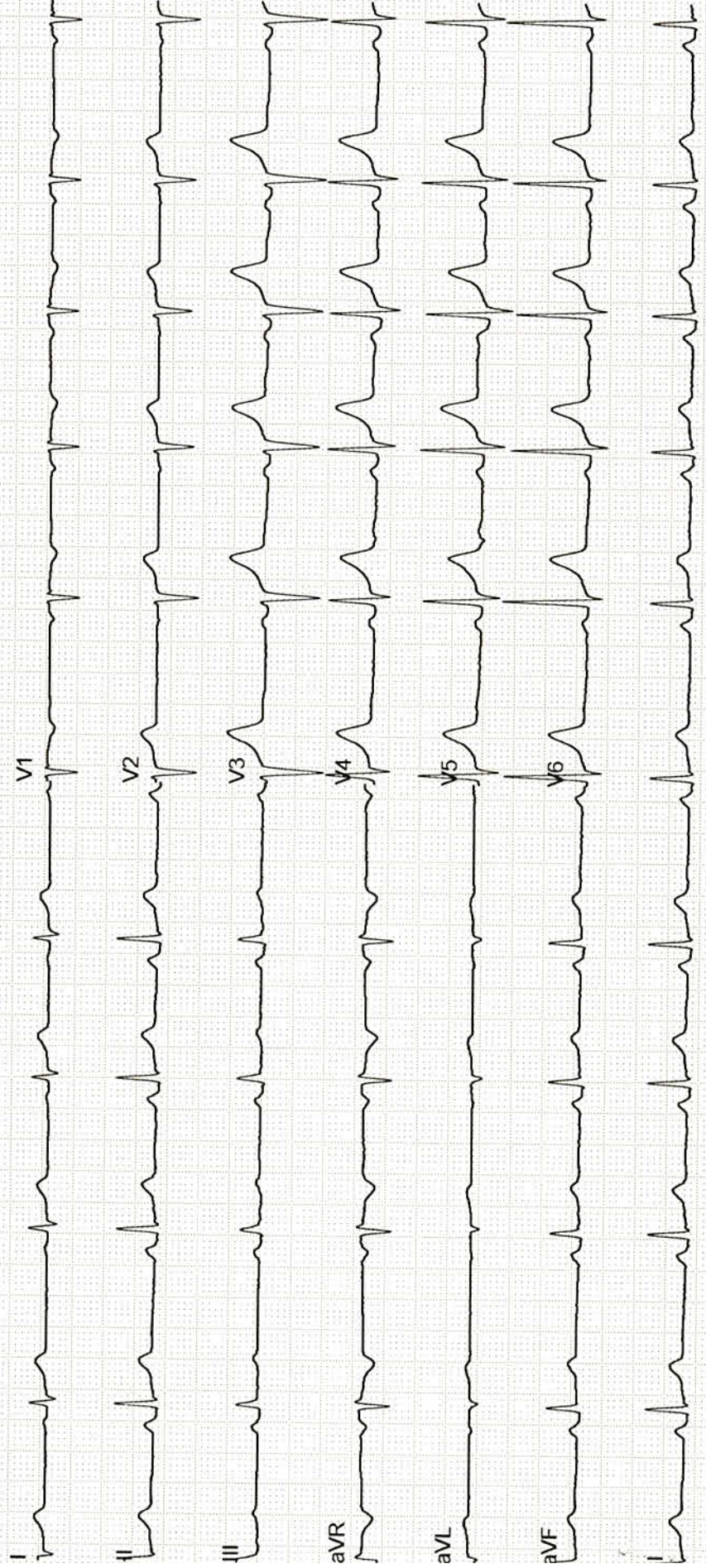
Hip - 100cm

PD - 24mm

QT / QTcBaz : 398 / 400 ms
PR : 152 ms
P : 104 ms
RR / PP : 984 / 983 ms
P / QRS / T : 75 / 73 / 56 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

WAL
WAL



Health Check up Booking Request(bobE5947), Beneficiary Code-140345

Mediwheel <wellness@mediwheel.in>

Fri 1/19/2024 9:01 PM

To: JACOB NAVEEN T X <JACOB.TX@bankofbaroda.com>

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

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

। है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTAC

011-41195959

Dear MR. T X JACOB NAVEEN,

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

Upload HRM Letter

Booking Date : 19-01-2024

User Package Name : Mediwheel Full Body Health Checkup Male Below 40

Hospital Package Name : Mediwheel Full Body Annual Plus

Health Check Code : PKG10000366

Name of Diagnostic/Hospital : Apollo Clinic- JP Nagar

Address of Diagnostic/Hospital- : Apollo Clinic, House List No. 22, BNR Complex, Sree Rama Layout, Opp: RBI Layout, JP Nagar 7th Phase, Kothanur Village, Uttarahalli Hobli, JP nagar - 560078

Appointment Date : 26-01-2024

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
MR. T X JACOB NAVEEN	35 year	Male

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

Tests included in this Package :

- Bmi Check
- Ent Consultation



बैंक ऑफ बड़ोदा
Bank of Baroda

नाम
Name

जेकौव नवीन टी एक्स
Jacob Naveen T X

E.C. No.

164168



T. Naveen T X

धारक के हस्ताक्षर

ECHO, DENTAL, DIET,OPHAL IS PENDING

Patient Name	: Mr. JACOB NAVEEN T X	Age/Gender	: 35 Y/M
UHID/MR No.	: CJPN.0000021063	OP Visit No	: CJPNOPV186662
Sample Collected on	:	Reported on	: 26-01-2024 10:34
LRN#	: RAD2216960	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 333276		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.PV- 10mm.

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 maintained. No Hydronephrosis / No calculi.

Right kidney measures: 11.0 x 1.9 cm.

Left kidney measures : 11.6 x 2.6 cm.

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

PROSTATE: Normal in size and echotexture.

Prostate measures : 3.8 x 3.4 x 3.6 cms. Volume- 23cc.

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

IMPRESSION : NORMAL STUDY .

Please Note :No preparation done before scanning.



Patient Name : Mr. JACOB NAVEEN T X

Age/Gender : 35 Y/M

(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. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Patient Name : Mr. JACOB NAVEEN T X

Age/Gender : 35 Y/M

UHID/MR No. : CJPN.0000021063

OP Visit No : CJPNOPV186662

Sample Collected on :

Reported on : 26-01-2024 09:48

LRN# : RAD2216960

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 333276

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. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Patient Name : Mr.JACOB NAVEEN T X	Collected : 26/Jan/2024 08:32AM
Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:23PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 03:17PM
Visit ID : CJPNOPV186662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333276	

DEPARTMENT OF HAEMATOLOGY

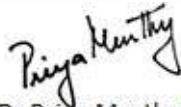
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.9	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.98	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.9	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,290	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66	%	40-80	Electrical Impedance
LYMPHOCYTES	25.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4811.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1888.11	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	116.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	451.98	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.87	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	284000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are 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:BED240018596

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, 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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name	: Mr.JACOB NAVEEN T X	Collected	: 26/Jan/2024 08:32AM
Age/Gender	: 35 Y 8 M 25 D/M	Received	: 26/Jan/2024 12:23PM
UHID/MR No	: CJPN.0000021063	Reported	: 26/Jan/2024 03:17PM
Visit ID	: CJPNOPV186662	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333276		

DEPARTMENT OF HAEMATOLOGY

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

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

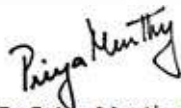
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Consultant Pathologist



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Karnataka- 560034



Patient Name : Mr.JACOB NAVEEN T X	Collected : 26/Jan/2024 08:32AM
Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:23PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 04:13PM
Visit ID : CJPNOPV186662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333276	

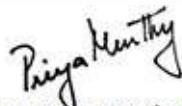
DEPARTMENT OF HAEMATOLOGY

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

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



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Consultant Pathologist



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 **1860 500 7788**
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Patient Name : Mr.JACOB NAVEEN T X	Collected : 26/Jan/2024 08:32AM
Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:32PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 02:23PM
Visit ID : CJPNOPV186662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333276	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	101	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)	129	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	6	%		HPLC




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

SIN No:EDT240007806

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Patient Name : Mr.JACOB NAVEEN T X	Collected : 26/Jan/2024 08:32AM
Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:32PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 02:23PM
Visit ID : CJPNOPV186662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333276	

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	126	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:EDT240007806

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Patient Name : Mr.JACOB NAVEEN T X	Collected : 26/Jan/2024 08:32AM
Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:45PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 02:27PM
Visit ID : CJPNOPV186662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333276	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	127	mg/dL	<200	CHO-POD
TRIGLYCERIDES	65	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	81	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.85		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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CONSULTANT BIOCHEMIST

SIN No:SE04609617

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name : Mr.JACOB NAVEEN T X	Collected : 26/Jan/2024 08:32AM
Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:45PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 02:27PM
Visit ID : CJPNOPV186662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333276	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.89	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	36.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.82	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.91	mg/dL	0.67-1.17	Jaffe's, Method
UREA	29.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.35	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.65	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:45PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 01:28PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , <i>SERUM</i>	18.00	U/L	<55	IFCC



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Patient Name : Mr.JACOB NAVEEN T X	Collected : 26/Jan/2024 08:32AM
Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:42PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 01:31PM
Visit ID : CJPNOPV186662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333276	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.00	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.150	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

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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SIN No:SPL24012140

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Patient Name	: Mr.JACOB NAVEEN T X	Collected	: 26/Jan/2024 08:32AM
Age/Gender	: 35 Y 8 M 25 D/M	Received	: 26/Jan/2024 12:42PM
UHID/MR No	: CJPN.0000021063	Reported	: 26/Jan/2024 01:31PM
Visit ID	: CJPNOPV186662	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 333276		

DEPARTMENT OF IMMUNOLOGY

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



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Patient Name : Mr.JACOB NAVEEN T X	Collected : 26/Jan/2024 08:32AM
Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:35PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 02:26PM
Visit ID : CJPNOPV186662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333276	

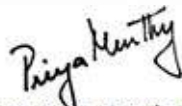
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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



Dr. Nisha
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Consultant Pathologist



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



SIN No:UR2268395

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Patient Name : Mr.JACOB NAVEEN T X	Collected : 26/Jan/2024 08:32AM
Age/Gender : 35 Y 8 M 25 D/M	Received : 26/Jan/2024 12:35PM
UHID/MR No : CJPN.0000021063	Reported : 26/Jan/2024 03:03PM
Visit ID : CJPNOPV186662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333276	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

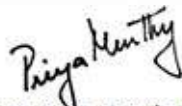
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** 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:UF010287

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