

Apollo One

CONSENT FORM

Patient Name: LALIT KUMAR Age: 33

UHID Number: Company Name: BANK of BARODA

I Mr/Mrs/Ms LALIT KUMAR Employee of BANK of BARODA
(Company) Want to inform you that I am not interested in getting ENT
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]

Date: 16/9/2024

Apollo One - New Delhi Address:

*Apollo One Plot no. 3, Block no. 34, Pusa Road,
W/E 1, Opposite Metro Pillar No. 77, Karol Bagh, Pusa Road
Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
NEW DELHI - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788*

Pincode:- 110005

Phone no: -1860-500-7788

ApolloOnePusaRoad@apolloclinic.com
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited
7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

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CERTIFICATE OF MEDICAL FITNESS

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

Rabir Kumar on 16/9/24

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
<p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<p>Current Unfit.</p> <p>Review after _____ recommended</p>	
Unfit	

Height: 163 cm
Weight: 71 kg
Blood Pressure: 133/96 mmHg

APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh
New Delhi-110005
Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

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Mr Lalit Kumar
Age - 33y 11M

Height : 163cm	Weight : 71kg	BMI : 26.72	Waist Circum :
Temp : 98.7F	Pulse : 63 b/m	Resp : 20 mt	B.P : 133/96 mmHg

SpO2 - 99%

General Examination / Allergies

History :-

Past His :- No
H/O of fungal Infⁿ x 5 years back

General Health checkup =

Surgical His :-
H/O of Parotid gland Sx x 4 years

Allergy :-
H/O NO H/O of Allergy

CVS - S₁S₂ Heard

RS - Bil Adequate entry..

Family His :-
M - Hypertension till > 5 years.
F -

CNS - Pt. conscious oriented To TPP.

Covid Vaccines :- 2 doses.

P/A - Soft & non-tender.

Diet :-
Mixed fruit.

ADVICE :-

Physical Activity :- Mild
(Banker) Activity.
Running started.

Rx:
1) Review & Reports

Menstruation His :-

Marital His :- Married.

Addictions :-
Occasional Alcoholic
No smoking
NO Tobacco chewing

16/4/24

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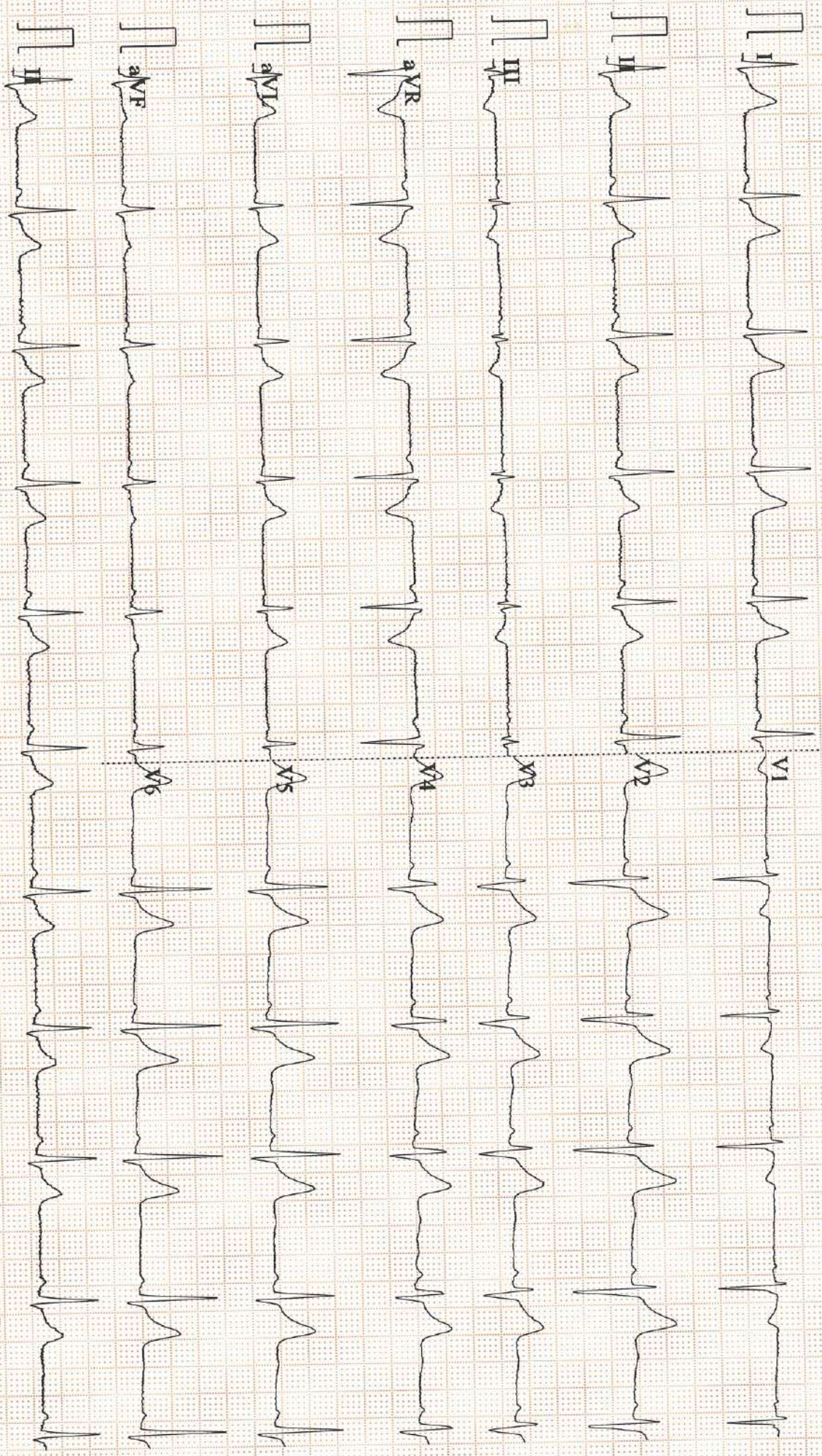
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ID: 0000001264
MR LALIT KUMAR
Male 33Years
Req. No. .

16-09-2024 12:31:31 PM
HR : 61 bpm
P : 92 ms
PR : 137 ms
QRS : 102 ms
QT/QTcBz : 374/377 ms
P/QRS/T : 54/30/11 °
RV5/SV1 : 1.225/0.959 mV

Diagnosis Information:
Sinus Rhythm
Slight ST Elevation(V4,V5)

Report Confirmed by:



ID	Height	Age	Gender	Test Date / Time
caop0000001264	163cm	33	Male	16.09.2024. 12:30

Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	34.7 (32.8~40.2)	34.7	44.5 (42.2~51.6)	47.1 (44.7~54.7)	71.2 (49.7~67.3)
Protein (kg)	9.2 (8.8~10.8)				
Minerals (kg)	3.17 (3.04~3.72)	non-osseous			
Body Fat Mass (kg)	24.1 (7.0~14.0)				

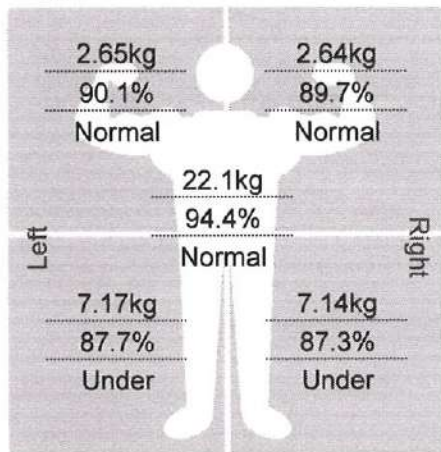
Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %		
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %	26.1	
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		24.1

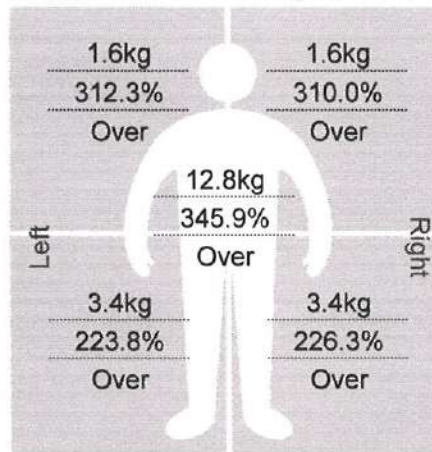
Obesity Analysis

	Under	Normal	Over
BMI (kg/m ²)	10.0 15.0 18.5 22.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		26.8
PBF (%)	0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0 45.0 50.0		33.8

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

	Weight (kg)	SMM (kg)	PBF (%)
Recent	71.2	26.1	33.8
Total			

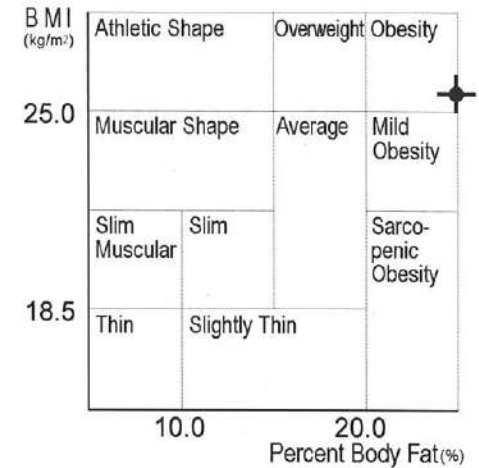
16.09.24. 12:30

InBody Score

62/100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Body Type



Weight Control

Target Weight	58.4 kg
Weight Control	- 12.8 kg
Fat Control	- 15.3 kg
Muscle Control	+ 2.5 kg

Obesity Evaluation

BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Slightly Over <input type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over

Body Balance Evaluation

Upper	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Lower	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Upper-Lower	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced

Research Parameters

Basal Metabolic Rate	1388 kcal (1547~1808)
Waist-Hip Ratio	0.95 (0.80~0.90)
Visceral Fat Level	11 (1~9)
Obesity Degree	122 % (90~110)
Bone Mineral Content	2.60 kg (2.50~3.06)
SMI	7.4 kg/m ²
Recommended calorie intake	2081 kcal

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	345.9	343.1	27.4	280.3	273.2
50 kHz	305.1	304.9	23.8	246.1	242.2
250 kHz	272.9	273.2	20.0	221.8	219.4

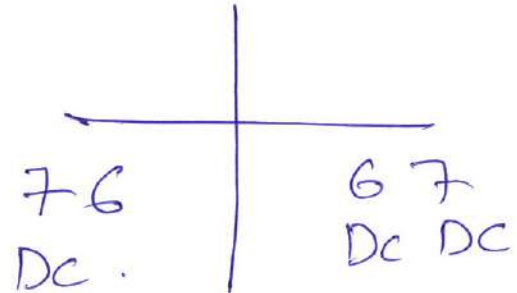
DR. ALVEEN KAUR

Senior Consultant - Dental
BDS, MIDA, REG NO- A-12249
Specialized in Surgical, & Cosmetic procedures & Trauma
For Booking Call on - 9817966537
Days: - Mon to Sat
10AM to 5PM



Mr. Lahit Kumar
33/M

Q/E:- Fed teeth rot



Stains PP.
Calculus PP.

R Adv.
→ Deep oral prophylaxis
+ polishing.
fillings

Dr. Alveen
Signature:-

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New Delhi - 110005

Eye Checkup

NAME:- MR. Lalit Kumar

Age:- 33

Date: 16/9/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	6/6	6/6
Near vision	6/6	6/6
Color vision	Normal OK	Normal OK
Fundus examination	/	/
Intraocular pressure	/	/
Slit lamp exam	/	/

Signature
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NAME: Lalit	AGE: 33 Y/ SEX: M
DATE: 16.9.2024	REF.BY: HC (UHID:-1264)

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size(13.7cm) and echotexture. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially contracted does not show any evidence of cholecystitis or cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 9.1x.4.8cm, LK 9.8x5.8cm), shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size (9.72cm) and echotexture.

Pancreas visualized part appears normal.

No free fluid seen in the peritoneal cavity.

Urinary bladder is partially filled. There are cystic structure projecting into the bladder, at bilateral vesicoureteric junction (VUJ) likely bilateral ureterocele.

Advice IVP if clinically required.

Prostate is normal in size 44x29x26mm, vol 18.3cc and shape. No focal lesion is seen.

Please correlate clinically

DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIODIAGNOSIS

This report is only a professional opinion and it is not valid for medico-legal purposes.

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Patient

ID
Name
Birth Date
Gender

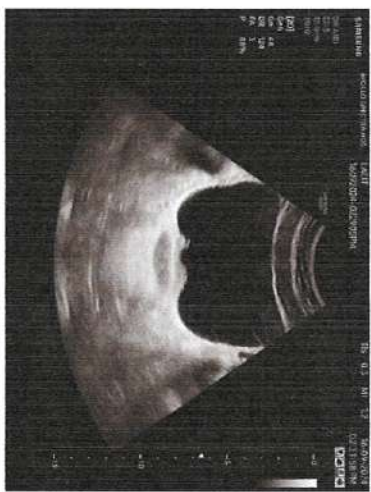
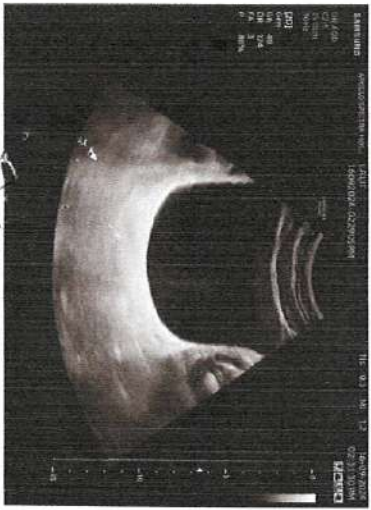
16092024-02290CFM

LALIT

Exam

Accession #
Exam Date
Description
Operator

19-09-2024



Patient Name	: Mr.LALIT KUMAR	Collected	: 16/Sep/2024 11:57AM
Age/Gender	: 33 Y 9 M 6 D/M	Received	: 16/Sep/2024 02:02PM
UHID/MR No	: CAOP.0000001264	Reported	: 16/Sep/2024 03:10PM
Visit ID	: CAOPOPV01660	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33335		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic .
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



Dr.Shivangi Chauhan
M.B.B.S,M.D(Pathology)
Consultant Pathologist



TOUCHING LIVES

Patient Name : Mr.LALIT KUMAR
Age/Gender : 33 Y 9 M 6 D/M
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Visit ID : CAOPOPV01660
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Received : 16/Sep/2024 02:02PM
Reported : 16/Sep/2024 03:10PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	46.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.11	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3900	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1740	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	120	Cells/cu.mm	20-500	Calculated
MONOCYTES	240	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.24		0.78- 3.53	Calculated
PLATELET COUNT	222000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



Shivangi Chauhan

Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: AOP240900442

Patient Name : Mr.LALIT KUMAR
 Age/Gender : 33 Y 9 M 6 D/M
 UHID/MR No : CAOP.0000001264
 Visit ID : CAOPOPV01660
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E33335

Collected : 16/Sep/2024 11:57AM
 Received : 16/Sep/2024 02:02PM
 Reported : 16/Sep/2024 03:47PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




Dr. Shivangi Chauhan
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

SIN No: AOP240900442

TOUCHING LIVES		Collected	: 16/Sep/2024 11:57AM
Patient Name	: Mr.LALIT KUMAR	Received	: 16/Sep/2024 02:46PM
Age/Gender	: 33 Y 9 M 6 D/M	Reported	: 16/Sep/2024 03:21PM
UHID/MR No	: CAOP.0000001264	Status	: Final Report
Visit ID	: CAOPOPV01660	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Ref Doctor	: Self		
Emp/Auth/TPA ID	: 22E33335		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	GOD - POD

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.

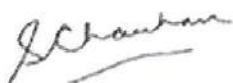
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	154	mg/dL	70-140	GOD - POD

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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE	105	mg/dL		Calculated



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TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

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

(eAG)

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)



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TOUCHING LIVES

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Collected : 16/Sep/2024 11:57AM
 Received : 16/Sep/2024 05:17PM
 Reported : 16/Sep/2024 05:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	79	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.97		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	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 can show physiological and analytical variations.
 NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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 M.B.B.S, M.D(Pathology)
 Consultant Pathologist



TOUCHING LIVES Patient Name : Mr.LALIT KUMAR Age/Gender : 33 Y 9 M 6 D/M UHID/MR No : CAOP.0000001264 Visit ID : CAOPOPV01660 Ref Doctor : Self Emp/Auth/TPA ID : 22E33335	Collected : 16/Sep/2024 11:57AM Received : 16/Sep/2024 05:17PM Reported : 16/Sep/2024 05:52PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	95.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

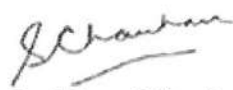
2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.


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Patient Name : Mr.LALIT KUMAR
 Age/Gender : 33 Y 9 M 6 D/M
 UHID/MR No : CAOP.0000001264
 Visit ID : CAOPOPV01660
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E33335


Collected : 16/Sep/2024 11:57AM
 Received : 16/Sep/2024 05:17PM
 Reported : 16/Sep/2024 05:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	22.50	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.80	mg/dL	3.5-8.5	Uricase
CALCIUM	9.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	5.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		0.9-2.0	Calculated

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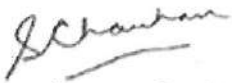
SIN No: AOP240900444

TOUCHING LIVES Patient Name : Mr.LALIT KUMAR Age/Gender : 33 Y 9 M 6 D/M UHID/MR No : CAOP.0000001264 Visit ID : CAOPOPV01660 Ref Doctor : Self Emp/Auth/TPA ID : 22E33335	Collected : 16/Sep/2024 11:57AM Received : 16/Sep/2024 05:17PM Reported : 16/Sep/2024 05:52PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	15-73	Glycylglycine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.28	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.651	µIU/mL	0.38-5.33	CLIA


Comment:

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

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

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


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TOUCHING LIVES	Patient Name : Mr.LALIT KUMAR	Collected	: 16/Sep/2024 11:57AM
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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 Consultant Pathologist

Tanish Mandal
 Dr. Tanish Mandal
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

SIN No: AOP240900446

Patient Name	: Mr.LALIT KUMAR	Collected	: 16/Sep/2024 11:57AM
Age/Gender	: 33 Y 9 M 6 D/M	Received	: 16/Sep/2024 04:25PM
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DEPARTMENT OF CLINICAL PATHOLOGY

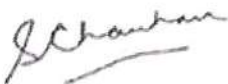
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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SIN No: AOP240900445

TOUCHING LIVES Patient Name : Mr.LALIT KUMAR Age/Gender : 33 Y 9 M 6 D/M UHID/MR No : CAOP.0000001264 Visit ID : CAOPOPV01660 Ref Doctor : Self Emp/Auth/TPA ID : 22E33335	Collected : 16/Sep/2024 11:57AM Received : 16/Sep/2024 04:25PM Reported : 16/Sep/2024 04:43PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



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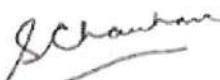
SIN No: AOP240900443

Patient Name : Mr.LALIT KUMAR
Age/Gender : 33 Y 9 M 6 D/M
UHID/MR No : CAOP.0000001264
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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



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Consultant Pathologist



SIN No: AOP240900443

Echocardiography Report

Name: Lalit Kumar

Age/Sex: Yrs/M

Date: 16.09.2024

Summary of 2D echo

Baseline echocardiography revealed:

- No chamber enlargement seen.
- No RWMA.
- LVEF - 62%
- Normal Diastolic function (E>A)
- Good RV function
- No MR
- Trace TR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse

Observations:-Dimensions

LVID d=	46.4	(35-55mm)
LV IVS=	8.4	(06-11mm)
Pwd =		(06-11mm)
Ao =	20	(20-37mm)
LA =	30.8	(21-37mm)
LVEF =	62%	(55 +6.2%)

Apollo One (Unit of Apollo Health and Lifestyle Ltd)

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Registered Office: Apollo Health and Lifestyle Limited

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Mitral Valve - Normal

No MR

Aortic valve- Normal

No AR

Tricuspid Valve -

Trace TR

Pulmonary Valve-Norm

No PR

Impression:

- Normal Chamber dimensions & Valves
- No RWMA
- Normal LV systolic function (EF= 62%)
- Normal Diastolic function
- No PAH

DR. RAJNI SHARMA (DM CARDIOLOGY)

SR. CONSULTANT

Apollo One (Unit of Apollo Health and Lifestyle Ltd)

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NAME: LALIT KUMAR

DATE: 16.09.2024

REF. BY: - HEALTH CHECKUP

AGE: 33Y /SEX/M

MR. NO: - CAOP.0000001264

S.NO.: - 2446

X-RAY CHEST PA VIEW

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

Please correlate clinically and with lab. Investigations

DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIOAIGNOSIS

Note: It is only a professional opinion. Kindly correlate clinically.

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