

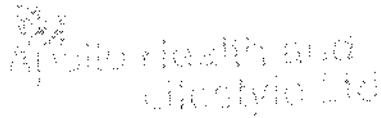
Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Mon 1/29/2024 3:32 PM

To:jafarhussain90@gmail.com <jafarhussain90@gmail.com>

Cc:Hitechcity Apolloclinic <hitechcity@apolloclinic.com>;DCM Kondapur <dcmkondapur@apolloclinic.com>;
Syamsunder M <syamsunder.m@apollohl.com>



Dear JAFAR HUSSAIN,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KONDAPUR clinic** on **2024-01-30 at 09:00-09:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-12 Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO MEDICAL CENTRE, D.NO 2-34/2, G.V CLASSIC, PLOT NO 1 & 6, SURVEY NO 02, KOTHAGUDA 'X' ROAD, KONDAPUR, SERILINGAMPALLY, HYDERABAD-500084.

Contact No: (040) 45455444,30166600.

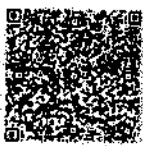
P.S: Health Check-Up may take 4 - 5hrs for completion on weekdays & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

भारत सरकार
Government of India

जाफर हुसैन
Jafar Hussain

जन्म वर्ष / Year of Birth : 1990
पुरुष / Male



4588 7338 1676

आधार - आम आदमी का अधिकार

Name Mr. Sartaj Hussain Date 30/1/24
 Age 34 UHID No. 425566
 Male Female Ref. Physician
 Ref. Diagnosis Myocardemi

Echocardiogram Report

Echogenicity: Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL
Ao (ed)	<u>3.3</u> cm	(1.5cm / m2)	IVS (Ed)	<u>1.1</u> cm	(0.6 - 1.2 cm)
LA (es)	<u>3.5</u> cm	(1.5cm / m2)	LVPW (Ed)	<u>1.1</u> cm	(0.6 - 1.1 cm)
RVID (ed)	<u>5.2</u> cm	(0.9 cm / m2)	EF	<u>65</u>	(0.62 - 0.85)
LVID (ed)	<u>4.6</u> cm	(2.6 - 3.4 cm / m2)	% FD	<u>35</u>	(2.8% - 42%)
LVID (es)	<u>2.4</u>				

MORPHOLOGICAL DATA

Mitral Valve	AML <u>2</u>	Interatrial septum <u>Even</u>
	PML <u>2</u>	Interventricular septum <u>Even</u>
Aortic Valve	<u>2</u>	Pulmonary artery <u>2</u>
Tricuspid valve	<u>2</u>	Aorta <u>2</u>
Pulmonary valve	<u>2</u>	Right atrium <u>2</u>
Right ventricle	<u>2</u>	Left atrium <u>2</u>

Patient Name : Mr. JAFAR HUSSAIN
UHID : CKON.0000425566
Conducted By: : Dr. RAMU ANKAM
Referred By : SELF

Age : 34 Y/M
OP Visit No : CKONOPV633927
Conducted Date : 30-01-2024 16:42

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.3 CM
LA (cs)	3.5 CM
LVID (ed)	4.6 CM
LVID (cs)	2.4 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	65.00%
%FD	35.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

PJV: 1.0

AJV: 0.8

E: 0.8 m/s

A: 0.6 m/s

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

APOLLO CLINICS NETWORK

Andhra Pradesh: **Tirupati** (Sankarambadi Circle) **Vizag** (Seethamma Peta)

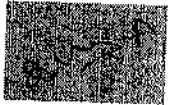
Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

Online appointments: www.apolloclodoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

IMPRESSION:-
NORMAL CHAMBERS
NO RWMA
GOOD LV/ RV FUNCTION
NO MR/ TR/ AR/ PAH
NO CLOT/ PE



Dr. RAMU
ANKAM

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

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Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mr. JAFAR HUSSAIN	Age	: 34 Y/M
UHID	: CKON.0000425566	OP Visit No	: CKONOPV633927
Reported By:	: Dr. VENKATA RAYUDU NEKKANTI	Conducted Date	: 31-01-2024 15:52
Referred By	: SELF		

ECG REPORT

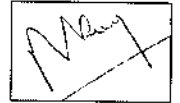
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 79 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----



Dr. VENKATA RAYUDU NEKKANTI

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

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TO BOOK AN APPOINTMENT

1860 500 7788

APOLLO MEDICAL CENTER

PHYSICAL EXAMINATION FORM

DATE: 30/01/24

UHID: 425566

NAME: Mr. Jafar Hussain

AGE: 34y/m

HEIGHT

183

BMI

25.5

WEIGHT

85.7

CHEST MEASUREMENT

104

OUT

100

ABDOMEN

105

WAIST

105

PULSE

79

HIP

120

BP

120/70

34 Years

Male

HYDERABAD

Location:

Order Number:

Visit:

Indication:

Medication 1:

Medication 2:

Medication 3:

Room:

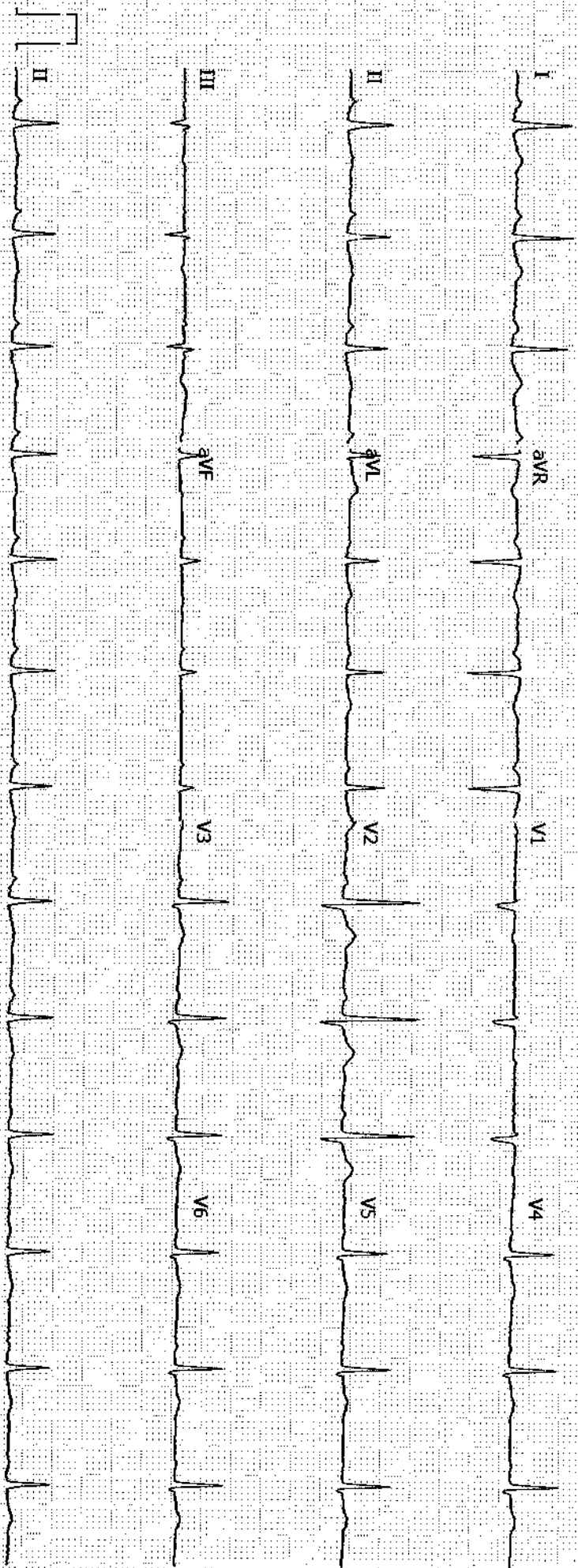
79 bpm

-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcbaz : 364 / 417 ms
PR : 146 ms
P : 80 ms
RR / PP : 756 / 759 ms
P / QRS / T : 28 / 19 / 15 degrees

Normal sinus rhythm
Normal ECG



GLASS PRESCRIPTION

DATE: 30/09/2024

UHID: 425566

PATIENT NAME: Mr. Jabbar Hussain. AGE/GENDER: 34.1m.

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD	6/6 6/6					20
OS	6/6 6/6					20

COLOR VISION: BF normal

INSTRUCTIONS:

[Handwritten Signature]
SIGNATURE

Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION

Patient Name : Mr. JAFAR HUSSAIN

Age/Gender : 34 Y/M

UHID/MR No. : CKON.0000425566

OP Visit No : CKONOPV633927

Sample Collected on :

Reported on : 30-01-2024 18:48

LRN# : RAD2220553

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 109395

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

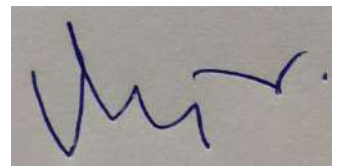
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name	: Mr. JAFAR HUSSAIN	Age/Gender	: 34 Y/M
UHID/MR No.	: CKON.0000425566	OP Visit No	: CKONOPV633927
Sample Collected on	:	Reported on	: 30-01-2024 13:03
LRN#	: RAD2220553	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 109395		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

Right kidney measures 63 x 36 mm.**Small in size.**

Left kidney measures 130 x 60 mm.**Hypertrophied.**

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

Prostate is enlarged in size measures 31 x 41 x 34 mm,Volume--22 cc.No evidence of necrosis/calcification seen.

IMPRESSION:-

Patient Name : Mr. JAFAR HUSSAIN

Age/Gender : 34 Y/M

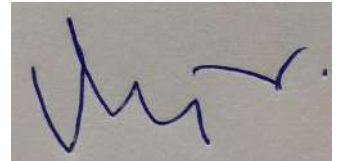
****SMALL RIGHT KIDNEY COMPARED WITH THE LEFT KIDNEY .**

****GRADE-I PROSTATOMEGALY.**

****MILD FATTY CHANGES IN LIVER.**

Suggest – clinical correlation.

(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. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 10:38AM
UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 12:19PM
Visit ID : CKONOPV633927	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 109395	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	15.1	L	g/dL	13-17	Spectrophotometer
PCV	44.00	L	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.16	L	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85	L	fL	83-101	Calculated
MCH	29.2	L	pg	27-32	Calculated
MCHC	34.2	L	g/dL	31.5-34.5	Calculated
R.D.W	13.3	L	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,100	L	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	60	L	%	40-80	Electrical Impedance
LYMPHOCYTES	30	L	%	20-40	Electrical Impedance
EOSINOPHILS	04	L	%	1-6	Electrical Impedance
MONOCYTES	06	L	%	2-10	Electrical Impedance
BASOPHILS	00	L	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	4860	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2430	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	324	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	486	L	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	318000	L	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	L	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR		L			

RBC :Normocytic Normochromic.

WBC : TLC and DLC Within normal limits.

PLATELETS :Adequate on the smear.

Page 1 of 14



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name	: Mr.JAFAR HUSSAIN	Collected	: 30/Jan/2024 09:05AM
Age/Gender	: 34 Y 0 M 0 D/M	Received	: 30/Jan/2024 10:38AM
UHID/MR No	: CKON.0000425566	Reported	: 30/Jan/2024 12:19PM
Visit ID	: CKONOPV633927	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 109395		

DEPARTMENT OF HAEMATOLOGY

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 10:38AM
UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 02:00PM
Visit ID : CKONOPV633927	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 109395	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA					
BLOOD GROUP TYPE	B	N			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	N			Forward & Reverse Grouping with Slide/Tube Agglutination




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 12:25PM
UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 01:20PM
Visit ID : CKONOPV633927	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 109395	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	L	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:

- 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	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	L	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	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	6	H	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	N	mg/dL		Calculated

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Patient Name	: Mr.JAFAR HUSSAIN	Collected	: 30/Jan/2024 09:05AM
Age/Gender	: 34 Y 0 M 0 D/M	Received	: 30/Jan/2024 12:25PM
UHID/MR No	: CKON.0000425566	Reported	: 30/Jan/2024 01:20PM
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DEPARTMENT OF BIOCHEMISTRY

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

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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 12:25PM
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DEPARTMENT OF BIOCHEMISTRY

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

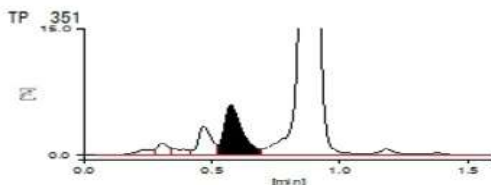
Chromatogram Report

V5.28 1 2024-01-30 13:09:37
 ID EDT240009511
 Sample No. 01300068 SL 0003 - 03
 Patient ID
 Name
 Comment

GALIB Name	%	Time	Area
A1A	0.5	0.23	10.69
A1B	0.7	0.31	13.58
F	0.5	0.39	10.48
LA1C+	2.0	0.47	40.61
SA1C	6.0	0.57	95.92
A0	92.0	0.87	1857.63
H-V0			
H-V1			
H-V2			

Total Area 2028.91

HbA1c 6.0 % IFCC 42 mmol/mol
 HbA1 7.2 % HbF 0.5 %



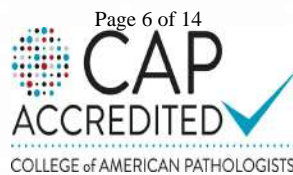
30-01-2024 13:09:37 APOLLO

1 / 1

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

Maruthi

Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist



Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 11:00AM
UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 12:22PM
Visit ID : CKONOPV633927	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 109395	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	224	H	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	211	H	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	31	L	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	193	H	mg/dL	<130	Calculated
LDL CHOLESTEROL	150.8	H	mg/dL	<100	Calculated
VLDL CHOLESTEROL	42.2	H	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.23	H		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.



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 11:00AM
UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 12:22PM
Visit ID : CKONOPV633927	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 109395	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.90	L	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	L	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	L	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	L	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	L	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	66.00	L	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	L	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	L	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	L	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52	L		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 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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Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 12:29PM
UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 01:37PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	1.10	L	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	19.20	L	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	L	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.54	H	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.51	L	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.31	L	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	L	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	L	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	L	mmol/L	101-109	ISE (Indirect)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:BI18055611

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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

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Address:
The Apollo Medical Centre, 2-20/5/A, Kothaguda X Roads, Kondapur,
Hyderabad, Telangana, India - 500032.

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CAP
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Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 11:00AM
UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 12:04PM
Visit ID : CKONOPV633927	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	L	U/L	15-73	Glycylglycine Nitoranalide




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MD(Path)
Consultant Pathologist

Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 10:38AM
UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 12:04PM
Visit ID : CKONOPV633927	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-iodothyronine (T3, TOTAL)	1.13	L	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.11	L	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.257	L	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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Patient Name	: Mr.JAFAR HUSSAIN	Collected	: 30/Jan/2024 09:05AM
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DEPARTMENT OF IMMUNOLOGY

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



Dr.Sukumar Sannidhi
MD(Path)
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Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
Age/Gender : 34 Y 0 M 0 D/M	Received : 30/Jan/2024 11:58AM
UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 12:45PM
Visit ID : CKONOPV633927	Status : Final Report
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Emp/Auth/TPA ID : 109395	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	CLEAR	N		CLEAR	Visual
pH	6.0	L		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005	L		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE	N		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	N		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE	N		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	4-5	L	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	N	/hpf	<10	MICROSCOPY
RBC	NIL	N	/hpf	0-2	MICROSCOPY
CASTS	NIL	L		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT	N		ABSENT	MICROSCOPY




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Patient Name : Mr.JAFAR HUSSAIN	Collected : 30/Jan/2024 09:05AM
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UHID/MR No : CKON.0000425566	Reported : 30/Jan/2024 01:06PM
Visit ID : CKONOPV633927	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR




Dr.Sukumar Sannidhi
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