


<b>Name</b> : Mr. Shankar Kumar Jha	<b>Age</b> : 52 Y	<b>UHID</b> :SCH1.0000016388
<b>Address</b> : 54G/104 EOK	<b>Sex</b> : M	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :SCH1OPV23320
		<b>Bill No</b> :SCH1-OCR-8666
		<b>Date</b> : 25.11.2023 09:04

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING) ✓	
2	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) ✓	
4	HbA1c, GLYCATED HEMOGLOBIN ✓	
5	2 D ECHO ✓ <i>1 P.m.</i>	
6	LIVER FUNCTION TEST (LFT) ✓	
7	X-RAY CHEST PA ✓	
8	GLUCOSE, FASTING ✓	
9	HEMOGRAM + PERIPHERAL SMEAR ✓	
10	ENT CONSULTATION ✓	
11	FITNESS BY GENERAL PHYSICIAN	
12	DIET CONSULTATION <i>After report</i>	
13	COMPLETE URINE EXAMINATION ✓	
14	URINE GLUCOSE(POST PRANDIAL) ✓	
15	PERIPHERAL SMEAR ✓	
16	ECG ✓	
17	BLOOD GROUP ABO AND RH FACTOR ✓	
18	LIPID PROFILE ✓	
19	BODY MASS INDEX (BMI)	
20	OPHTHAL BY GENERAL PHYSICIAN ✓	
21	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
22	ULTRASOUND - WHOLE ABDOMEN ✓ ✓	
23	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
24	DENTAL CONSULTATION ✓	
25	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ <i>9:40 → 11:40</i>	

E - 15-1

BS *137 6.5*  
PP *118*  
TC *175*

Height:.....	<i>169cm</i>
Weight:.....	<i>70.8kg</i>
B.P:.....	<i>142/98</i>
Pulse:.....	<i>70bmt</i>

*SpO2 - 99*

## PHC\_Desk

---

**From:** noreply@apolloclinics.info  
**Sent:** 22 November 2023 16:37  
**To:** customercare@mediwheel.in  
**Cc:** phc.klc@apollospectra.com; syamsunder.m@apollohl.com;  
cc.klc@apollospectra.com  
**Subject:** Your Apollo order has been confirmed



**Dear MR. JHA SHANKAR KUMAR,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **SPECTRA NEHRU ENCLAVE clinic** on **2023-11-25** at **09:15-09:30**.

Payment Mode	<b>Credit</b>
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b>

"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."

**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.**



भारत सरकार  
GOVERNMENT OF INDIA



शंकर कुमार झा  
Shankar Kumar Jha  
जन्मतिथि/DOB: 24/04/1971  
पुरुष/ MALE  
Mobile No: 8452961075



4499 4444 6946

मेरा आधार, मेरी पहचान



आधार

ठिकाना:

S/O: श्री राजनाथ झा, ए-302, प्लॉट नं. 48,  
सेक्टर 20, अमृतधारा कॉम्प्लेक्स, रिलायंस फ्रेश  
जयक, खारघर, नवी मुंबई, खारघर, रायगड,  
महाराष्ट्र - 410210

Address :

S/O: Shri Rajanath Jha, A-302, Plot No. 48, Sector  
20, Amrutdhara Complex, Near Reliance Fresh,  
Kharghar, Navi Mumbai, Kharghar, Raigarh,  
Maharashtra - 410210

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



1947  
1800 500 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,  
Bengaluru-560 001

**DR. (Pof.) Ameet Kishore**

**SENIOR CONSULTANT SURGEON**

MBBS, (AFMC), FRCS(Glass), FRCS(Edin), FRCS-ORL(UK)  
Ear, Nose, Throat & Neuro-Otolology

For Appointment: +91 1140465555  
M: +91 9910995018



Specialists in Surgery

25-11-2023

Mr. Shankar Kumar Jha.

**DR. Sharad Nair**

MBBS, MS, (ENT), FHNORS

**CONSULTANT SURGEON**

Ear, Nose, & Throat Head, Neck & Cancer Surgery

52/M

For Appointment: +91 1140465555  
M: +91 9910995018

DM (+)

HTN (+)

**DR. Ashwani Kumar**

MBBS, DNB, MNAMS

**CONSULTANT SURGEON**

Ear, Nose, & Throat Surgery

Allergy Specialist

Yes - Regular ENT check up

For Appointment: +91 1140465555  
M: +91 9910995018

1/c

Nose - Dors (+)

Throat - Normal.

Ear - BIC TM intact.

+ R +  
W  
↑

Adm

NO active intervention

Clinically fit from ENT side

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040-4904 7777 | www.apollohl.com

25/11/2023

Mr. Shankar Kumar Jha.

52 Years / Male

C/C: Regular Dental Check up.

M/H: Hypertension since 4 years  
Diabetes ↓ under Medication since 1 year.

Habit of  
Pan chewing  
since 20-25  
years.

PDH: N.R.

O/E:  
• Calculus.  
• Stains present.  
• Generalised Attraction present.

Advised: Scaling & oral Propylamine;  
Night Guard (Soft)  
Stop this habit.

27/11/25

Mr. Shankar Kumar  
Jhe.

52M

h<sub>1</sub> ⊗ 9/6 → 9/6  
⊙ 9/6 → 9/6 ⊗ 9/6 - no.  
(truncated)

NC 1915  
15 M

4/10-20/10 ⊕

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⊙ 10/11 - 0.75 x 9/6 - ⊕  
add +2.00 D.

PO4 9/6

copy from ⊕ 9/6

⊕ 9/6

touch with ⊕ 9/6

Ref 9/6

Ady - Classmate Boorabhi - ⊕  
- Ocular de Eye ⊕ 9/6

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Ph No: 040-4904 7777 | www.apollohl.com

Refine, Ex for ⊕  
[Signature]

ID: 16388

SHANKAR KUMAR JHA

Male 52Years

Req. No. :

25-11-2023 10:02:02

HR : 79 bpm

P : 101 ms

PR : 153 ms

QRS : 95 ms

QT/QTcBz : 377/434 ms

P/ORS/T : 77/-11/61 °

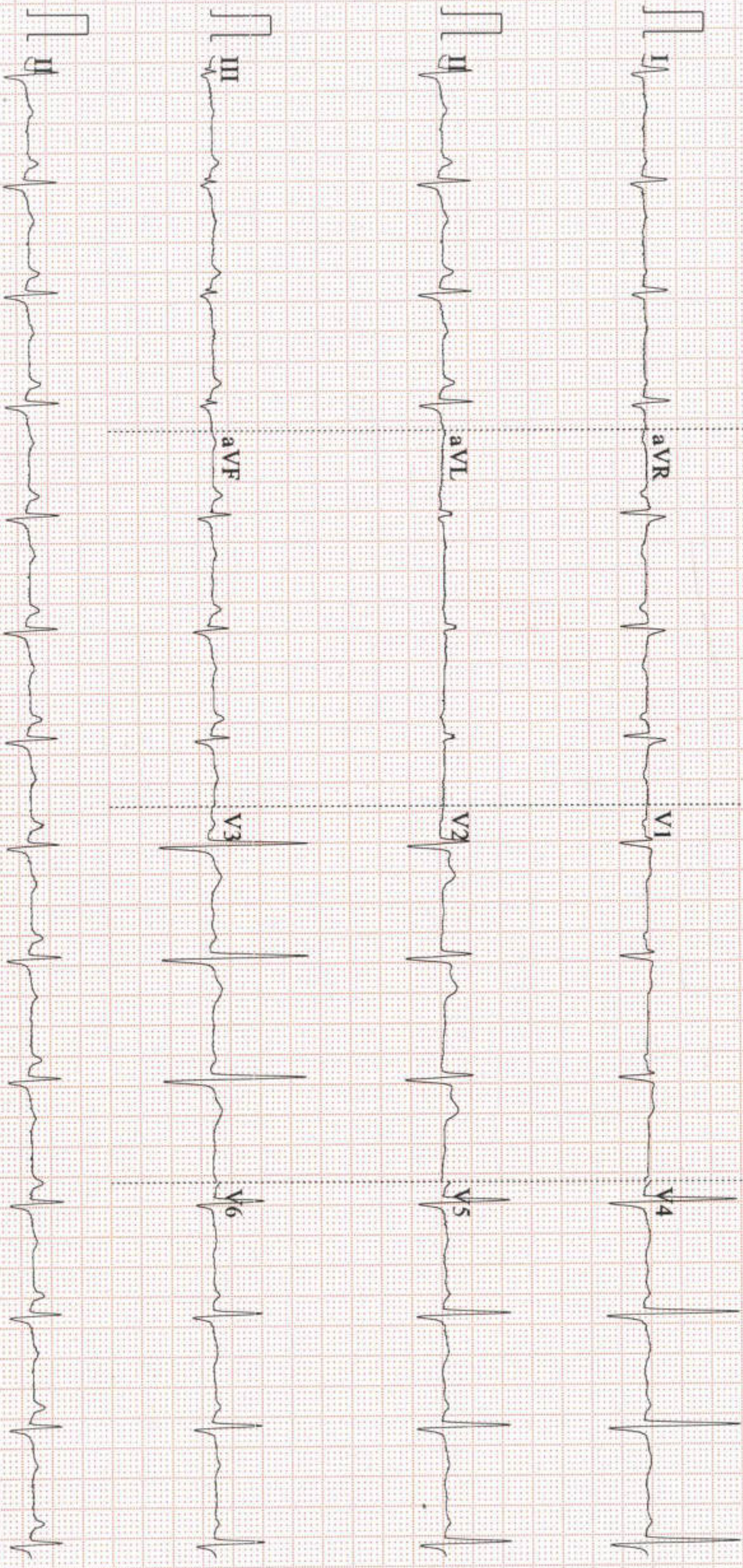
RV5/SVI : 1.115/0.421 mV

Diagnosis Information:

Sinus Rhythm

Low T Wave(V4,V5,V6)

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 4\*2.5s+1r V2.22 SEMIP V1.92 APOLLO SPECIALTY HOSPITALS

MINDO KALI CLINIC

1 2 3 4 5

NAME :	SHANKAR KUMAR JHA	AGE/SEX:	52	YRS./M
UHID :	16388			
REF BY :	APOLLO SPECTRA	DATE:-	25.11.2023	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Prostate:** normal in size, weight 20.8 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

### **IMPRESSION: FATTY CHANGES IN LIVER GRADE I**

Please correlate **clinically** and with lab. Investigations.



DR. MONICA CHHABRA  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

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Ph No: 040-4904 7777 | www.apollohl.com



Patient Name: Mr Shankar Kumar Jha      Age: 52 Y-M  
 UHID: SCHI 0000016388      OP Visit No: SCHIOPV23320  
 Conducted By:      Conducted Date: 25-11-2023 15:50  
 Referred By: SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed  
 Subvalvular deformity Present/**Absent**      Score \_\_\_\_\_  
 Doppler Normal/Abnormal      E≥A      E<A  
 Mitral Stenosis Present/**Absent**      RR Interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg      MDG \_\_\_\_\_mmHg      MVA \_\_\_\_\_cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent**      RR interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg      MDG \_\_\_\_\_mmHg  
 Tricuspid regurgitation **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_msec      Pred RVSP=RAP+ \_\_\_\_\_mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation  
 Doppler **Normal**/Abnormal  
 Pulmonary stenosis Present/**Absent**      Level  
 PSG \_\_\_\_\_mmHg      Pulmonary annulus \_\_\_\_\_mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_mmHg      End diastolic gradient mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/3/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent**      Level  
 PSG \_\_\_\_\_mmHg      Aortic annulus \_\_\_\_\_mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe

Measurements	Normal Values	Measurements	Normal values
Aorta	2.8 (2.0 - 3.7cm)	LA es	3.2 (1.9 - 4.0cm)
LV es	2.4 (2.2 - 4.0cm)	LV ed	4.2 (3.7 - 5.6cm)
IVS ed	1.0 (0.6 - 1.1cm)	PW (LV)	0.9 (0.6 - 1.1cm)
RV ed	(0.7 - 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	65% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical

**CHAMBERS:**

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced  
 Regional wall motion abnormality **Absent**  
 LA **Normal**/Enlarged/**Clear**/Thrombus  
 RA **Normal**/Enlarged/**Clear**/Thrombus  
 RV **Normal**/Enlarged/**Clear**/Thrombus

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## PERICARDIUM

### COMMENTS & SUMMARY

- ✓ Normal L.V systolic function
- ✓ No RWMA, LVEF=65%
- ✓ Grade I LVDD
- ✓ No AR,PR,MR & TR
- ✓ No I/C clot or mass
- ✓ Good RV function
- ✓ Normal pericardium
- ✓ No pericardial effusion

  
*Dr. M K Gupta*  
M.B.B.S, MD, F.I.A.C.M  
Senior Consultant Cardiologist



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## DIGITAL X-RAY REPORT

NAME: SHANKAR KUMAR	DATE: 25.11.2023
UHID NO : 16388	AGE: 52 YRS/ SEX: Male

### X-RAY CHEST PA VIEW

Both the lung fields show accentuated bronchovascular markings.

Both the costophrenic angles are clear.

Heart size is normal. Unfolding of aorta seen.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

Please correlate clinically and with lab investigations

  
**DR. MONICA CHHABRA**  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 09:37AM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 05:14PM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

....



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 09:37AM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 01:33PM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	14.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.18	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.6	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,260	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52.7	%	40-80	Electrical Impedance
LYMPHOCYTES	25.2	%	20-40	Electrical Impedance
EOSINOPHILS	15.1	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3299.02	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1577.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	945.26	Cells/cu.mm	20-500	Calculated
MONOCYTES	400.64	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.56	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	208000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC  
WBC - MILD EOSINOPHILIA  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 09:37AM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 05:14PM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 11:40AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 12:38PM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 04:24PM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>131</b>	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

- 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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	118	mg/dL	70-140	GOD - POD
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 01:02PM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 01:48PM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	140	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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





Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 09:36AM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 11:33AM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	197	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>175</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>157</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>122</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>35</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.93		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.



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 09:36AM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 11:33AM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	64.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		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.



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
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UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 11:33AM
Visit ID : SCHIOPV23320	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>7.60</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>3.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5-8.5	Uricase
CALCIUM	8.90	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 09:36AM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 10:21AM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

**DEPARTMENT OF BIOCHEMISTRY**

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

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



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 09:37AM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 10:51AM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	<b>1.83</b>	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.16	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.350	µIU/mL	0.25-5.0	ELFA

**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



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 01:06PM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 02:17PM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.840	ng/mL	0-4	CLIA



Patient Name : Mr.SHANKAR KUMAR JHA	Collected : 25/Nov/2023 09:16AM
Age/Gender : 52 Y 7 M 1 D/M	Received : 25/Nov/2023 09:48AM
UHID/MR No : SCHI.0000016388	Reported : 25/Nov/2023 04:29PM
Visit ID : SCHIOPV23320	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sdgfg	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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


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



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