

Patient Name	: Mr.DEVENDER KUMAR	Collected	: 10/Feb/2024 10:11AM
Age/Gender	: 41 Y 10 M 14 D/M	Received	: 10/Feb/2024 10:32AM
UHID/MR No	: SCHI.0000017947	Reported	: 10/Feb/2024 05:19PM
Visit ID	: SCHIOPV25911	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DETJUXYFG		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:BED240033815



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	42.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>4.44</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96.4	fL	83-101	Calculated
MCH	31.7	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,410	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	48.1	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>40.6</b>	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2602.21	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2196.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	265.09	Cells/cu.mm	20-500	Calculated
MONOCYTES	292.14	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54.1	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	195000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
 PLATELETS ARE ADEQUATE.  
 NO HEMOPARASITES SEEN

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Dr. SHWETA GUPTA  
 MBBS, MD (Pathology)  
 Consultant Pathology

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**DEPARTMENT OF HAEMATOLOGY**

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



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:BED240033815



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Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:32AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 11:53AM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF HAEMATOLOGY**

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

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



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:BED240033815



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 12:41PM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 01:34PM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 04:49PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	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	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	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.



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:PLP1417725



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 12:38PM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 01:32PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)

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

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



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:31AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 11:39AM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>151</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>135</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>30.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		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. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:SE04625400



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Visit ID : SCHIOPV25911	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	84.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.14		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

- 3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	29.40	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	13.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.5-8.5	Uricase
CALCIUM	9.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:SE04625400



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:31AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 11:30AM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:SE04625400



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Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:32AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 12:58PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.05	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.770	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



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No: SPL24022288



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 12:55PM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 01:55PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.930	ng/mL	0-4	CLIA



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

SIN No:IM06943107



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 11:49AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 04:55PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:UR2279769



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 11:50AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 04:57PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:UF010540



Patient Name : Mr. DEVENDER KUMAR  
UHID : SCHI.0000017947  
Conducted By: :  
Referred By : SELF

Age : 41 Y/M  
OP Visit No : SCHIOPV25911  
Conducted Date :

Patient Name : Mr. DEVENDER KUMAR  
UHID : SCHI.0000017947  
Conducted By :  
Referred By : SELF

Age : 41 Y/M  
OP Visit No : SCHIOPV25911  
Conducted Date :

---

Name : Mr. DEVENDER KUMAR

Age: 41 Y

UHID: SCHI.0000017947

Address : DELHI

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

OP Number: SCHIOPV25911

Bill No : SCHI-OCR-9352

Date : 10.02.2024 10:04

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



Booking ID	EMP-NAME	AGE	GENDER
bobS7423	REKHA	35 year	Female
bobE7422	MR. KUMAR DEVENDER	41 year	Male

**Transport Department Government of Delhi**

Licence to Drive Vehicles Throughout India

Licence No. : DL-033011026379

Name : DEVENDER KUMAR

S/M/D : MAHINDER SINGH

DOB : 27/03/1982

SG : A+

Address : H NO 78 CHIRAG DELHI 110017



Authorisation to Drive : LMV-MT

Date of Issue : 24/08/2011

M.CYL. : M



(Holder's Signature)

Issue Date : 24/08/2011

Validity : 23/08/2011

Zmv Carr No : MA

Issuing Authority (S2)

## DIGITAL X-RAY REPORT

NAME: DEVENDER	DATE: 10.02.2024
UHID NO : 17947	AGE: 41 YRS/ SEX: M

### X-RAY CHEST PA VIEW

Fibrotic opacities are seen at right hila, left upper zones

Rest of the lung fields show accentuated bronchovascular markings

Nodule seen in right lower zone

Both the costophrenic angles are clear.

Heart size is normal.

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

**KUMAR, DEVENDER**

Patient ID: 17947

10.02.2024 Male 168 cm 67 kg

2:38:48pm 41 yrs Indian

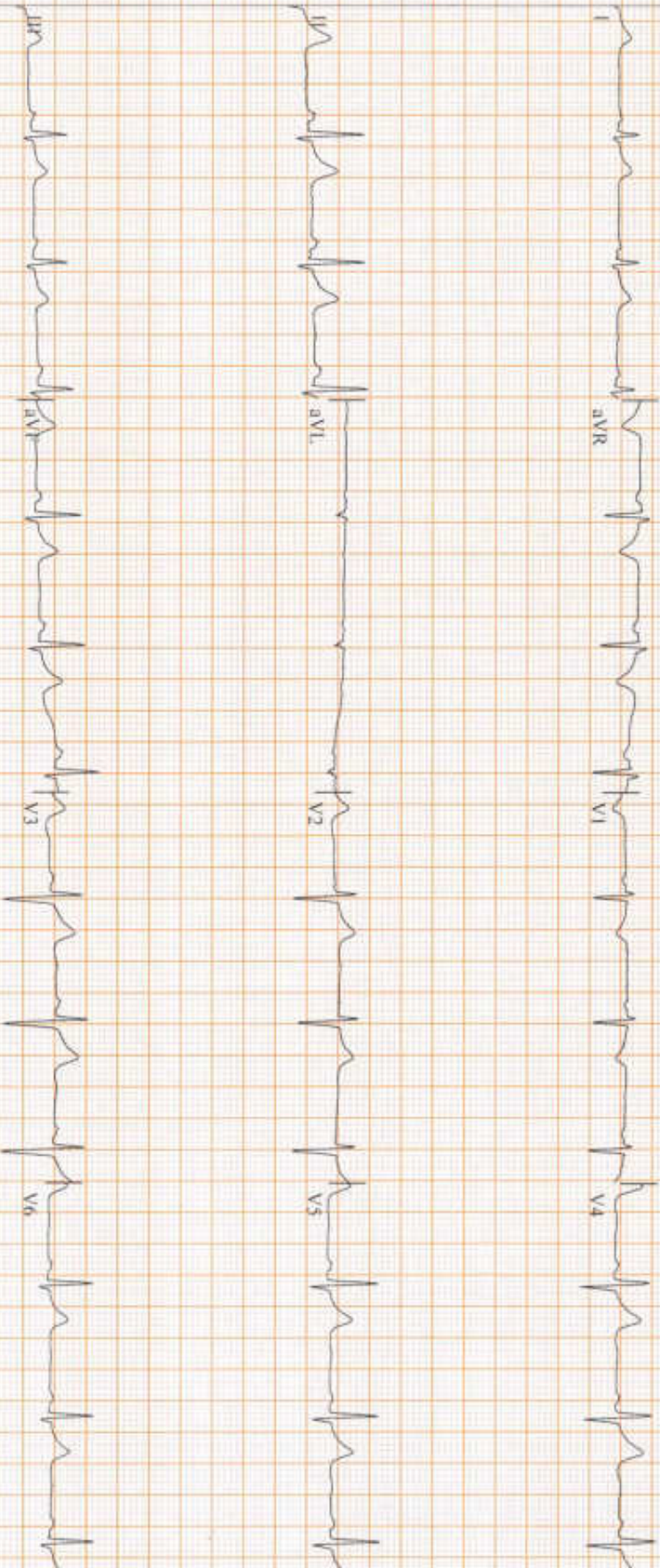
Resting ECG / 4 x 2.5s

APOLLO SPECTRA

*BNL*

Vent. Rate 74 bpm  
PR interval 122 ms  
QRS duration 82 ms  
QT / QTc(B) 352 / 390 ms  
P-R-T axes 66 / 69 / 62 °  
P duration 86 ms  
RR / PP interval 816 / 810 ms  
Sokolow-Lyon 1.34 mV

Location: \* 0 \*  
System Evaluation:  
Normal sinus rhythm  
Normal ECG  
---  
Arrhythmia results of the full-disclosure ECG  
QRS Complexes: 24



GE CardioSoft V7.0(10)  
25 mm/s 10 mm/mV 0.04-150 Hz 50 Hz 12SL V23

Unconfirmed

Attending MD  
Page 1

<b>NAME :</b>	<b>DEVENDER KUMAR</b>	<b>AGE/SEX:</b>	<b>41</b>	<b>YRS./M</b>
<b>UHID :</b>	<b>17947</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>10.02.2024</b>	

**ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**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 17 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY**

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

  
DR. PRADEEP DUTTA  
Consultant Radiologist

Patient Name	: Mr. DEVENDER KUMAR	Age	: 41 Y/M
IJHID	: SCHI.0000017947	OP Visit No	: SCHIOPV25911
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 10-02-2024 17:47
Referred By	: SELF		

Protocol	: Bruce Protocol
Medication	: .
Target Heart Rate	: 179 BPM
Heart Rate Achieved	: 173 BPM
Percentage of THR Achieved	: 96%
Maximum Blood Pressure	: 130/84 mmHg
Total Exercise Duration	: 09:03 Min
Maximum Worked Attained	: 10.10 Mets
Reason for termination	: Max HR attained

#### Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

#### Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically  
Not valid for medico legal purpose.

*Dr. M K Gupta*  
**M.B.B.S, MD,FIACM**  
*Senior Consultant Cardiologist*

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048  
Ph: 011-40465555, 9910995018 | [www.apollospectra.com](http://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](http://www.apollohl.com)

APOLLO SPECTRA  
NEHRU ENCLAVE  
NEW DELHI

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: KUMAR, DEVENDER  
Patient ID: 17947  
Height: 168 cm  
Weight: 67 kg

DOB: 27.03.1982  
Age: 41 yrs  
Gender: Male  
Race: Indian

Study Date: 10.02.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ mph ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	00:46	0.00	0.00	71	110/70	
	STANDING	01:15	0.00	0.00	82	110/70	
	WARM-UP	00:19	0.70	0.00	88		
EXERCISE	STAGE 1	03:00	1.70	10.00	123	120/80	
	STAGE 2	03:00	2.50	12.00	150	124/84	
	STAGE 3	03:00	3.40	14.00	173	124/84	
	STAGE 4	00:03	3.20	14.30	171		
RECOVERY		02:57	0.00	0.00	109	120/80	

The patient exercised according to the BRUCE for 9:03 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 71 bpm rose to a maximal heart rate of 173 bpm. This value represents 96 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 130/84 mmHg. The exercise test was stopped due to Max HR attained.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.

### Conclusions

--

Physician \_\_\_\_\_ Technician \_\_\_\_\_

**KUMAR, DEVENDER**

Exercise Test / Tabular Summary

APOLLO SPECTRA

Patient ID: 17947  
 10.02.2024 Male 168 cm 67 kg  
 2:41:08pm 41 yrs Indian  
 Meds:

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

BRUCE: Exercise Time 09:03  
 Max HR: 173 bpm 96% of max predicted 179 bpm HR at rest: 71  
 Max BP: 130/84 mmHg BP at rest: 110/70 Max RPP: 22230 mmHg\* bpm  
 Maximum Workload: 10.10 METS  
 Max. ST: -0.50 mm, 0.61 mV/s in III; EXERCISE STAGE 3 9:00  
 Arrhythmia: A:31, VBIQ:2, PVC:96, CPLT:2, PCAP:1  
 ST/HR Index: 0.40  $\mu$ V/bpm  
 HR reserve used: 92%  
 HR recovery: 48 bpm  
 VE recovery: 11 VE/min  
 ST/HR hysteresis: -0.008 mV/(V2)  
 QRS duration: BASELINE: 90 ms, PEAK EX: 90 ms, REC: 92 ms  
**Reasons for Termination:** Max HR attained  
**Summary:**  
**Resting ECG:** normal **Functional Capacity:** normal **HR Response to Exercise:**  
 appropriate **BP Response to Exercise:** normal resting BP - appropriate response  
**Chest Pain:** none  
 Room:  
 Location: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	ST Level [mm]	Comment
PRETEST	SU/PINE	00:46	0.00	0.00	1.0	71	110/70	7810	0	0.40	
	STANDING	01:15	0.00	0.00	1.0	82	110/70	9020	5	-0.65	
	WARM-UP	00:19	0.70	0.00	1.1	88		9680	5	0.75	
	STAGE 1	03:00	1.70	10.00	4.6	123	120/80	14760	3	0.45	
EXERCISE	STAGE 2	03:00	2.50	12.00	7.0	150	124/84	18600	8	-0.15	
	STAGE 3	03:00	3.40	14.00	10.1	173	124/84	21452	21	-0.50	
	STAGE 3	00:03	3.20	14.30	10.1	171		21204	21	-0.40	
	STAGE 4										
RECOVERY		02:57	0.00	0.00	1.0	109	120/80	13080	0	0.25	

GE CardioSoft V7.0 (10)

Unconfirmed

Attending MD:



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Devennder Kumar on 10/2/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. Meenu  
**Medical Officer**  
**The Apollo Clinic, Uppal**

*This certificate is not meant for medico-legal purposes*

## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Deuendes</u>	UHID No: <u>17947</u>
AGE / GENDER :- <u>41yrs</u>	RECEIPT No :-
PANEL : <u>Arcofemi</u>	EXAMINED ON :- <u>10/2/24</u>

R/c

**Chief Complaints:**

No Surgical H/O

**Past History:**

DM	:	<input checked="" type="checkbox"/> Nil	CVA	:	<input checked="" type="checkbox"/> Nil
Hypertension	:	<input checked="" type="checkbox"/> Nil	Cancer	:	<input checked="" type="checkbox"/> Nil
CAD	:	<input checked="" type="checkbox"/> Nil	Other	:	<input checked="" type="checkbox"/> Nil

**Personal History:**

Alcohol	:	<input checked="" type="checkbox"/> Nil	Activity	:	<input checked="" type="checkbox"/> Active
Smoking	:	<input checked="" type="checkbox"/> Nil	Allergies	:	<input checked="" type="checkbox"/> Nil

**Family History:** DM / HT

**General Physical Examination:**

Height	<u>168</u>	:	cms	Pulse	<u>86/m</u>	bpm
Weight	<u>67</u>	:	Kgs	BP	<u>110/70</u>	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	<input checked="" type="checkbox"/> Normal
Respiratory system	:	<input checked="" type="checkbox"/> Normal
Abdominal system	:	<input checked="" type="checkbox"/> Normal
CNS	:	<input checked="" type="checkbox"/> Normal
Others	:	<input checked="" type="checkbox"/> Normal

## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Dewender</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

### Investigations:

- *All the reports of tests and investigations are attached herewith*

*TA 151*

### Recommendation:

- *low fat diet*  
*Cap A Active once a day x 1-2 months*  
*My vite D<sub>3</sub> 60 k once a week*  
*6-12 weeks*

*Navneet*  
Dr. Navneet Kaur  
Consultant Physician



Patient Name : Mr. DEVENDER KUMAR Age : 41 Y/M  
UHID : SCHL0000017947 OP Visit No : SCHIOPV25911  
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 10-02-2024 17:50  
Referred By : SELF

---

**Protocol** : Bruce Protocol  
**Medication** :  
**Target Heart Rate** : 179 BPM  
**Heart Rate Achieved** : 173 BPM  
**Percentage of THR Achieved** : 96%  
**Maximum Blood Pressure** : 130/84 mmHg  
**Total Exercise Duration** : 09:03 Min.  
**Maximum Worked Attained** : 10.10 Mets  
**Reason for termination** : Max HR attained.

#### Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

#### Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically  
Not valid for medico legal purpose.

**Dr. M K Gupta**  
**M.B.B.S, MD,FIACM**  
**Senior Consultant Cardiologist**

Patient Name	: Mr. DEVENDER KUMAR	Age	: 41 Y/M
UHID	: SCHI.0000017947	OP Visit No	: SCHIOPV25911
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 10-02-2024 17:50
Referred By	: SELF		

---

Patient Name	: Mr.DEVENDER KUMAR	Collected	: 10/Feb/2024 10:11AM
Age/Gender	: 41 Y 10 M 14 D/M	Received	: 10/Feb/2024 10:32AM
UHID/MR No	: SCHI.0000017947	Reported	: 10/Feb/2024 05:19PM
Visit ID	: SCHIOPV25911	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DETJUXYFG		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

----



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:BED240033815



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:32AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 05:19PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	42.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>4.44</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96.4	fL	83-101	Calculated
MCH	31.7	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,410	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	48.1	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>40.6</b>	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2602.21	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2196.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	265.09	Cells/cu.mm	20-500	Calculated
MONOCYTES	292.14	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54.1	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	195000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN

Page 2 of 14



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:BED240033815



Patient Name	: Mr.DEVENDER KUMAR	Collected	: 10/Feb/2024 10:11AM
Age/Gender	: 41 Y 10 M 14 D/M	Received	: 10/Feb/2024 10:32AM
UHID/MR No	: SCHI.0000017947	Reported	: 10/Feb/2024 05:19PM
Visit ID	: SCHIOPV25911	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DETJUXYFG		

**DEPARTMENT OF HAEMATOLOGY**

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



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:BED240033815





Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:32AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 11:53AM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF HAEMATOLOGY**

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

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



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:BED240033815



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 12:41PM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 01:34PM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 04:49PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	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	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	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.



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:PLP1417725



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 12:38PM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 01:32PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)

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

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



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:31AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 11:39AM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>151</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>135</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>30.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		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. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:SE04625400



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:31AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 11:39AM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	84.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.14		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	29.40	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	13.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.5-8.5	Uricase
CALCIUM	9.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



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MBBS, MD (Pathology)  
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SIN No:SE04625400



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:31AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 11:30AM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:SE04625400



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 10:32AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 12:58PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.05	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.770	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

- 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



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No: SPL24022288





Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 12:55PM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 01:55PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.930	ng/mL	0-4	CLIA



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

SIN No:IM06943107



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 11:49AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 04:55PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology  
SIN No:UR2279769



Patient Name : Mr.DEVENDER KUMAR	Collected : 10/Feb/2024 10:11AM
Age/Gender : 41 Y 10 M 14 D/M	Received : 10/Feb/2024 11:50AM
UHID/MR No : SCHI.0000017947	Reported : 10/Feb/2024 04:57PM
Visit ID : SCHIOPV25911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DETJUXYFG	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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



Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology

SIN No:UF010540

