



भारत सरकार  
GOVERNMENT OF INDIA



కునుసోత్ భాస్కర్  
Kunsoth Bhaskar  
పుట్టిన తేదీ/ DOB: 13/08/1987  
పురుషుడు / MALE



4307 7890 6329

నా ఆధార్ -నా గుర్తింపు



Dear **KUNSOTH BHASKAR BHASKAR,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA MRC NAGAR clinic** on **2024-02-28** at **08:00-08:15**.

Payment Mode	
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 STANDARD PLUS MALE - PAN INDIA - FY2324]</b>

**"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-To-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: PLOT NO.41/42, 53/54, SATHYADEV AVENUE,M R C NAGAR, R A  
PURAM, CHENNAI,600028 .**

**Contact No: 044 - 66862000.**

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

Warm Regards,  
Apollo Clinic

Name : Mr. KUNSOTH BHASKAR

Age: 36 Y

UHID:SMRC.0000083991

Sex: M



Address : CHENNAI

OP Number:SMRCOPV119858

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :SMRC-OCR-7458

Date : 28.02.2024 09:03

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>X-RAY CHEST PA</del>	
<del>5</del>	<del>GLUCOSE, FASTING</del>	
<del>6</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
7	FITNESS BY GENERAL PHYSICIAN	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>9</del>	<del>PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ECG</del>	
<del>11</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>12</del>	<del>LIPID PROFILE</del>	
<del>13</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>14</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
<del>15</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>16</del>	<del>HYPOID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 11.45-AM	

Temp :- 98.6f

pulse :- 96 b/min

SpO2 :- 98%

Bp :- 120/80 mmHg

Wt :- 93.9kg

Ht :- 171 cm

Patient Name	: Mr.KUNSOTH BHASKAR	Collected	: 28/Feb/2024 09:06AM
Age/Gender	: 36 Y 6 M 15 D/M	Received	: 28/Feb/2024 09:53AM
UHID/MR No	: SMRC.0000083991	Reported	: 28/Feb/2024 11:46AM
Visit ID	: SMRCOPV119858	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 558286		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**METHODOLOGY : MICROSCOPIC**

RBC : Predominantly Normocytic Normochromic RBCs.  
WBC : Normal in count and distribution. No Abnormal cells seen.  
PLATELET : Adequate on smear.  
PARASITES : No Haemoparasites seen  
IMPRESSION : Normal Blood Picture

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240052061

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Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
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Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.3	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.39	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3933	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2622	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69	Cells/cu.mm	20-500	Calculated
MONOCYTES	276	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.5		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	408000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240052061

Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 09:53AM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 11:26AM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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

The sample has been tested for ABO major groups & Rh only. Hence the result has to be interpreted taking this into context.

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SIN No:BED240052061

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Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 12:38PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 01:14PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
2. Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. R. SRIVATSAN  
M.D.(Biochemistry)



SIN No:PLF02114479

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 11:40AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 04:55PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 06:12PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	86	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.



DR. R. SRIVATSAN  
M.D.(Biochemistry)



SIN No:PLP1424938  
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 12:17PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 01:24PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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. R. SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240023495

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 09:53AM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 11:02AM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	221	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	112	mg/dL	<150	
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	175	mg/dL	<130	Calculated
LDL CHOLESTEROL	152.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.80		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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*C. Chidambaram*  
DR. CHIDAMBARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST



SIN No:SE04644125

Patient Name	: Mr.KUNSOTH BHASKAR	Collected	: 28/Feb/2024 09:06AM
Age/Gender	: 36 Y 6 M 15 D/M	Received	: 28/Feb/2024 09:53AM
UHID/MR No	: SMRC.0000083991	Reported	: 28/Feb/2024 11:02AM
Visit ID	: SMRCOPV119858	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 558286		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04644125

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Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 09:53AM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 11:02AM
Visit ID : SMRCOPV119858	Status : Final Report
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Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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.

*C. Chidambaram*  
DR. CHIDAMBARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04644125



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.84	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>13.91</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04644125

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Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 09:53AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	20.00	U/L	16-73	Glycylglycine Kinetic method

*C. Chidambaram*  
DR. CHIDAMBARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04644125

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Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 12:40PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 02:02PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.183	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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

Page 12 of 14



DR. R. SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24034406

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name	: Mr.KUNSOTH BHASKAR	Collected	: 28/Feb/2024 09:06AM
Age/Gender	: 36 Y 6 M 15 D/M	Received	: 28/Feb/2024 12:40PM
UHID/MR No	: SMRC.0000083991	Reported	: 28/Feb/2024 02:02PM
Visit ID	: SMRCOPV119858	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 558286		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24034406

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 12:25PM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 12:55PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 01:09PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	1.025		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	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Page 14 of 14

*C. Chidambaram*  
DR. CHIDAMBARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2293073



Patient Name : Mr. KUNSOTH BHASKAR  
UHID : SMRC.0000083991  
Reported on : 29-02-2024 10:46  
Adm/Consult Doctor :

Age : 36 Y M  
OP Visit No : SMRCOPV119858  
Printed on : 29-02-2024 10:46  
Ref Doctor : SELF

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

#### FINDINGS:

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualized bones appear normal.

Soft tissues appear normal.

#### IMPRESSION:

**NORMAL STUDY.**

Printed on:29-02-2024 10:46

---End of the Report---



**Dr. ARUN KUMAR S**  
MBBS, DMRD, DNB  
Radiology

NAME: <i>Mr. Kunsoth Bhasikar</i>	S.NO:
AGE & SEX: <i>36 yrs Male</i>	DATE: <i>28/02/24</i>
EMP ID:	

**EYE SCREENING TEST**

	Right Eye	Left Eye
Va (without Glass)	<i>6/6</i>	<i>6/6</i>
Va (With Glass)		
Near Vision( Without Glass)	<i>NG</i>	<i>NG</i>
Near Vision ( With Glass)		
Colour Vision	<i>Normal (21/21)</i>	<i>Normal (21/21)</i>
External Exam		
Pupil		
SLE		
Refraction	<i>Plano (6/6) NG</i>	<i>plano (6/6) NG</i>
Diagnosis		
Advice	<i>Yearly eye checkup</i>	

  
(Optometrist Sign & Date)

83991  
36 Years

MR. KUNSOOTH BHASKAR  
Male

28/02/2024 09:23:17  
APOLLO SPECTRA HOSPITALS

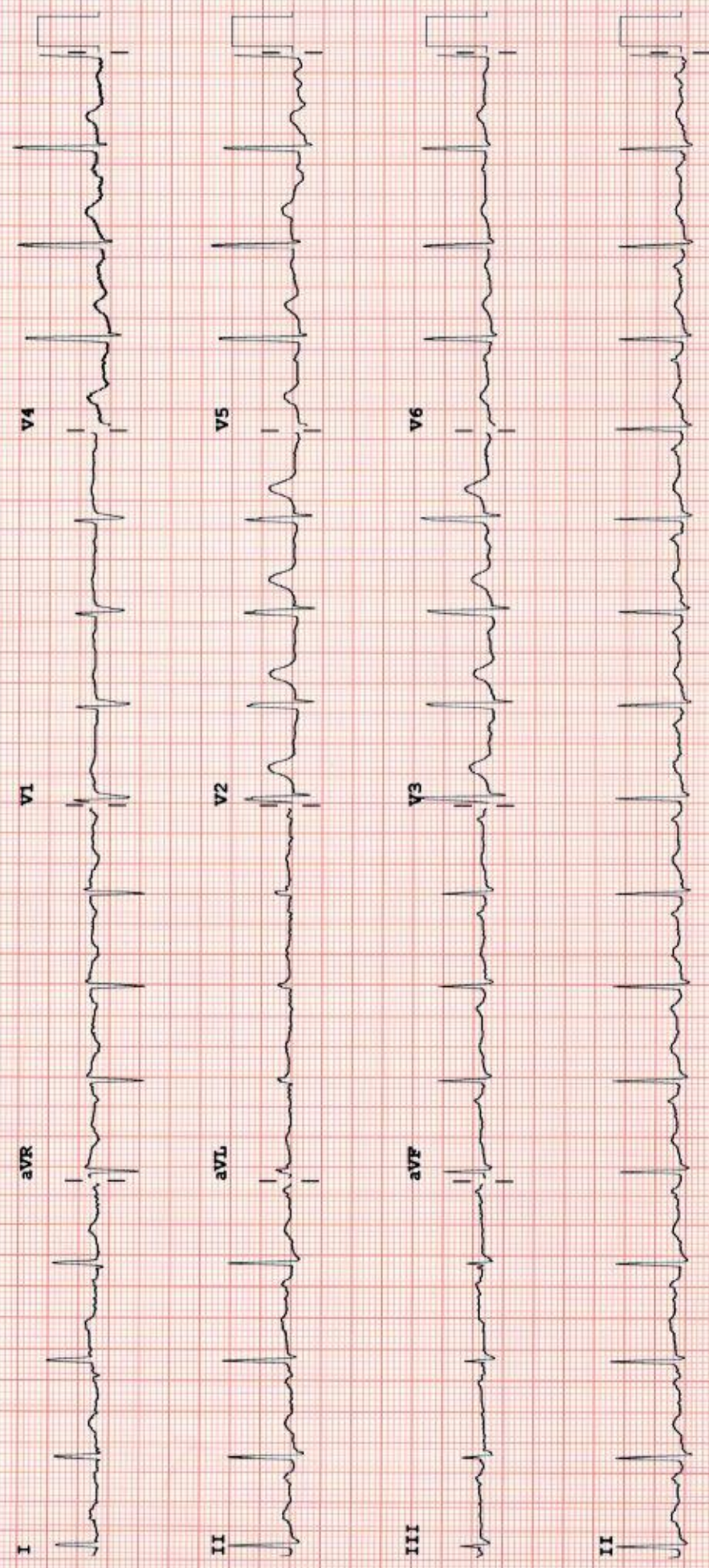
Rate 97 . Sinus rhythm  
. Abnormal R-wave progression, early transition

PR 153  
QRS 101  
QT 347  
QTc 441

--AXIS--  
P 61  
QRS 33  
T 26

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec    Limb: 10 mm/mV    Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

PH100B CL P?

# ORAL EXAMINATION FORM



Date: 28/02/2024

Patient ID: SMPE - 83991 MHC

Patient Name: KUNISOTH BHASKAR Age: 36 Sex: Male  Female

Chief Complaint: Routine dental check up

Medical History: No Relevant medical history

Drug Allergy: NIL

Medication currently taken by the Guest:

Initial Screenign Findings: NIL

Dental Caries:

Missing Teeth:

Impacted Teeth:

Attrition / ~~Abrasion~~ <sup>Abfraction</sup> Present generalized

Bleeding:

Pockets / Recession:

Calculus / Stains: Present (mild)

Mobility:

Restored Teeth:

Non - restorable Teeth for extraction / Root Stumps:

Malocclusion:

Others: Adv for Gastroenterologist concern to rule out GERD.

Advice:- Adv full mouth Oral prophylaxis  
Adv fillings in abraded teeth

Doctor Name & Signature: Dr. P. Deepika

Customer Pending Tests  
General physician consultation pending from client

<b>Patient Name</b>	: Mr. KUNSOTH BHASKAR	<b>Age/Gender</b>	: 36 Y/M
<b>UHID/MR No.</b>	: SMRC.0000083991	<b>OP Visit No</b>	: SMRCOPV119858
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-02-2024 10:46
<b>LRN#</b>	: RAD2250711	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 558286		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**FINDINGS:**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

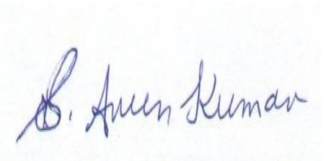
Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualized bones appear normal.

Soft tissues appear normal.

**IMPRESSION:**

**NORMAL STUDY.**



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology



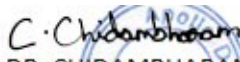
Patient Name	: Mr.KUNSOTH BHASKAR	Collected	: 28/Feb/2024 09:06AM
Age/Gender	: 36 Y 6 M 15 D/M	Received	: 28/Feb/2024 09:53AM
UHID/MR No	: SMRC.0000083991	Reported	: 28/Feb/2024 11:46AM
Visit ID	: SMRCOPV119858	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 558286		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**METHODOLOGY : MICROSCOPIC**

RBC : Predominantly Normocytic Normochromic RBCs.  
WBC : Normal in count and distribution. No Abnormal cells seen.  
PLATELET : Adequate on smear.  
PARASITES : No Haemoparasites seen  
IMPRESSION : Normal Blood Picture

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240052061

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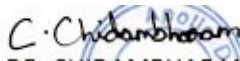
Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 09:53AM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 11:46AM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.3	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.39	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedence
LYMPHOCYTES	38	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3933	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2622	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69	Cells/cu.mm	20-500	Calculated
MONOCYTES	276	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.5		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	408000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
..				

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240052061



**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN: U85100TG2009PTC099414

Registered Office : No.7-1-617A, 615& 616, Imperial Towers 7<sup>th</sup> Floor, Opp. Ameerpet Metro Station Ameerpet, Hyderabad, Telangana - 500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**


Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 09:53AM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 11:26AM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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

The sample has been tested for ABO major groups & Rh only. Hence the result has to be interpreted taking this into context.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240052061

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Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 12:38PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 01:14PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:PLF02114479

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 11:40AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 04:55PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 06:12PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	86	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.



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:PLP1424938

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 12:17PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 01:24PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240023495

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN: U85100TG2009PTC099414

Registered Office : No.7-1-617A, 615& 616, Imperial Towers 7<sup>th</sup> Floor, Opp. Ameerpet Metro Station Ameerpet, Hyderabad, Telangana - 500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 09:53AM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 11:02AM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

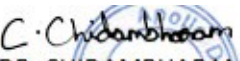
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>221</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	112	mg/dL	<150	
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>175</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>152.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.80		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

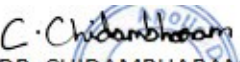
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Patient Name	: Mr.KUNSOTH BHASKAR	Collected	: 28/Feb/2024 09:06AM
Age/Gender	: 36 Y 6 M 15 D/M	Received	: 28/Feb/2024 09:53AM
UHID/MR No	: SMRC.0000083991	Reported	: 28/Feb/2024 11:02AM
Visit ID	: SMRCOPV119858	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 558286		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04644125

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Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 09:53AM
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Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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:**

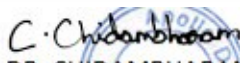
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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. CHIDAMBARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04644125

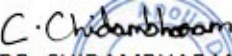


Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 09:53AM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 11:02AM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.84	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>13.91</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04644125



Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	20.00	U/L	16-73	Glycylglycine Kinetic method

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04644125

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Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 09:06AM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 12:40PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 02:02PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.183	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



DR. R. SRIVATSAN  
M.D.(Biochemistry)



SIN No: SPL24034406

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name	: Mr.KUNSOTH BHASKAR	Collected	: 28/Feb/2024 09:06AM
Age/Gender	: 36 Y 6 M 15 D/M	Received	: 28/Feb/2024 12:40PM
UHID/MR No	: SMRC.0000083991	Reported	: 28/Feb/2024 02:02PM
Visit ID	: SMRCOPV119858	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 558286		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24034406

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.KUNSOTH BHASKAR	Collected : 28/Feb/2024 12:25PM
Age/Gender : 36 Y 6 M 15 D/M	Received : 28/Feb/2024 12:55PM
UHID/MR No : SMRC.0000083991	Reported : 28/Feb/2024 01:09PM
Visit ID : SMRCOPV119858	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 558286	


**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	1.025		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	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2293073



**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN: U85100TG2009PTC099414

Registered Office : No.7-1-617A, 615& 616, Imperial Towers 7<sup>th</sup> Floor, Opp. Ameerpet Metro Station Ameerpet, Hyderabad, Telangana - 500 038.

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