


|  |                                       |   |
|--|---------------------------------------|---|
| <b>Name</b> : Mr. Ravi Chander P<br><br><b>Address</b> : #27,4th cross,2nd main road,Munikalappa Garden, R S Palya<br><br><b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN<br>INDIA OP AGREEMENT | <b>Age:</b> 36 Y<br><br><b>Sex:</b> M | <b>UHID:</b> CINR.0000085380<br><br>* CINR . 0 0 0 0 0 8 5 3 8 0 *<br><b>OP Number:</b> CINROPV221313<br><b>Bill No</b> :CINR-OCR-94802<br><b>Date</b> : 08.03.2024 08:44 |
|--|---------------------------------------|---|

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

Pending

08.03.2024

Mr. Ravi chander

36yrs/M

|          |          |        |                |
|----------|----------|--------|----------------|
| Height : | Weight : | BMI :  | Waist Circum : |
| Temp :   | Pulse :  | Resp : | B.P :          |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Acropari - Alte

Ears: nas


Nose: nas

Throat. nas

Follow up date:

Dr. RAVINDRAN

Doctor Signature





Date: 08-03-2024

Department : GENERAL

MR NO : CINR.0000085380

Doctor :

Name : Mr. Ravi Chander P

Registration No :

Age/ Gender : 36 Y / Male

Qualification :

Consultation Timing: 08:44

|                 |                |                              |                      |
|-----------------|----------------|------------------------------|----------------------|
| Height : 167 cm | Weight : 74 kg | BMI : 26.5 kg/m <sup>2</sup> | Waist Circum : 89 cm |
| Temp : 98.6 F   | Pulse : 72 bpm | Resp : 18 bpm                | B.P : 122 / 70 mmHg  |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Ravi  
ID: 85380

21.08.1987  
36 Years

Male

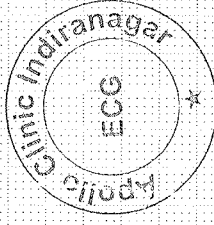
08.03.2024 9:50:03  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

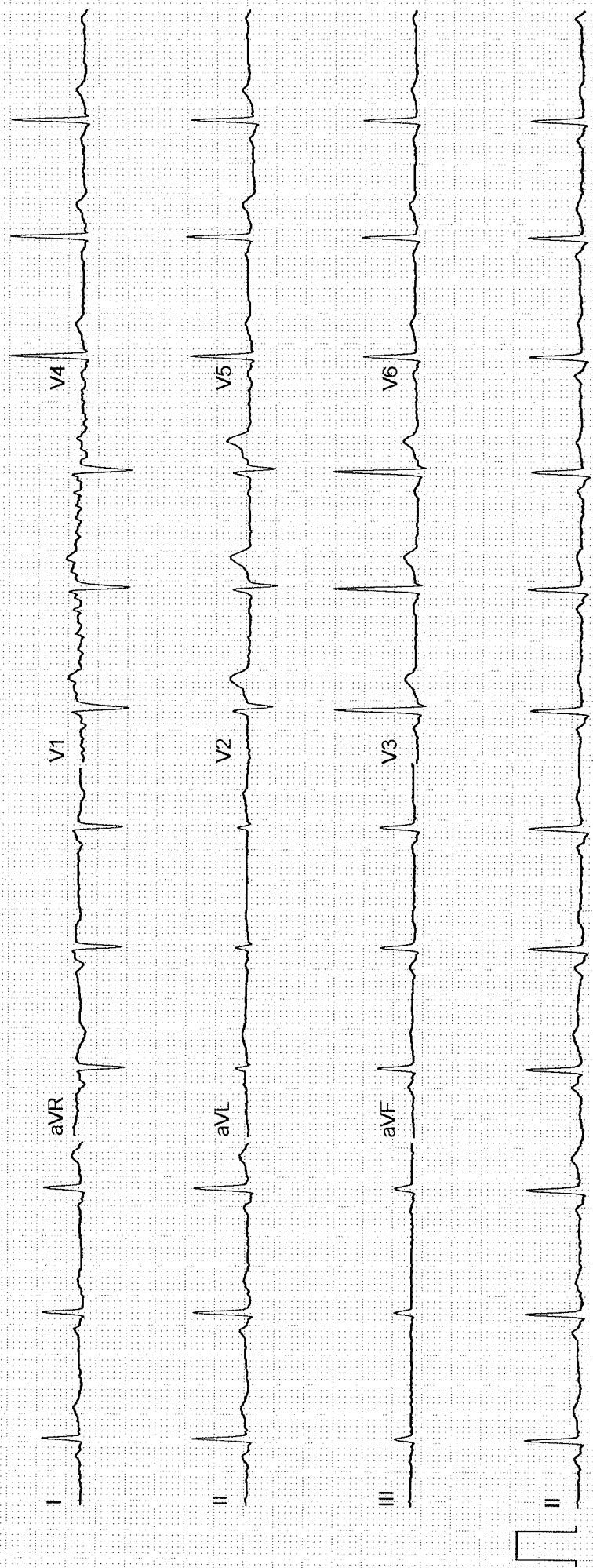
75 bpm  
-- / -- mmHg

QRS : 78 ms  
QT / QTcBaz : 342 / 381 ms  
PR : 130 ms  
P : 82 ms  
RR / PP : 802 / 800 ms  
P / QRS / T : 45 / 49 / 40 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



*new*  
*[Signature]*



|                          |                  |                  |
|--------------------------|------------------|------------------|
| NAME: MR RAVI CHANDRRE P | AGE/SEX: 36Y/M   | OP NUMBER: 85380 |
| Ref By : SELF            | DATE: 08-03-2024 |                  |

**M mode and doppler measurements:**

| CM      | CM            | M/sec          |                 |
|---------|---------------|----------------|-----------------|
| AO: 2.4 | IVS(D): 0.9   | MV: E Vel: 0.7 | MV: A Vel : 0.5 |
| LA: 3.3 | LVIDD(D): 4.5 | AV Peak: 0.9   |                 |
|         | LVPW(D): 1.1  | PV peak: 0.6   |                 |
|         | IVS(S): 1.3   |                |                 |
|         | LVID(S): 2.5  |                |                 |
|         | LVEF: 55%     |                |                 |
|         | LVPW(S): 1.1  |                |                 |
|         |               |                |                 |

**Descriptive findings:**

|                  |                                    |
|------------------|------------------------------------|
| Left Ventricle   | Normal                             |
| Right Ventricle: | Normal                             |
| Left Atrium:     | Normal                             |
| Right Atrium:    | Normal                             |
| Mitral Valve:    | Normal                             |
| Aortic Valve:    | Normal                             |
| Tricuspid Valve: | Normal                             |
| IAS:             | Normal                             |
| IVS:             | Paradoxical septal motion+, Intact |
| Pericardium:     | Normal                             |

|        |        |
|--------|--------|
|        | Normal |
| Others | ---    |
|        |        |

**IMPRESSION :**

**Normal cardiac chamber and valves**

**No Regional wall motion abnormality**

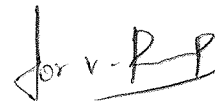
**Normal PA Pressure**

**No clot/vegetation/pericardial effusion**

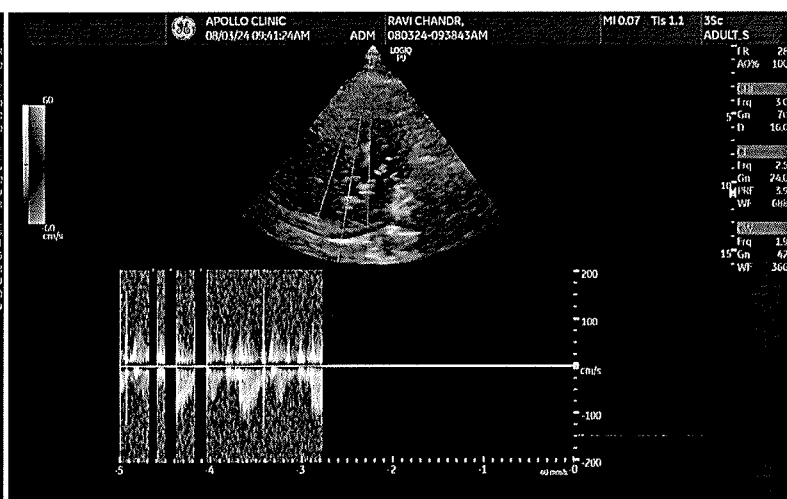
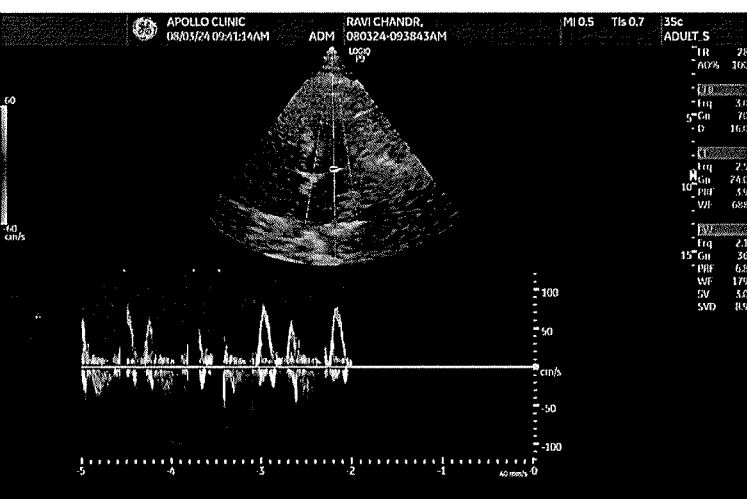
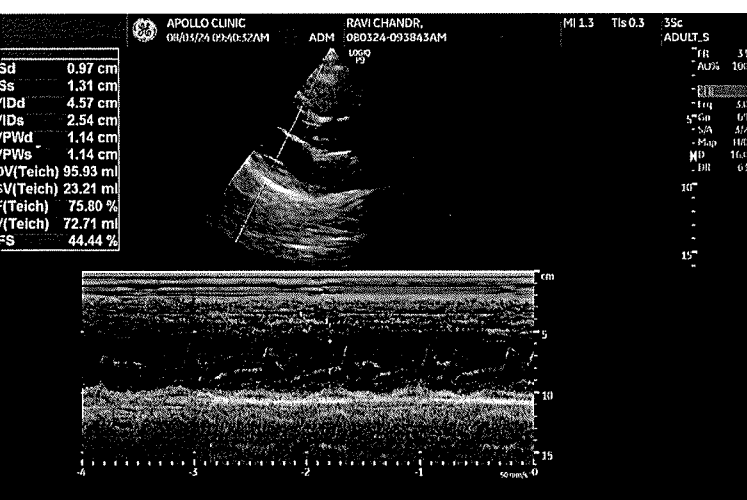
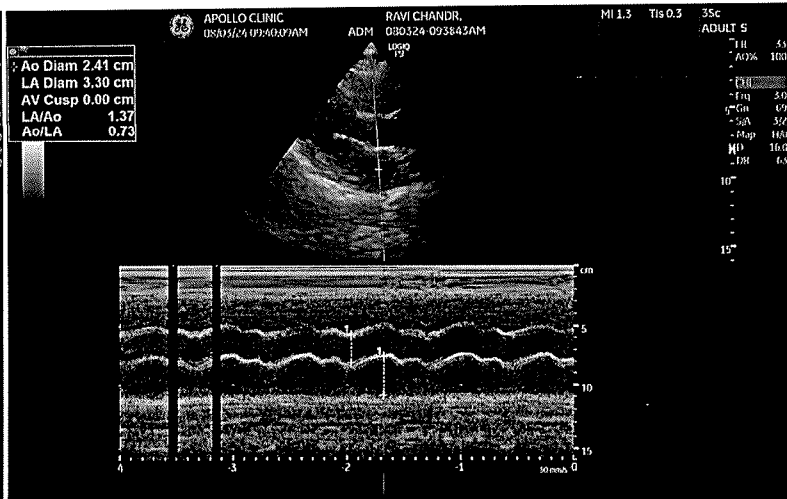
**Normal LV systolic function - LVEF= 55%**

**DR ROCKEY KATHERIA MD DM**

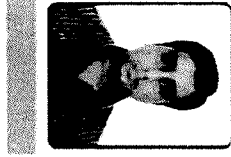
**CONSULTANT CARDIOLOGIST**



**Dr. ROCKEY KATHERIA**  
MBBS, MD, DM(Cardio)  
Consultant Cardiologist  
KMC Reg No. 94738  
Apollo Clinic



Bank of Baroda



रवि चंदर पी

NAME: RAVI CHANDER P

C.NO. 176198

*Handwritten signature*

जारीकर्ता प्राधिकारी  
Issuing Authority

जारीकर्ता प्राधिकारी  
Signature of Holder



**Patient Name** : Mr. Ravi Chander P

**Age/Gender** : 36 Y/M

**UHID/MR No.** : CINR.0000085380

**OP Visit No** : CINROPV221313

**Sample Collected on** :

**Reported on** : 08-03-2024 15:04

**LRN#** : RAD2259777

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE12777

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, shape and echopattern **minimally increased**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 8.6x3.8 cm.

Left kidney measures 9.6x5.0 cm.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**PROSTATE:** Prostate is normal in size and echo-pattern.

No free fluid is seen.

#### IMPRESSION:

**MINIMAL FATTY LIVER.**

**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**

**Patient Name** : Mr. Ravi Chander P

**Age/Gender** : 36 Y/M

**UHID/MR No.** : CINR.0000085380

**OP Visit No** : CINROPV221313

**Sample Collected on** :

**Reported on** : 08-03-2024 16:02

**LRN#** : RAD2259777

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE12777

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology

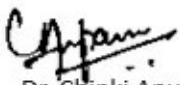
|                                  |  |
|----------------------------------|--|
| Patient Name : Mr.RAVI CHANDER P | Collected : 08/Mar/2024 08:50AM            |
| Age/Gender : 36 Y 6 M 18 D/M     | Received : 08/Mar/2024 11:22AM             |
| UHID/MR No : CINR.0000085380     | Reported : 08/Mar/2024 01:44PM             |
| Visit ID : CINROPV221313         | Status : Final Report                      |
| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE12777      |  |

DEPARTMENT OF HAEMATOLOGY

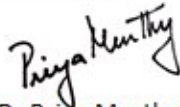
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                                  | Result | Unit                    | Bio. Ref. Range | Method                         |
|--|--------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |        |                         |                 |                                |
| HAEMOGLOBIN                                | 16     | g/dL                    | 13-17           | Spectrophotometer              |
| PCV  | 47.00  | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                  | 5.4    | Million/cu.mm           | 4.5-5.5         | Electrical Impedance           |
| MCV  | 87     | fL                      | 83-101          | Calculated                     |
| MCH  | 29.7   | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 34.1   | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 13.8   | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 10,000 | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |        |                         |                 |                                |
| NEUTROPHILS                                | 67.9   | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                | 22.5   | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                | 2.9    | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                  | 6.6    | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                  | 0.1    | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |        |                         |                 |                                |
| NEUTROPHILS                                | 6790   | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 2250   | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 290    | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 660    | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 10     | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 3.02   |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                             | 269000 | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 3      | mm at the end of 1 hour | 0-15            | Modified Westegren method      |
| <b>PERIPHERAL SMEAR</b>                    |        |                         |                 |                                |

RBCs: are normocytic normochromic



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr. Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:BED240061114

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 1860 500 7788  
www.apolloclinic.com

|                                  |  |
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| Emp/Auth/TPA ID : bobE12777      |  |

**DEPARTMENT OF HAEMATOLOGY**

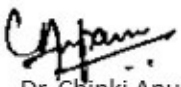
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

WBCs: are normal in total number with normal distribution and morphology.

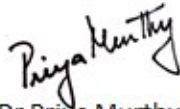
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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**APOLLO CLINICS NETWORK**

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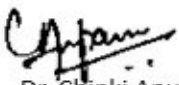
 **1860 500 7788**  
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|                                  |  |
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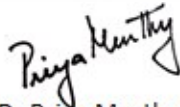
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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  | O        |      |                 | Microplate Hemagglutination |
| Rh TYPE   | Positive |      |                 | Microplate Hemagglutination |



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|                                  |  |
|----------------------------------|--|
| Patient Name : Mr.RAVI CHANDER P | Collected : 08/Mar/2024 08:50AM            |
| Age/Gender : 36 Y 6 M 18 D/M     | Received : 08/Mar/2024 11:57AM             |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 94     | 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  $>$  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) | 143    | mg/dL | 70-140          | HEXOKINASE |


Comment:

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

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

| Test Name                                      | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA |        |      |                 |        |
| HBA1C, GLYCATED HEMOGLOBIN                     | 5.4    | %    |                 | HPLC   |

  
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SIN No:EDT240027572

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|                                  |  |
|----------------------------------|--|
| Patient Name : Mr.RAVI CHANDER P | Collected : 08/Mar/2024 08:50AM            |
| Age/Gender : 36 Y 6 M 18 D/M     | Received : 08/Mar/2024 11:57AM             |
| UHID/MR No : CINR.0000085380     | Reported : 08/Mar/2024 02:28PM             |
| Visit ID : CINROPV221313         | Status : Final Report                      |
| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE12777      |  |

DEPARTMENT OF BIOCHEMISTRY

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|                                 |     |       |            |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | mg/dL | Calculated |
|---------------------------------|-----|-------|------------|

**Comment:**

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

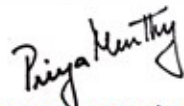
| REFERENCE GROUP        | HBA1C %   |
|------------------------|-----------|
| NON DIABETIC           | <5.7      |
| PREDIABETES            | 5.7 – 6.4 |
| DIABETES               | ≥ 6.5     |
| DIABETICS              |           |
| EXCELLENT CONTROL      | 6 – 7     |
| FAIR TO GOOD CONTROL   | 7 – 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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| Patient Name : Mr.RAVI CHANDER P | Collected : 08/Mar/2024 08:50AM            |
| Age/Gender : 36 Y 6 M 18 D/M     | Received : 08/Mar/2024 11:21AM             |
| UHID/MR No : CINR.0000085380     | Reported : 08/Mar/2024 01:10PM             |
| Visit ID : CINROPV221313         | Status : Final Report                      |
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DEPARTMENT OF BIOCHEMISTRY

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


| Test Name                    | Result | Unit  | Bio. Ref. Range | Method                      |
|------------------------------|--------|-------|-----------------|-----------------------------|
| <b>LIPID PROFILE , SERUM</b> |        |       |                 |                             |
| TOTAL CHOLESTEROL            | 202    | mg/dL | <200            | CHO-POD                     |
| TRIGLYCERIDES                | 103    | mg/dL | <150            | GPO-POD                     |
| HDL CHOLESTEROL              | 36     | mg/dL | 40-60           | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL          | 166    | mg/dL | <130            | Calculated                  |
| LDL CHOLESTEROL              | 145    | mg/dL | <100            | Calculated                  |
| VLDL CHOLESTEROL             | 20.6   | mg/dL | <30             | Calculated                  |
| CHOL / HDL RATIO             | 5.60   |       | 0-4.97          | Calculated                  |

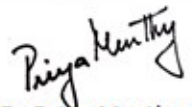
**Comment:**

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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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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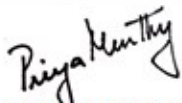
|                 |                     |              |                               |
|-----------------|---------------------|--------------|-------------------------------|
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| Age/Gender      | : 36 Y 6 M 18 D/M   | Received     | : 08/Mar/2024 11:21AM         |
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DEPARTMENT OF BIOCHEMISTRY

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



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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                                | Result      | Unit  | Bio. Ref. Range | Method             |
|--|-------------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |             |       |                 |                    |
| BILIRUBIN, TOTAL                         | 1.03        | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.16        | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.87        | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 13          | U/L   | <50             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 14.0        | U/L   | <50             | IFCC               |
| ALKALINE PHOSPHATASE                     | 79.00       | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | <b>6.30</b> | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.10        | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.20        | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.86        |       | 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

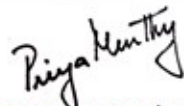
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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



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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name   | Result      | Unit   | Bio. Ref. Range | Method                   |
|---|-------------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |             |        |                 |                          |
| CREATININE  | 0.94        | mg/dL  | 0.67-1.17       | Jaffe's, Method          |
| UREA  | 29.70       | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 13.9        | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 6.67        | mg/dL  | 3.5-7.2         | Uricase PAP              |
| CALCIUM   | <b>8.70</b> | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 3.17        | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 138         | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.2         | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 106         | mmol/L | 101-109         | ISE (Indirect)           |
| PROTEIN, TOTAL  | <b>6.30</b> | g/dL   | 6.6-8.3         | Biuret                   |
| ALBUMIN   | 4.10        | g/dL   | 3.5-5.2         | BROMO CRESOL GREEN       |
| GLOBULIN  | 2.20        | g/dL   | 2.0-3.5         | Calculated               |
| A/G RATIO   | 1.86        |        | 0.9-2.0         | Calculated               |



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| Visit ID : CINROPV221313         | Status : Final Report                      |
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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name  | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 25.00  | U/L  | <55             | IFCC   |



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|----------------------------------|--|
| Patient Name : Mr.RAVI CHANDER P | Collected : 08/Mar/2024 08:50AM            |
| Age/Gender : 36 Y 6 M 18 D/M     | Received : 08/Mar/2024 11:31AM             |
| UHID/MR No : CINR.0000085380     | Reported : 08/Mar/2024 12:28PM             |
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DEPARTMENT OF IMMUNOLOGY

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

| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 0.96   | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 6.07   | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 1.521  | µIU/mL | 0.34-5.60       | CLIA   |

Comment:

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

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

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




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**DEPARTMENT OF IMMUNOLOGY**

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



**DR.SHIVARAJA SHETTY**  
**M.B.B.S,M.D(Biochemistry)**  
**CONSULTANT BIOCHEMIST**

SIN No:SPL24040379

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE



|                                  |  |
|----------------------------------|--|
| Patient Name : Mr.RAVI CHANDER P | Collected : 08/Mar/2024 08:50AM            |
| Age/Gender : 36 Y 6 M 18 D/M     | Received : 08/Mar/2024 11:40AM             |
| UHID/MR No : CINR.0000085380     | Reported : 08/Mar/2024 12:59PM             |
| Visit ID : CINROPV221313         | Status : Final Report                      |
| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE12777      |  |

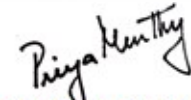
DEPARTMENT OF CLINICAL PATHOLOGY

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| 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   | 7.0         |      | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY  | 1.025       |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE    |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE    |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL      |      | NORMAL           | MODIFIED EHRlich REACTION  |
| BLOOD  | NEGATIVE    |      | NEGATIVE         | Peroxidase                 |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <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                 |



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SIN No:UR2299693

This test has been performed at Apollo Health & Lifestyle Ltd, BANGALORE Laboratory

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Karnataka - 560034

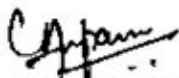
 1860 500 7788  
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|                                  |  |
|----------------------------------|--|
| Patient Name : Mr.RAVI CHANDER P | Collected : 08/Mar/2024 12:01PM            |
| Age/Gender : 36 Y 6 M 18 D/M     | Received : 08/Mar/2024 04:07PM             |
| UHID/MR No : CINR.0000085380     | Reported : 08/Mar/2024 06:00PM             |
| Visit ID : CINROPV221313         | Status : Final Report                      |
| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE12777      |  |

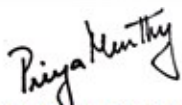
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| Test Name                    | Result   | Unit | Bio. Ref. Range | Method   |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE |      | NEGATIVE        | Dipstick |



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SIN No:UPP016921

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|----------------------------------|--|
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| Age/Gender : 36 Y 6 M 18 D/M     | Received : 08/Mar/2024 11:40AM             |
| UHID/MR No : CINR.0000085380     | Reported : 08/Mar/2024 02:43PM             |
| Visit ID : CINROPV221313         | Status : Final Report                      |
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| Test Name              | Result   | Unit | Bio. Ref. Range | Method   |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE |      | NEGATIVE        | Dipstick |

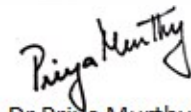
\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR

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SIN No:UF010944

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