



भारत सरकार

Government of India

वरुण गैहार

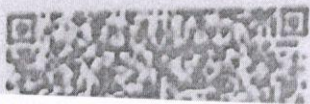
Varun Gaihar

जन्म तिथि/ DOB: 28/08/1986

पुरुष / MALE

3389 4393 4937

मेरा आधार, मेरी पहचान



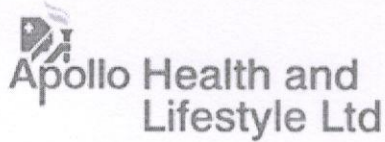
## Your appointment is confirmed

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

Sat 13-01-2024 12:55

To:customercare@mediwheel.in <customercare@mediwheel.in>

Cc:Mysore Apolloclinic <mysore@apolloclinic.com>;Yogeesh KV <mkt.mysore@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear VARUN GAIHAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-01-15 at 08:45-09:00**.

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

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

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

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

### Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-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.

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr. VARUN GAHAR on 16/01/24

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

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

Dr.   
Medical Officer

The Apollo Clinic, Mysore.

**Apollo Health and Lifestyle Limited**

ICPN: UB5110TG0000PLC1158191

Bangalore Office: 1, 10 to 12, Ashoka Raghupathi Street, Bangalore - 560001  
Ph: No. (081) 4904 7777 Fax No. 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK KARNATAKA**

Bangalore | Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Marajpur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

**Apollo Clinic**

# 23, 1st Floor,

Kalidasa Road, Mysore - 02

Ph: 0821-49047777

TO BOOK AN APPOINTMENT

**1860 500 7788**

Date : 15-01-2024  
MR NO : CMYS.0000059262

Department : GENERAL  
Doctor :

Name : Mr. VARUN GAIHAR

Registration No :

Age/ Gender : 37 Y / Male

Qualification :

Consultation Timing: 09:40

Height: 178cm	Weight: 78.6kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P: 120/80

General Examination /  
Allergies History

No Allergies

Clinical Diagnosis & Management Plan

No complaints.

GPE - (2)  
System - (2)

Adv

- 4 fat in diet  
- Regular exercise  
45 mins

- Anti glare glasses

Follow up date :

Doctor Signature

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Date : 15-01-2024  
MR NO : CMYS.0000059262

Department : GENERAL  
Doctor :

Name : Mr. VARUN GAIHAR

Registration No :

Age/ Gender : 37 Y / Male

Qualification :

Consultation Timing: 09:40

Height : 178 cm	Weight : 78.6 kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Near  
vision.

Distant  
vision.

Colour  
vision.

Rt eye

6/6

6/6

(2)

Lf eye

6/6

6/6

(2)

Follow up date :

  
Doctor Signature

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 01  
Ph : 0821-4006040/41

Patient Name	: Mr. VARUN GAIHAR	Age	: 37 Y M
UHID	: CMYS.0000059262	OP Visit No	: CMYSOPV121386
Reported on	: 16-01-2024 12:04	Printed on	: 16-01-2024 12:11
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**IMPRESSION :NORMAL STUDY.**

*Pradeep*

Printed on:16-01-2024 12:04

---End of the Report---

**Dr. PRADEEP KUMAR C N**  
**MBBS DNB( RADIOLOGY)**  
Radiology

**Apollo Health and Lifestyle Limited**

(CIN: U65110TG2000PLC115819)

Regd. Office: 1-10-60-62, Anula Raghunath Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: 044-444 7777 Fax No: 444 7744 | Email: enquiry@apolloh.com | www.apolloh.com

**APOLLO CLINICS NETWORK BARNATAAA**

Bangalore | Basaveshwari | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

New Mangalore | Sarjapur Road | Mysore (VV Mahalle)

Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

**1860/500 7788**

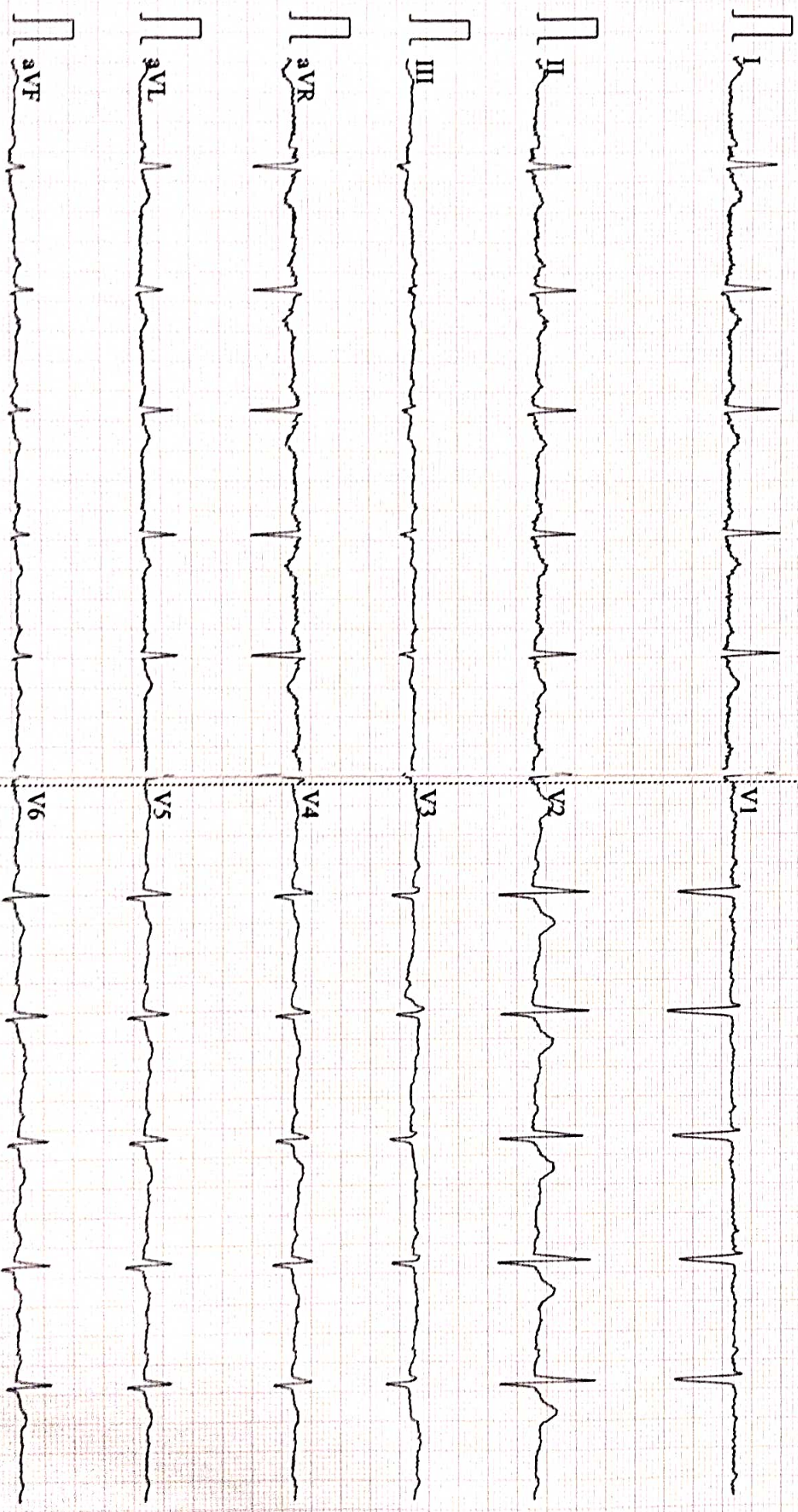
ID: 59262  
MR VARUN GAIHAR  
Male 37years  
178cm 78kg 120/80 mmHg

15-01-2024 11:06:54 AM

Diagnosis Information:

Unconfirmed Report.

**Apollo Clinic**  
#23, 1st Floor,  
Kallidasa Road, Mysore - 02  
Ph : 0821-4006040/41



0.5-45Hz AC50 25mm/s 10mm/mV 2\*5.0s 71 CARDIART

D V1.43 Glasgow V28.60 APOLLO CLINIC MYSURU

Name: Mr. VARUN GAIHAR  
Age/Gender: 37 Y/M  
Address: MYSORE  
Location: MYSORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: MYSORE\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000059262  
Visit ID: CMYSOPV121386  
Visit Date: 15-01-2024 09:40  
Discharge Date:  
Referred By: SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

## SYSTEMIC REVIEW

### \*\*Weight

--->: Stable,

Number of kgs: 70,

## HT-HISTORY

### Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

\*\*Cancer: nil,

## PHYSICAL EXAMINATION

## SYSTEMIC EXAMINATION

## IMPRESSION

## RECOMMENDATION

### Fitness Report

Fitness.: YES,

Fitness: fit,

## DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

## Doctor's Signature



**Patient Name** : Mr. VARUN GAIHAR

**Age/Gender** : 37 Y/M

**UHID/MR No.** : CMYS.0000059262

**OP Visit No** : CMYSOPV121386

**Sample Collected on** :

**Reported on** : 16-01-2024 12:05

**LRN#** : RAD2208670

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 338943934937

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

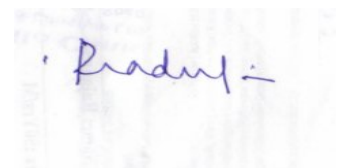
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Thoracic wall and soft tissues appear normal.

**IMPRESSION :NORMAL STUDY.**



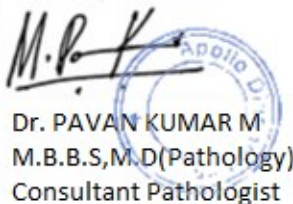
**Dr. PRADEEP KUMAR C N**  
**MBBS DNB( RADIOLOGY)**  
Radiology

Patient Name : Mr.VARUN GAIHAR	Collected : 15/Jan/2024 10:10AM
Age/Gender : 37 Y 4 M 18 D/M	Received : 15/Jan/2024 12:10PM
UHID/MR No : CMYS.0000059262	Reported : 15/Jan/2024 01:20PM
Visit ID : CMYSOPV121386	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 338943934937	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240010625



Patient Name : Mr.VARUN GAIHAR	Collected : 15/Jan/2024 10:10AM
Age/Gender : 37 Y 4 M 18 D/M	Received : 15/Jan/2024 12:10PM
UHID/MR No : CMYS.0000059262	Reported : 15/Jan/2024 01:23PM
Visit ID : CMYSOPV121386	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 338943934937	

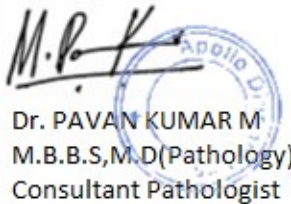
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.9	%	40-80	Electrical Impedance
LYMPHOCYTES	36.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3072.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2086.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	427.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.1	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	155000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.C: Majority are normocytic normochromic.

W.B.C: normal in number with normal morphology and distribution.



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240010625



Patient Name	: Mr.VARUN GAIHAR	Collected	: 15/Jan/2024 10:10AM
Age/Gender	: 37 Y 4 M 18 D/M	Received	: 15/Jan/2024 12:10PM
UHID/MR No	: CMYS.0000059262	Reported	: 15/Jan/2024 01:23PM
Visit ID	: CMYSOPV121386	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 338943934937		


**DEPARTMENT OF HAEMATOLOGY**

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

Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

  
Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240010625

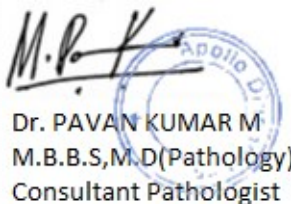


Patient Name : Mr.VARUN GAIHAR	Collected : 15/Jan/2024 10:10AM
Age/Gender : 37 Y 4 M 18 D/M	Received : 15/Jan/2024 12:10PM
UHID/MR No : CMYS.0000059262	Reported : 15/Jan/2024 01:20PM
Visit ID : CMYSOPV121386	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 338943934937	

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



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240010625



Patient Name : Mr.VARUN GAIHAR	Collected : 15/Jan/2024 11:43AM
Age/Gender : 37 Y 4 M 18 D/M	Received : 15/Jan/2024 01:00PM
UHID/MR No : CMYS.0000059262	Reported : 15/Jan/2024 01:34PM
Visit ID : CMYSOPV121386	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 338943934937	

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	98	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:


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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	132	mg/dL	70-140	GOD - POD

Comment:

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

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



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:PLP1408682



Patient Name : Mr.VARUN GAIHAR	Collected : 15/Jan/2024 10:10AM
Age/Gender : 37 Y 4 M 18 D/M	Received : 15/Jan/2024 01:55PM
UHID/MR No : CMYS.0000059262	Reported : 15/Jan/2024 02:22PM
Visit ID : CMYSOPV121386	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 338943934937	

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	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:EDT240004491



Patient Name	: Mr.VARUN GAIHAR	Collected	: 15/Jan/2024 10:10AM
Age/Gender	: 37 Y 4 M 18 D/M	Received	: 15/Jan/2024 12:10PM
UHID/MR No	: CMYS.0000059262	Reported	: 15/Jan/2024 01:12PM
Visit ID	: CMYSOPV121386	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 338943934937		

**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	194	mg/dl	0-200	CHOD
TRIGLYCERIDES	187	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	151	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	37.34	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.54		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04601205






Patient Name	: Mr.VARUN GAIHAR	Collected	: 15/Jan/2024 10:10AM
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DEPARTMENT OF BIOCHEMISTRY

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

  
Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04601205



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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.61	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	57	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	83.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.26	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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:**

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SIN No:SE04601205

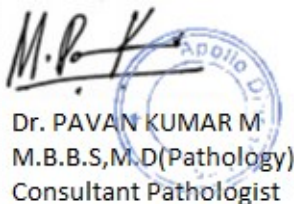


Patient Name	: Mr.VARUN GAIHAR	Collected	: 15/Jan/2024 10:10AM
Age/Gender	: 37 Y 4 M 18 D/M	Received	: 15/Jan/2024 12:10PM
UHID/MR No	: CMYS.0000059262	Reported	: 15/Jan/2024 01:12PM
Visit ID	: CMYSOPV121386	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 338943934937		

**DEPARTMENT OF BIOCHEMISTRY**

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

  
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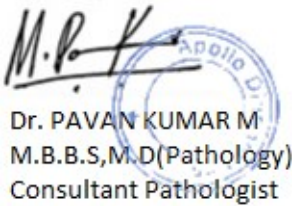


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DEPARTMENT OF BIOCHEMISTRY

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	0.81	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	33.13	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	15.5	mg/dl	6-20	Urease, UV
URIC ACID	4.30	mg/dL	3.5-8.5	Uricase
CALCIUM	9.31	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	2.85	mg/dl	2.7-4.5	Molybdate
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE



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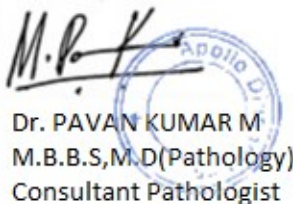


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>103.00</b>	U/l	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

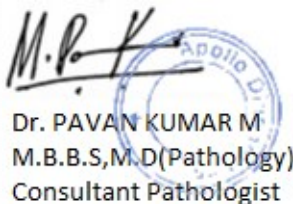
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.80	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.950	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

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



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DEPARTMENT OF IMMUNOLOGY

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

  
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SIN No:SPL24007120



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UHID/MR No : CMYS.0000059262	Reported : 15/Jan/2024 01:59PM
Visit ID : CMYSOPV121386	Status : Final Report
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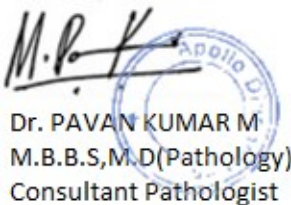
DEPARTMENT OF CLINICAL PATHOLOGY

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	HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	3 - 4	/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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