

Chandanagar Apolloclinic

From: Mediwheel <wellness@mediwheel.in>
Sent: Monday, February 5, 2024 2:00 PM
To: Kavish Singh
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(bob57677),Package Code-
PKG10000377, Beneficiary Code-290027

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

--सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

**CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.



011-41195959

Dear KAVISH SINGH,

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 03-02-2024
Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital- : Apollo Clinic, Suresh Square, Opposite SBI Bank, Madeenaguda, Serilingampally Mandal, Chanda Nagar - 500050
City : Hyderabad
State :
Pincode : 500050
Appointment Date : 10-02-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am
Booking Status : Booking Confirmed

Member Information

Booked Member Name	Age	Gender
SHIKHA SINGH	31 year	Female

Note - Please note to not pay any amount.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

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भारत सरकार
Government of India



कविश सिंह
Kavish Singh
जन्म तिथि/DOB: 01/01/1991
SPR/ MALE

2726 2165 2400

UID - 9124 1495 8797 0350

भारत सरकार, प्रवेश पर्यवेक्षण



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mr. kavish Singh. on 10/02/24 After reviewing the medical history on clinical examination it has been found that he/she is

Medically Fit	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---------------	---	-----------------------------

Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

1.....

2.....

3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after

Currently Unfit.

Review after.....

Recommended Unfit

.....

Dr.   **Dr. BOLLINI MAANASA JAYAN**
 Reg No: TSMC/FMR/00039
 Qualification: M.B.B.S., M.Sc (Fertilitas)

Medical Officer
The Apollo Clinic, Chandanagar

This certificate is not meant for medico-legal purposes

Arcofemi

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

BILL DATE : 10/08/2014 UHID: 162169 BILL NO: 162169

PATIENT NAME : Mr. Kanish Singh AGE: 33y

Weight : 72.5 Kgs

Height : 172 Cms

Chest Measurement : (in) (cm)

Abdomen :

Pulse : 79 / bpm

B.P : 110/80 / mm Hg

SpO₂ = 96

Waist ϕ = 91cm

Hip ϕ = 98cm

BMP : 24.5

ID: 168169

39°C

10-02-2024 10:15:55

MR KAVISH SINH

Male 33Y ears

Req. No. :

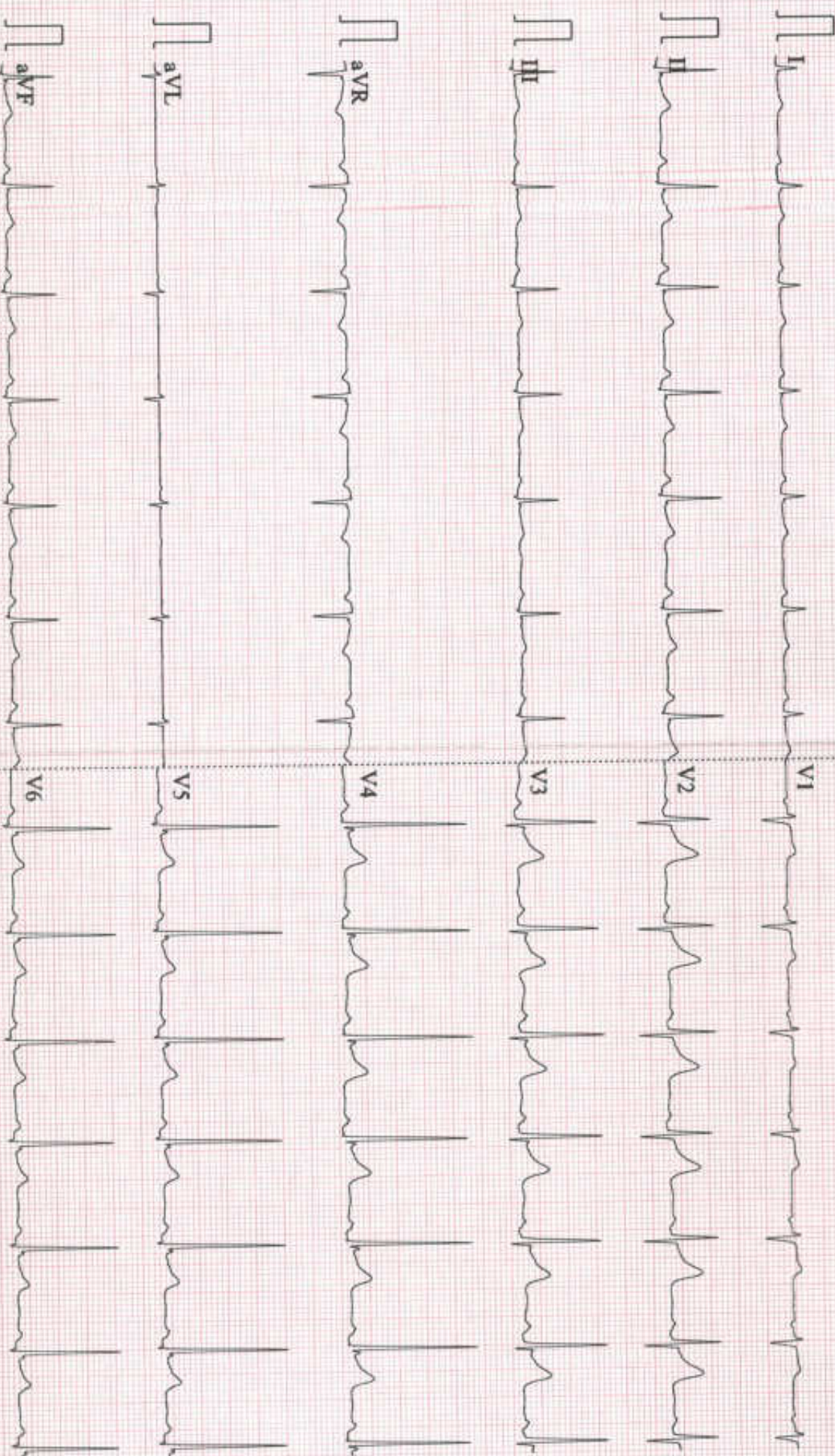
Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 79	bpm
P	: 98	ms
PR	: 144	ms
QRS	: 88	ms
QT/QTcBz	: 368/422	ms
PQRS/T	: 61/69/59	°
RV5/SV1	: 2.144/0.412	mV

Report Confirmed by:

RSR
e



Name	Mr. Kavish Singh	Date	10/2/24
Age	33	UHID No.	168169
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Ref. Physician	Dr. Ancofemi?
Ref. Diagnosis			

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>2.8</u> cm	(1.5cm / m2)	IVS (Ed) <u>1.0</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.0</u> cm	(1.5cm / m2)	LVPW (Ed) <u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m2)	EF <u>66</u>	(0.62 - 0.85)
LVID (ed) <u>4.2</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>33</u>	(2.8% - 42%)
LVID (es) <u>2.5</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum	_____
	PML _____	Interventricular septum	_____
Aortic Valve	<u>(N)</u>	Pulmonary artery	<u>(N)</u>
Tricuspid valve	_____	Aorta	_____
Pulmonary valve	_____	Right atrium	_____
Right ventricle	_____	Left atrium	_____

OPHTHAL REPORT PENDING

Patient Name	: Mr. KAVISH SINGH	Age	: 33 Y/M
UHID	: CCHA.0000168169	OP Visit No	: CCHAOPV322749
Reported By:	: Dr. SREEDEVI M	Conducted Date	: 10-02-2024 15:07
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 79beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. SREEDEVI M

Patient Name : Mr. KAVISH SINGH Age : 33 Y/M
UHID : CCHA.0000168169 OP Visit No : CCHAOPV322749
Conducted By: : Dr. A RAVINDRA Conducted Date : 10-02-2024 16:12
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.0 CM
LVID (ed)	4.2 CM
LVID (es)	2.5 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	66.00%
%FD	33.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NO EFFUSION
LEFT VENTRICLE: NO RWMA	

Patient Name	: Mr. KAVISH SINGH	Age	: 33 Y/M
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Conducted By:	: Dr. A RAVINDRA	Conducted Date	: 10-02-2024 16:12
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES: NO MR/ TR/ AR/ PR

PWD: E>A AT MITRAL INFLOW

E/A-E: 0.7m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.0m/sec

VELOCITY ACROSS THE AV UPTO 1.2m/sec

IMPRESSION:

NORMAL CHAMBERS,

NO LV RWMA,

GOOD LV / RV FUNCTION,

NO MR/ TR/ NO AR/ PR,

NO PE/CLOT/VEGS.



Dr. A
RAVINDRA

Patient Name : Mr. KAVISH SINGH

Age/Gender : 33 Y/M

UHID/MR No. : CCHA.0000168169

OP Visit No : CCHAOPV322749

Sample Collected on :

Reported on : 10-02-2024 12:47

LRN# : RAD2231856

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 272621652400

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

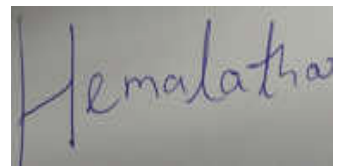
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. G HEMALATHA
MBBS,DNB
Radiology

Patient Name	: Mr. KAVISH SINGH	Age/Gender	: 33 Y/M
UHID/MR No.	: CCHA.0000168169	OP Visit No	: CCHAOPV322749
Sample Collected on	:	Reported on	: 10-02-2024 14:30
LRN#	: RAD2231856	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 272621652400		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size .**Increased Echogenicity**. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals. **Liver measures : 13.5 cm .**

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal. **Spleen measures : 8 cm .**

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. **Right kidney measures : 97 x 40 mm . , Left kidney measures : 100 x 45 mm .**

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen. **Prostate volume - 17 cc .**


IMPRESSION:-

1 . GRADE - I FATTY LIVER .

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mr. KAVISH SINGH

Age/Gender : 33 Y/M



Dr. G HEMALATHA
MBBS, DNB
Radiology

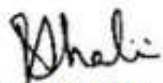
Patient Name : Mr.KAVISH SINGH	Collected : 10/Feb/2024 09:37AM
Age/Gender : 33 Y 1 M 9 D/M	Received : 10/Feb/2024 12:18PM
UHID/MR No : CCHA.0000168169	Reported : 10/Feb/2024 02:52PM
Visit ID : CCHAOPV322749	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 272621652400	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.9	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.62	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.7	fL	83-101	Calculated
MCH	32.2	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	15,070	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	88	%	40-80	Electrical Impedance
LYMPHOCYTES	9.2	%	20-40	Electrical Impedance
EOSINOPHILS	0.3	%	1-6	Electrical Impedance
MONOCYTES	2.5	%	2-10	Electrical Impedance
BASOPHILS	0	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	13261.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1386.44	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	45.21	Cells/cu.mm	20-500	Calculated
MONOCYTES	376.75	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	324000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

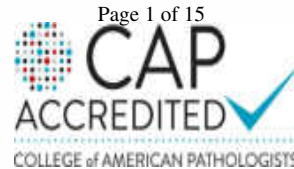
RBC NORMOCYTIC NORMOCHROMIC
WBC - NEUTROPHILIC LEUCOCYTOSIS
PLATELETS ARE ADEQUATE ON SMEAR



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240033477

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



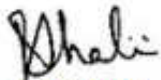
Patient Name : Mr.KAVISH SINGH	Collected : 10/Feb/2024 09:37AM
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Visit ID : CCHAOPV322749	Status : Final Report
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Emp/Auth/TPA ID : 272621652400	

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

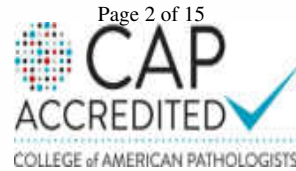
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH NEUTROPHILIC LEUCOCYTOSIS



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240033477

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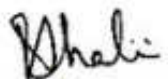


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Age/Gender : 33 Y 1 M 9 D/M	Received : 10/Feb/2024 12:18PM
UHID/MR No : CCHA.0000168169	Reported : 10/Feb/2024 03:20PM
Visit ID : CCHAOPV322749	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240033477

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Patient Name : Mr.KAVISH SINGH	Collected : 10/Feb/2024 09:37AM
Age/Gender : 33 Y 1 M 9 D/M	Received : 10/Feb/2024 11:57AM
UHID/MR No : CCHA.0000168169	Reported : 10/Feb/2024 04:28PM
Visit ID : CCHAOPV322749	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 272621652400	

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	131	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	188	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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE	114	mg/dL		Calculated

Page 4 of 15


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:EDT240014749

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DEPARTMENT OF BIOCHEMISTRY

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

(eAG)

Comment:

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

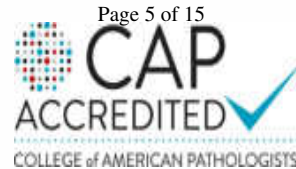
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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)

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:EDT240014749

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DEPARTMENT OF BIOCHEMISTRY

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

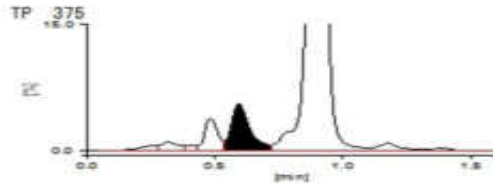
Chromatogram Report

HLC72358 V5.28.1 2024-02-10 15:50:36
 ID EDT240014749
 Sample No. 02100163 SL 0002 - 06
 Patient ID
 Name
 Comment:

CALIB Name	%	Time	Area
A1A	0.4	0.23	8.29
A1B	0.7	0.32	13.63
F	0.3	0.40	5.74
LA1C+	2.1	0.48	39.40
SA1C	5.6	0.59	82.02
AO	92.4	0.90	1738.62
H-V0			
H-V1			
H-V2			

Total Area 1887.70

HbA1c 5.6 % IFCC 38 mmol/mol
 HbA1 6.8 % HbF 0.3 %



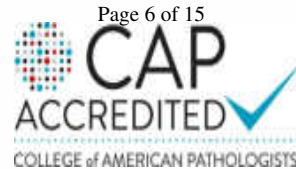
10-02-2024 15:50:36 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1

Maruthi
 Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
 Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist




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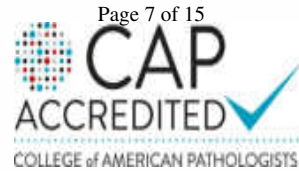
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DEPARTMENT OF BIOCHEMISTRY

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


Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist


Dr.K.Anusha
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SIN No:EDT240014749

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.KAVISH SINGH	Collected : 10/Feb/2024 09:37AM
Age/Gender : 33 Y 1 M 9 D/M	Received : 10/Feb/2024 12:23PM
UHID/MR No : CCHA.0000168169	Reported : 10/Feb/2024 03:09PM
Visit ID : CCHAOPV322749	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 272621652400	

DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	122.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.11		0-4.97	Calculated

Comment:

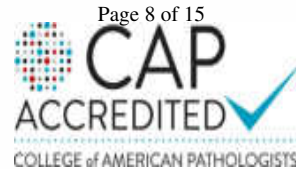
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.


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 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SE04625054

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		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's diseases, Cirrhosis, but the increase is usually not >2.

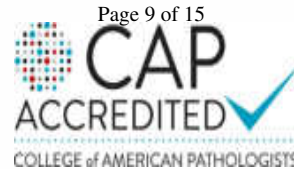
2. Cholestatic Pattern:

- 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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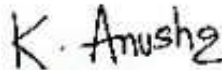
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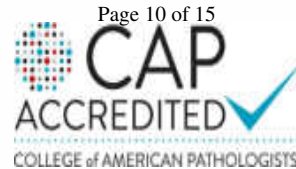
Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.95	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	29.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.51	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.54	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.53	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)



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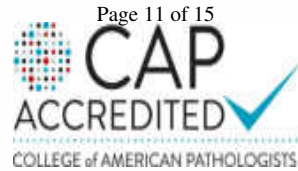
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.00	U/L	<55	IFCC

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Patient Name : Mr.KAVISH SINGH	Collected : 10/Feb/2024 09:37AM
Age/Gender : 33 Y 1 M 9 D/M	Received : 10/Feb/2024 12:18PM
UHID/MR No : CCHA.0000168169	Reported : 10/Feb/2024 01:59PM
Visit ID : CCHAOPV322749	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.84	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.281	µIU/mL	0.38-5.33	CLIA

Result is rechecked. Kindly correlate clinically

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.

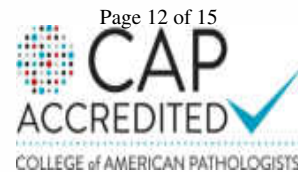
TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary 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

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:SPL24022022

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DEPARTMENT OF IMMUNOLOGY

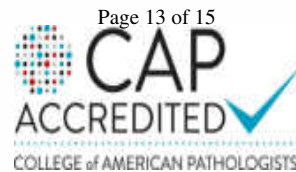
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:SPL24022022

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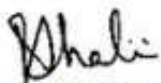


Patient Name : Mr.KAVISH SINGH	Collected : 10/Feb/2024 09:37AM
Age/Gender : 33 Y 1 M 9 D/M	Received : 10/Feb/2024 03:30PM
UHID/MR No : CCHA.0000168169	Reported : 10/Feb/2024 05:36PM
Visit ID : CCHAOPV322749	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2279452

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.KAVISH SINGH	Collected : 10/Feb/2024 09:37AM
Age/Gender : 33 Y 1 M 9 D/M	Received : 10/Feb/2024 03:29PM
UHID/MR No : CCHA.0000168169	Reported : 10/Feb/2024 06:52PM
Visit ID : CCHAOPV322749	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 272621652400	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR

Dr. Srinivas N.S. Nori
Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF010515

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

