



Corporate Health
Checks

0/8

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

17-01-2024



SEARCH

Patient Details

Patient First Name

MR.

Patient Last Name

VAGHELA YOGRAJSINH

Patient Mobile Number

9979991721

Patient E-mail ID

YUVRAJSINH.VAGHELA@BANKOFBARODA.CO.IN

Date of Birth

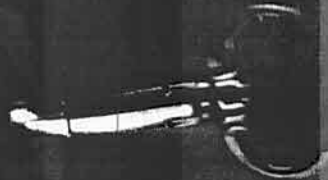
01-02-1981

Gender

male

Client

ARCOFEMI HEALTHCARE LIMITED



Bank of Baroda




नाम वसुधा वसुधावती वसुधावती
Name VASUDHA VASUDHAVATI VASUDHAVATI

E.C.NO. 81892

वसुधा वसुधावती
Issuing Authority

वसुधा वसुधावती
Signature of Holder

Name : Mr. Yograjsinh Vaghela Address : blr Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 43 Y Sex : M	UHID :CMAR.0000301211  OP Number :CJPNOPV186035 Bill No :CJPN-OCR-68652 Date : 17.01.2024 08:30
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE (POST PRANDIAL)	*
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	22
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	*
14	URINE GLUCOSE (FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	*
18	CARDIAC STRESS TEST (TMT)	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Audio - 21 (2)
Physio - 4

HT - 178 cm
 WT - 93.1 kg
 HIP - 107 cm
 waist - 106 cm
 BP - 138/100 mmHg
 P - 82 b/m

Name: Yagnajsinh Vaghata

Date: 17/01/24

Age: 43y

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

**General Examination / Allergies
History**

c/o Routine check
up

H/o: using eye
glasses

Clinical Diagnosis & Management Plan

Un $\left\{ \begin{array}{l} 6/18 P \quad N_{10} \\ 6/24 \quad N_{10} \end{array} \right.$

C glasses $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

+ 1.25 N+

colour vision is normal

Follow up date: Every 6 months check

Doctor Signature

PATIENT CASE SHEET



Name: Yograjsinh Vaghela Age: 43 Gender: M

Address: _____

UHID / Emp Id: CMAR. 301211

Ref. by Doctor

CHC

Treating Doctor

Dr. Sijo

Past Dental History: _____

Past Medical History: HTN, Diabetics

Chief Complaint(s): Regular dental check up

Investigation: RVG OPG CBCT

ID: GMAR30121

Visit: FBA

17-Jan-2024
10:33:09

43years
178cm

Asian
93kg

Male

BRUCE
Max HR: 160bpm 90% of max predicted 177bpm
Max BP: 150/90
Maximum workload: 7.8METS

25.0 mm/s
10.0 mm/mV
100hz

Referred by: SELF
Test ind: CAD SCREENING

Reason for Termination:
Comments: GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN
*
TMT IS INCONCLUSIVE FOR INDUCIBLE ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:14	0.8	0.0	1.3	107	130/90	139
EXERCISE	STAGE 1	3:00	1.7	10.0	4.5	139	140/90	195
	STAGE 2	3:00	2.5	12.0	7.0	135	150/90	233
	STAGE 3	0:34	3.4	14.0	7.8	150	140/90	160
RECOVERY	Post	1:49	***	***	1.7	124	130/90	161

Technician: VINUTHA

Unconfirmed

MAC55 010A

ID: CMAR30121

Visit: FBA

17-Jan-2024

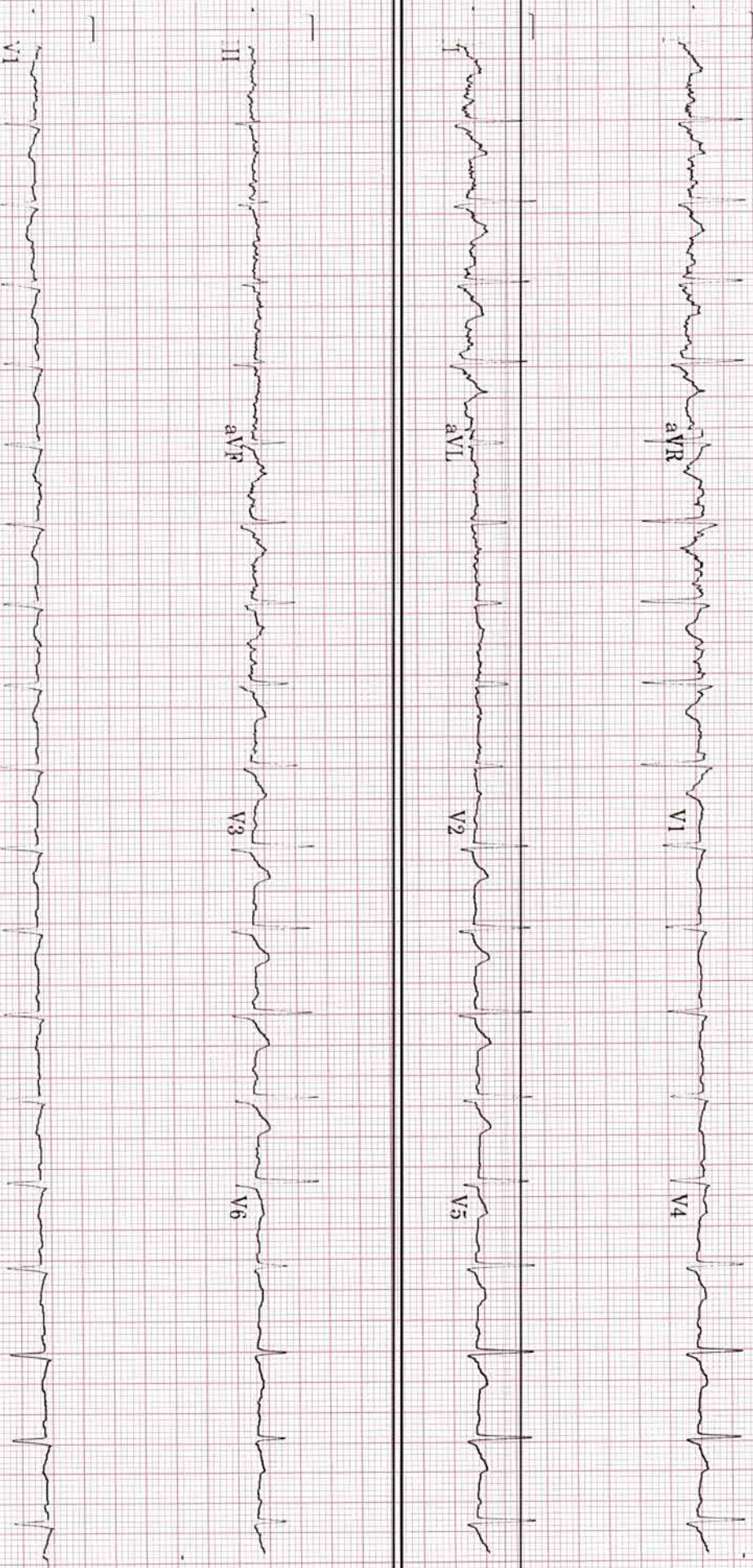
10:33:55

111bpm

BP: 130/90

PRETEST
SUPINE
0:47

BRUCE
**mph
**%



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

4 by 2.5s + 1 rhythm Id

MAC55 010A

0

ID: GMAR30121
Visit: FBA

17-Jan-2024
10:37:13

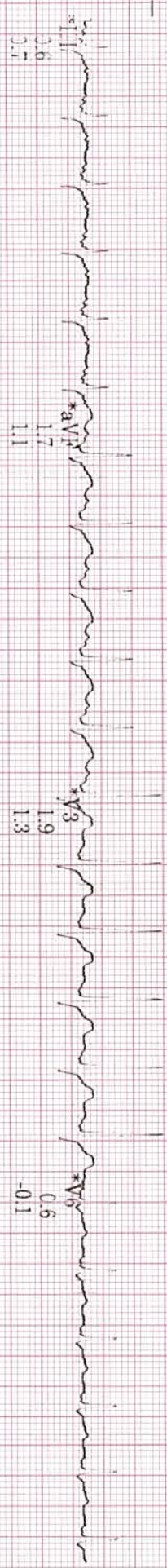
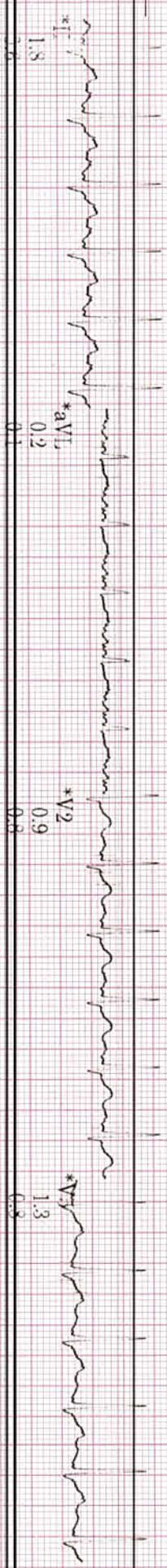
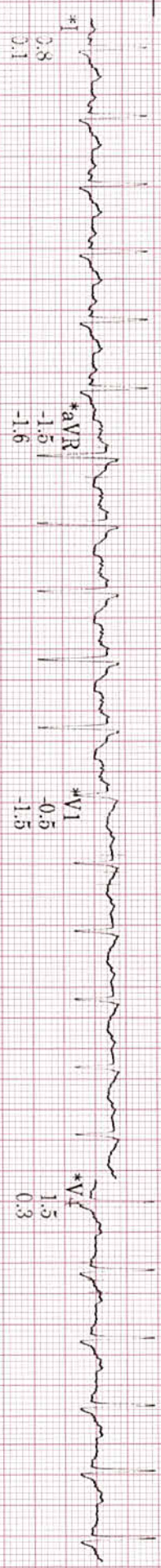
136bpm
BP: 140/90

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 010A

ID: CMAR30121

Visit: FBA

17-Jan-2024

10:40:13

155bpm

BP: 150/90

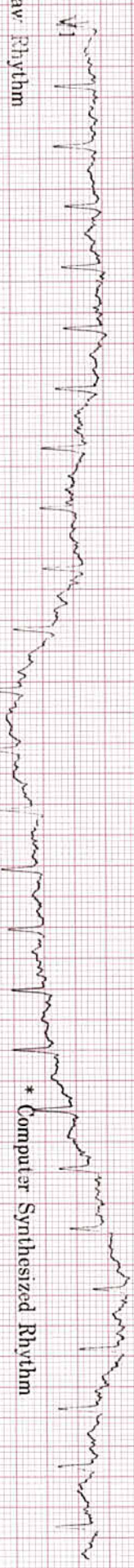
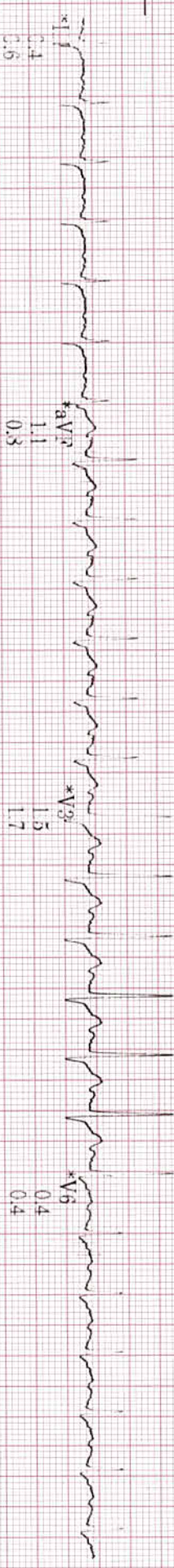
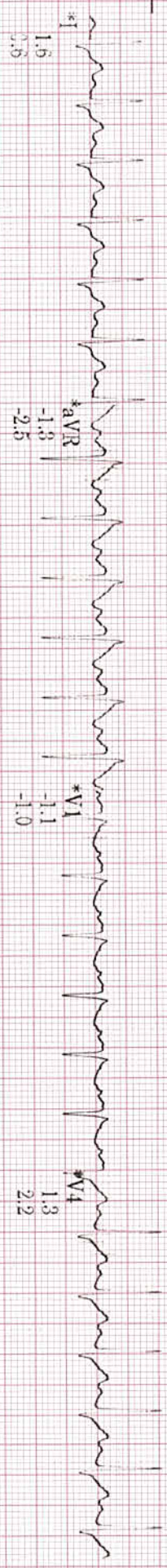
ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 2

5:50

BRUCE
2.5mph
12.0%

Lead
ST(mm)
Slope(mV/s)



40 Hz: 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010A

2

* Computer Synthesized Rhythm

ID: GMAR30121
Vist: FBA

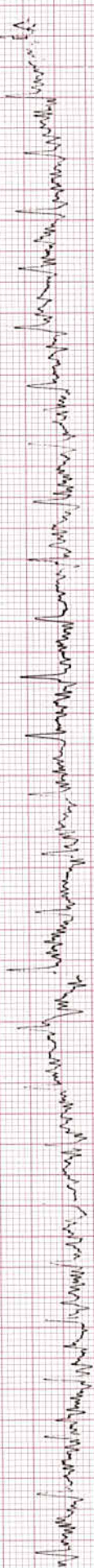
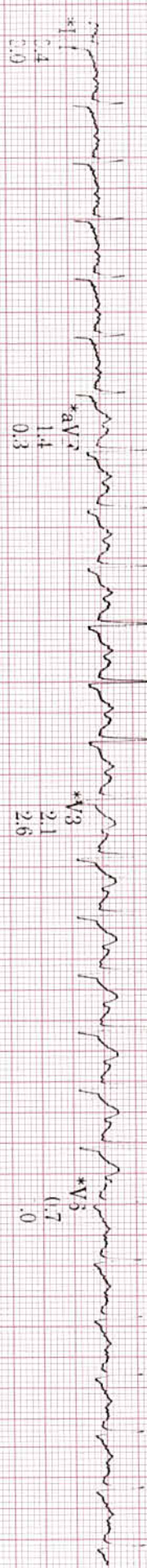
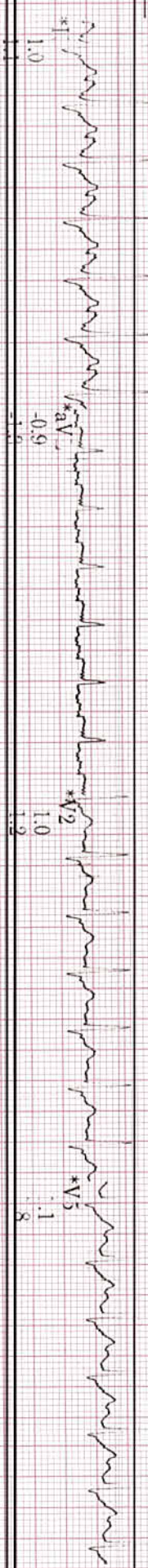
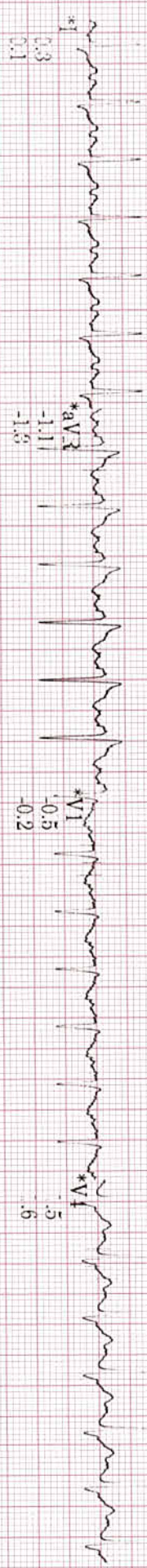
17-Jan-2024
10:40:57

160bpm
RECOVERY
Post
0:00

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC55 010A



ID: GMAR30121

Visit: FBA

17-Jan-2024

10:41:57

138bpm

BP: 150/90

ST @ 10mm/mV
80ms postJ

RECOVERY

Post

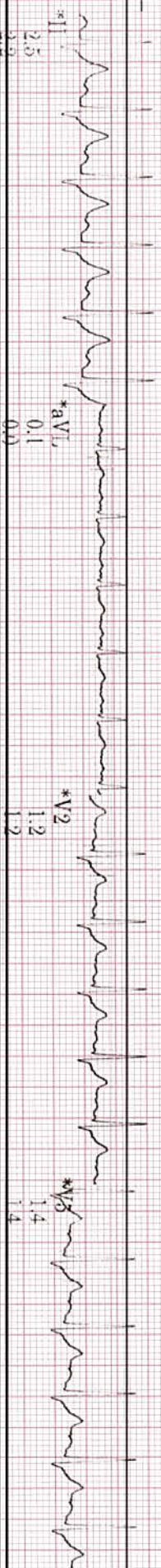
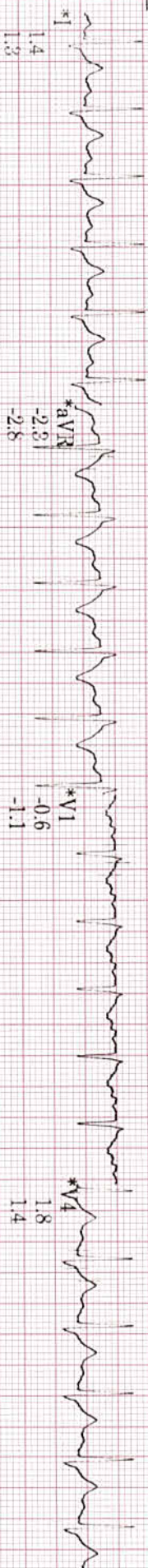
1:00

BRUCE

**mph

***%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAG55 010A

II

Visit: FBA
17-Jan-2024
10:33:09

43 years
178cm
Asian
93kg
Male

Referred by: SELF
Test Ind: CAD SCREENING

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
107bpm 3/2: 130/90	160bpm 6:34	124bpm 3/2: 130/90

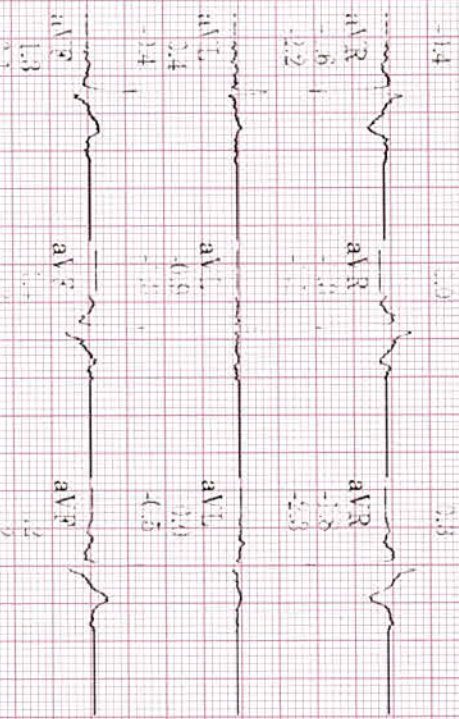
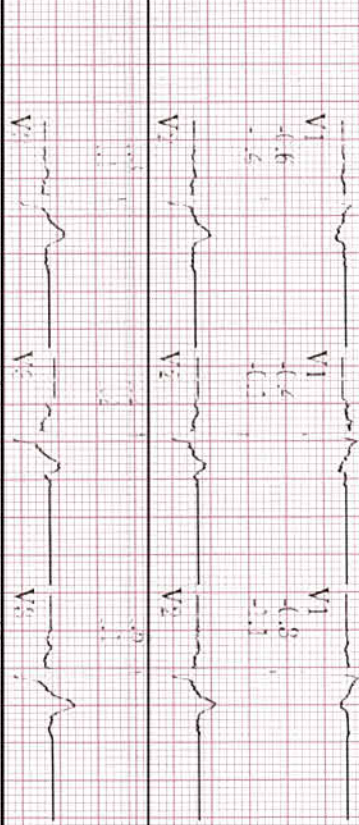
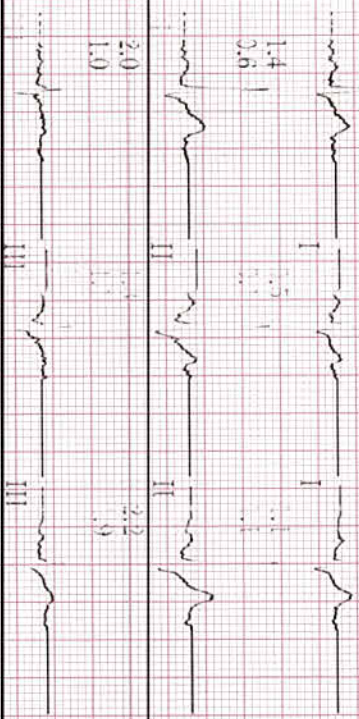
3RUC¹
 Max HR: 160bpm 90% of max predicted 177bpm
 Max EP: 150/90
 Total Exercise time: 6:34
 Maximum workload: 7.5METS

Reason for Termination:
 Comments: GOOD EFFORT AND TOLERANCE
 NORMAL HR/BP RESPONSE
 NO ATGINA AND ARRYTHMIA NOTED
 NO SIGNIFICANT ST-T CHANGES SEEN

*
 TMT IS INCONCLUSIVE FOR INDICIBLE ISCHEMIA

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
147bpm E.P.: 130/90	160bpm 6:34	124bpm 3/2: 130/90

25.0 mm/s
10.0 mm/mV
100hz



Technician: VINUTHA

Unconfirmed

MAC55 010A

Lead
ST(mV)
Slope(mV/s)

MR YOGRAJINH, VAGHELA

GRADED EXERCISE SUMMARY

ID: GMAR30121

BRUCE

Total Exercise time: 6:34

25.0 mm/s

Visit: FBA

Max HR: 160bpm

90% of max predicted

10.0 mm/mV

43years

Asian

Male

Maximum workload: 7.8METS

100hz

17-Jan-2024

178cm

93kg

10:33:09

Referred by: SELF

Comments: GOOD EFFORT AND TOLERANCE
NORMAL H-REP RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN

TMT IS INCONCLUSIVE FOR INDUCIBLE ISCHEMIA

BASELINE

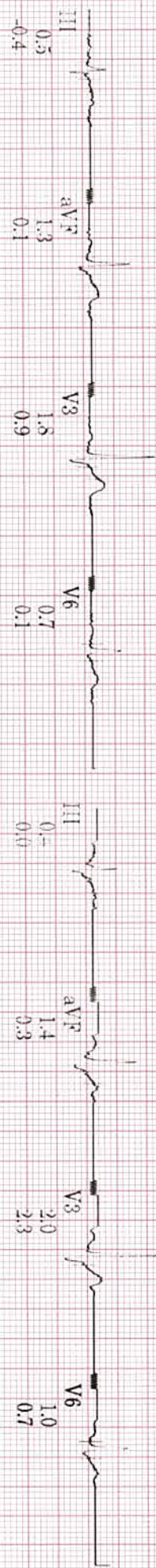
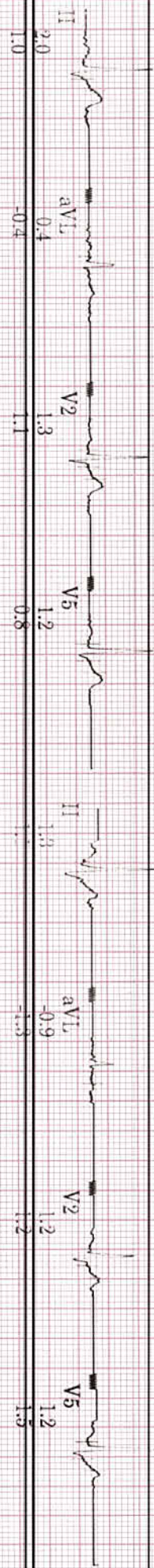
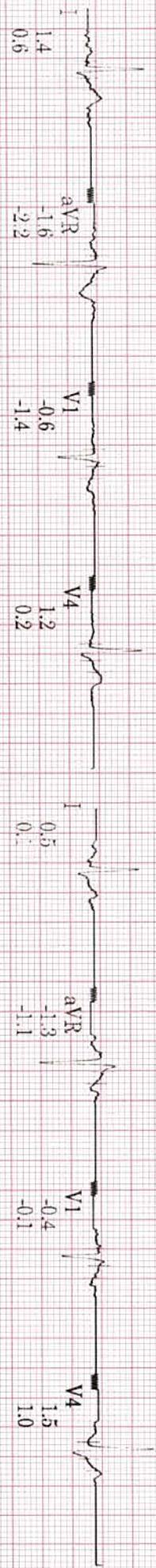
PEAK

EXERCISE STAGE 1 107bpm ST @ 10mm/mV
0:00 1.3METS BP: 130/90 80ms postJ

Lead ST(mm) Slope(mV/s)

EXERCISE STAGE 3 160bpm ST @ 10mm/mV
6:34 7.8METS


Lead ST(mm) Slope(mV/s)



Technician: VINUTHA

Unconfirmed

MIAC55 010A

Name : Mr. Yograjsinh Vaghela Address : blr Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 43 Y Sex : M	UHID :CMAR.0000301211  OP Number :CJPNOPV186035 Bill No :CJPN-OCR-68652 Date : 17.01.2024 08:30
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE (POST PRANDIAL)	*
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	22
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	*
14	URINE GLUCOSE (FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	*
18	CARDIAC STRESS TEST (TMT)	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Audio - 21 (2)
Physio - 4

HT - 178 cm
 WT - 93.1 kg
 HIP - 107 cm
 waist - 106 cm
 BP - 138/100 mmHg
 P - 82 b/m

Name: yagnajsinh vaghela

Date: 17/01/24

Age: 43y

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

**General Examination / Allergies
History**

c/o Routine check
up

H/o: using eye
glasses

Clinical Diagnosis & Management Plan

Un $\left\{ \begin{array}{l} 6/18 P \quad N_{10} \\ 6/24 \quad N_{10} \end{array} \right.$

C glasses $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

+ 1.25 N+

colour vision is normal

Follow up date: Every 6 months check

Doctor Signature

PATIENT CASE SHEET



Name: Yograjsinh Vaghela Age: 43 Gender: M

Address: _____

UHID / Emp Id: CMAR. 301211

Ref. by Doctor

CHC

Treating Doctor

Dr. Sijo

Past Dental History: _____

Past Medical History: HTN, Diabetic

Chief Complaint(s): Regular dental check up

Investigation:

RVG

OPG

CBCT

ID: GMAR30121

Visit: FBA

17-Jan-2024
10:33:09

43years
178cm

Asian
93kg

Male

BRUCE Total Exercise time: 6:34

Max HR: 160bpm 90% of max predicted 177bpm

Max BP: 150/90 Maximum workload: 7.8METS

Reason for Termination:

Comments: GOOD EFFORT AND TOLERANCE

NORMAL HR/BP RESPONSE

NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN

* TMT IS INCONCLUSIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

Referred by: SELF
Test ind: CAD SCREENING

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:14	0.8	0.0	1.3	107	130/90	139
EXERCISE	STAGE 1	3:00	1.7	10.0	4.5	139	140/90	195
	STAGE 2	3:00	2.5	12.0	7.0	135	150/90	233
	STAGE 3	0:34	3.4	14.0	7.8	150	140/90	160
RECOVERY	Post	1:49	**	**	1.7	124	130/90	161

Technician: VINUTHA

Unconfirmed

MAC55 010A

ID: CMAR30121

Visit: FBA

17-Jan-2024

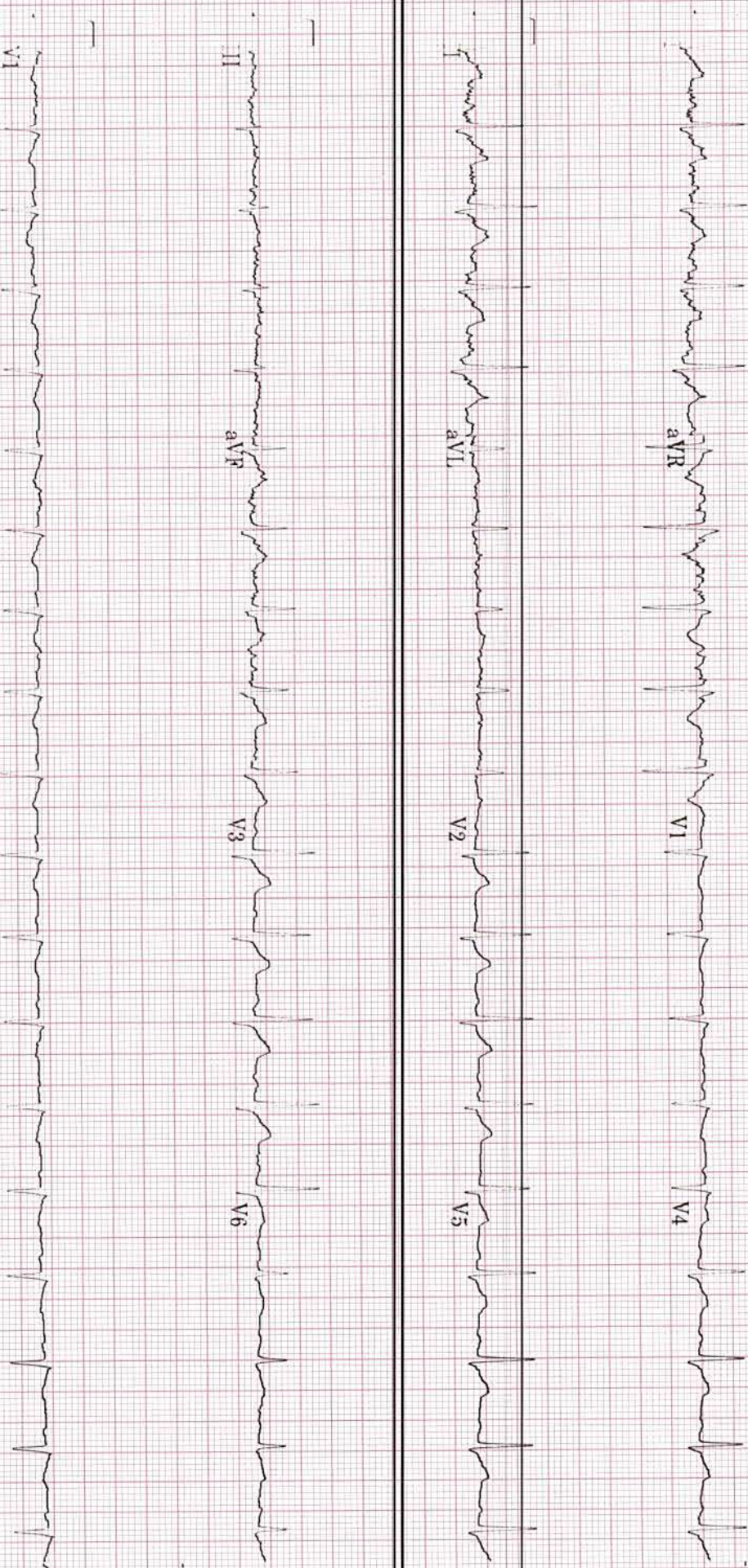
10:33:55

111bpm

BP: 130/90

PRETEST
SUPINE
0:47

BRUCE
***mph
**.%



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46 4 by 2.5s + 1 rhythm ld MAC55 010A

ID: GMAR30121
Visit: FBA

17-Jan-2024
10:37:13

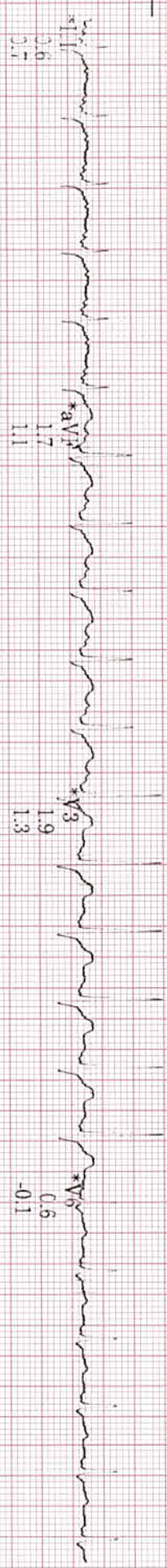
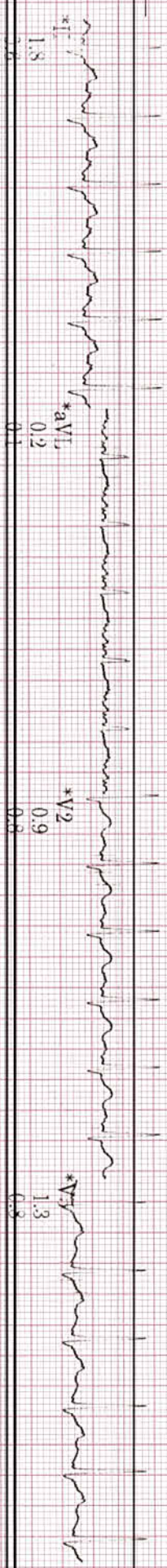
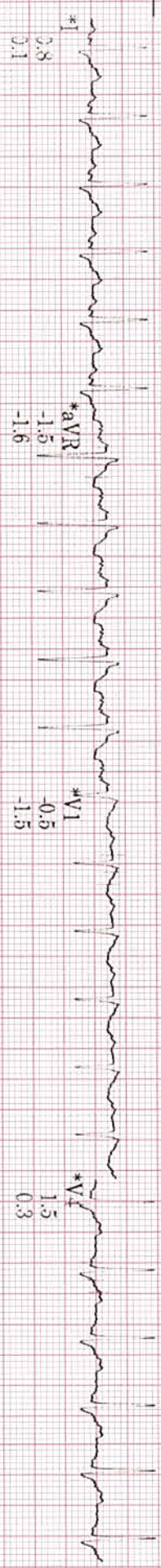
136bpm
BP: 140/90

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 010A

ID: CMAR30121

Visit: FBA

17-Jan-2024

10:40:13

155bpm

BP: 150/90

EXERCISE
STAGE 2

5:50

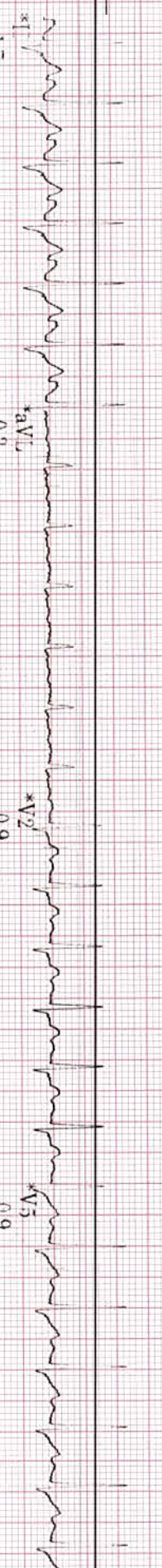
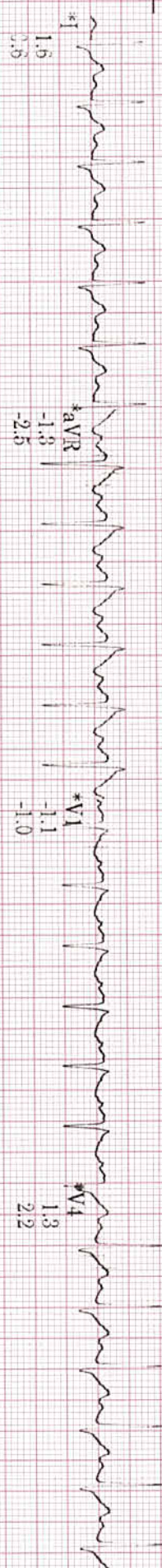
BRUCE

2.5mph

12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz: 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010A

2

ID: GMAR30121
Vist: FBA

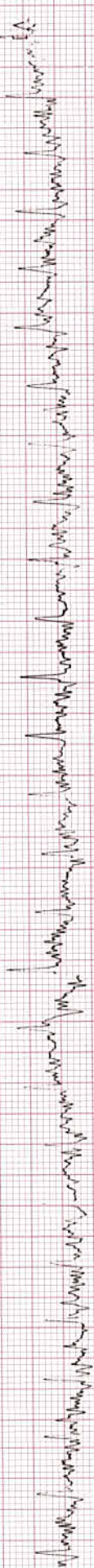
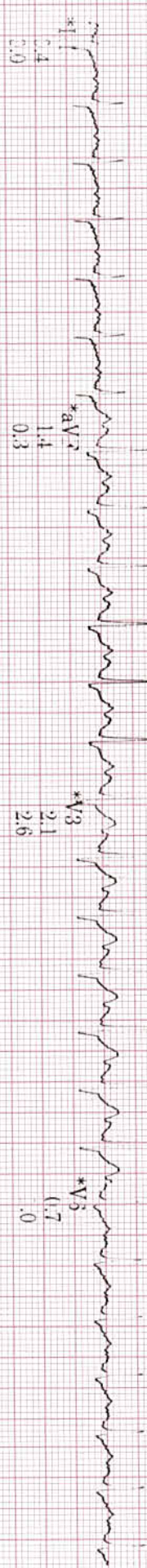
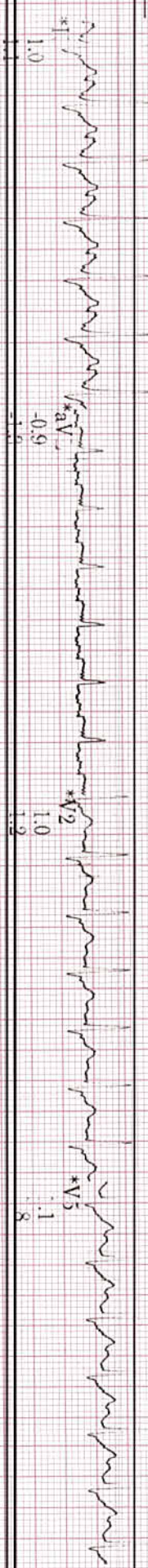
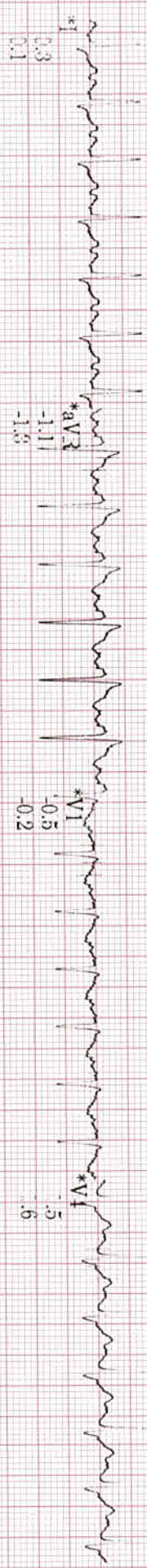
17-Jan-2024
10:40:57

160bpm
RECOVERY
Post
0:00

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC55 010A



ID: GMAR30121

Visit: FBA

17-Jan-2024

10:41:57

138bpm

BP: 150/90

ST @ 10mm/mV
80ms postJ

RECOVERY

Post

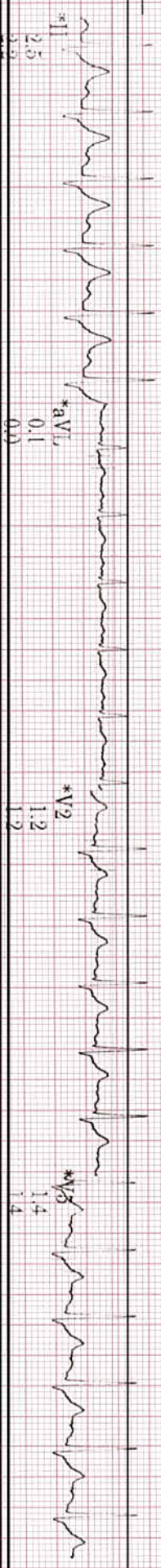
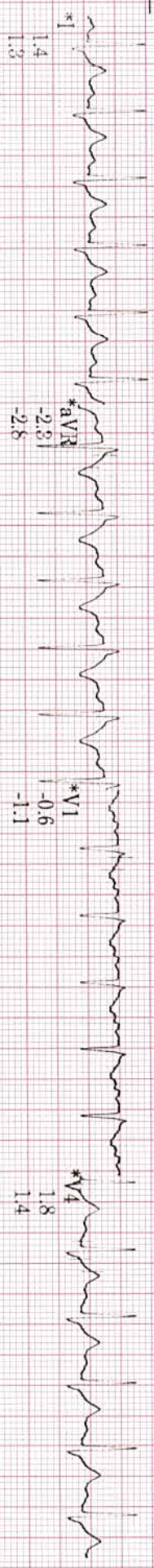
1:00

BRUCE

**mph

***%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAG55 010A

II

2: GMAR30121

Visit: FBA

43 years
178cm
Asian
93kg

Male

17-Jan-2024
10:33:09

Referred by: SELF
Test Ind: CAD SCREENING

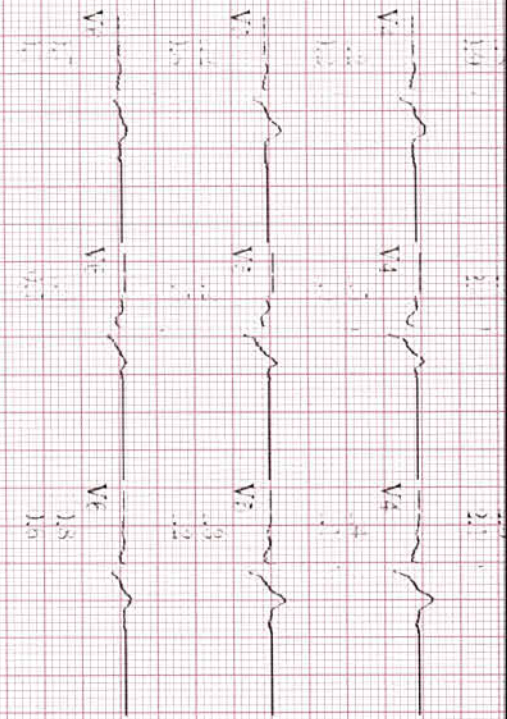
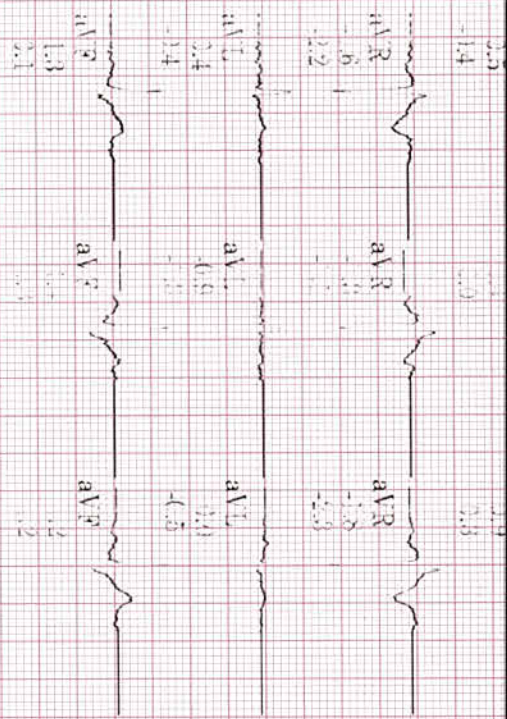
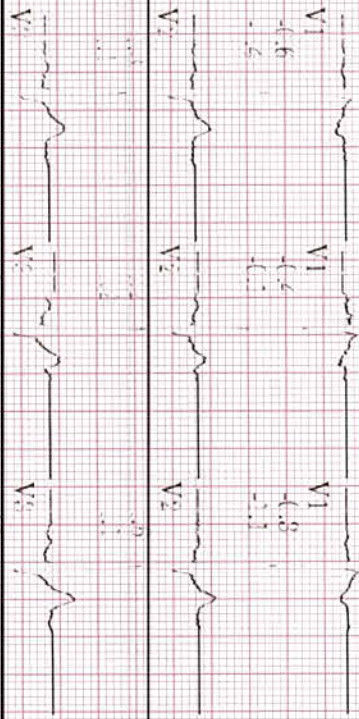
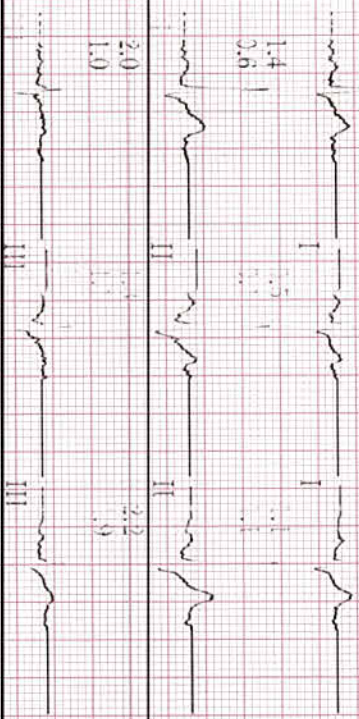
3RUC¹
Max HR: 150bpm 90% of max predicted 177bpm
Max EP: 150/90
Maximum workload: 7.5METS
Total Exercise time: 6:34

Reason for Termination:
Comments: GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ATGINA AND ARRYTHMIA NOTED
NO SIGNIFICANT ST CHANGES SEEN

*TMT IS INCONCLUSIVE FOR INDICIBLE ISCHEMIA

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
107bpm 3/2: 130/90	160bpm 6:34	124bpm 1:49 3/2: 130/90

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
147bpm E.P.: 130/90	160bpm 6:34	124bpm 1:49 B.P.: 130/90



Technician: VINUTHA

Unconfirmed

MAC55 010A

Lead
ST(mV)
Slope(mV/s)

MR YOGRAJINH, VAGHELA

GRADED EXERCISE SUMMARY

ID: GMAR30121

BRUCE

Total Exercise time: 6:34

25.0 mm/s

Visit: FBA

Max HR: 160bpm

90% of max predicted

10.0 mm/mV

43years

Asian

Male

Max BP: 150/90

Maximum workload: 7.8METS

100hz

17-Jan-2024
10:33:09

173cm

93kg

Referred by: SELF
Test ind: CAD SCREENING

Reason for Termination:
Comments: GOOD EFFORT AND TOLERANCE
NORMAL HR-EP RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN

* TMT IS INCONCLUSIVE FOR INDUCIBLE ISCHEMIA

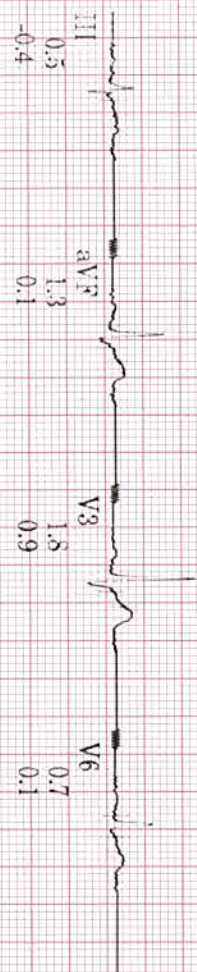
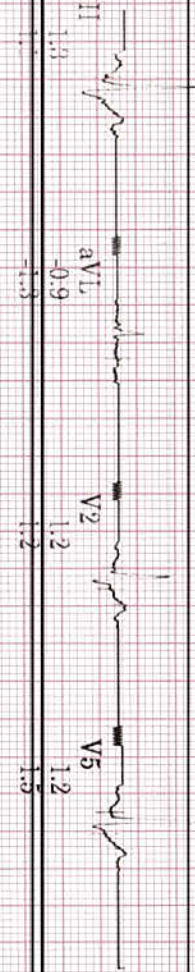
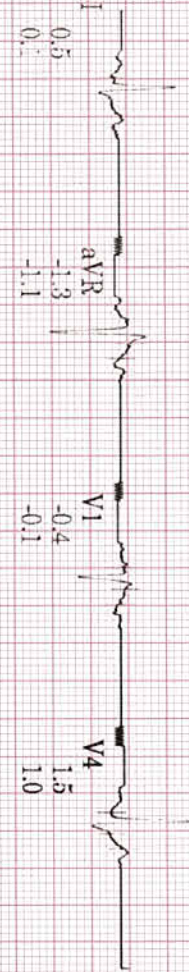
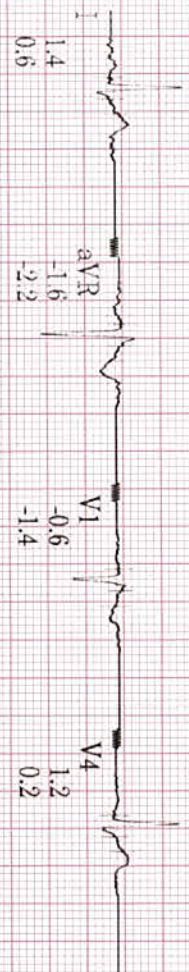
EXERCISE STAGE 1
0:00 1.3METS BP: 107bpm ST @ 10mm/mV
80ms postJ

Lead ST(mm) Slope(mV/s)

EXERCISE STAGE 3
6:34 7.8METS

PEAK 160bpm ST @ 10mm/mV
80ms postJ

Lead ST(mm) Slope(mV/s)



Technician: VINUTHA

Unconfirmed

MIAC55 010A

Patient Name : Mr. Yograjsinh Vaghela

Age/Gender : 43 Y/M

UHID/MR No. : CMAR.0000301211

OP Visit No : CJPNOPV186035

Sample Collected on :

Reported on : 17-01-2024 10:49

LRN# : RAD2209708

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 329739

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.PV- 10mm.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Appeared normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 10.1 x 1.7cm.

Left kidney measures : 10.9 x 1.9cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.

Prostate measures : 3.4 x 3.3 x 2.6cms. Volume-16 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION : NORMAL STUDY .

Please Note :No preparation done before scanning.

Patient Name : Mr. Yograjsinh Vaghela

Age/Gender : 43 Y/M

(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.

Dr. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Patient Name : Mr. Yograjsinh Vaghela

Age/Gender : 43 Y/M

UHID/MR No. : CMAR.0000301211

OP Visit No : CJPNOPV186035

Sample Collected on :

Reported on : 17-01-2024 10:10

LRN# : RAD2209708

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 329739

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. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Patient Name : Mr.YOGRAJSINH VAGHELA	Collected : 17/Jan/2024 08:33AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 12:06PM
UHID/MR No : CMAR.0000301211	Reported : 17/Jan/2024 01:03PM
Visit ID : CJPNOPV186035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329739	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.5	g/dL	13-17	Spectrophotometer
PCV	46.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.64	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	100.6	fL	83-101	Calculated
MCH	33.4	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,510	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67.7	%	40-80	Electrical Impedance
LYMPHOCYTES	22.9	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5761.27	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1948.79	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	85.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	672.29	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.55	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	218000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	54	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				



Dr. Shobha Emmanuel
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No: BED240011602

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

Patient Name : Mr.YOGRAJSINH VAGHELA	Collected : 17/Jan/2024 08:33AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 12:06PM
UHID/MR No : CMAR.0000301211	Reported : 17/Jan/2024 01:03PM
Visit ID : CJPNOPV186035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329739	

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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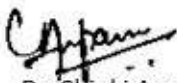
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Patient Name : Mr.YOGRAJSINH VAGHELA	Collected : 17/Jan/2024 08:33AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 12:06PM
UHID/MR No : CMAR.0000301211	Reported : 17/Jan/2024 04:35PM
Visit ID : CJPNOPV186035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329739	

DEPARTMENT OF HAEMATOLOGY

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

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



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



Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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Patient Name : Mr.YOGRAJSINH VAGHELA	Collected : 17/Jan/2024 08:33AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 12:06PM
UHID/MR No : CMAR.000301211	Reported : 17/Jan/2024 02:43PM
Visit ID : CJPNOPV186035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329739	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	223	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)	297	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	9.3	%		HPLC




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

SIN No:EDT240004830

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

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Patient Name : Mr.YOGRAJSINH VAGHELA	Collected : 17/Jan/2024 08:33AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 12:06PM
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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	220	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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240004830

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Patient Name : Mr.YOGRAMSINH VAGHELA	Collected : 17/Jan/2024 08:33AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 12:16PM
UHID/MR No : CMAR.0000301211	Reported : 17/Jan/2024 01:45PM
Visit ID : CJPNOPV186035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	136	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.22		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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04602226

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Patient Name : Mr.YOGRAJSINH VAGHELA	Collected : 17/Jan/2024 08:33AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 12:16PM
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DEPARTMENT OF BIOCHEMISTRY

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



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

SIN No:SE04602226

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.35	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.13	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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:SE04602226

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Patient Name : Mr.YOGRAJSINH VAGHELA
Age/Gender : 43 Y 2 M 0 D/M
UHID/MR No : CMAR.0000301211
Visit ID : CJPNOPV186035
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 329739

Collected : 17/Jan/2024 08:33AM
Received : 17/Jan/2024 12:16PM
Reported : 17/Jan/2024 01:45PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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



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APOLLO CLINICS NETWORK

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.06	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.04	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.63	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	134	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	98	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	79.00	U/L	<55	IFCC




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Patient Name : Mr.YOGRAJSINH VAGHELA	Collected : 17/Jan/2024 08:33AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 12:18PM
UHID/MR No : CMAR.000301211	Reported : 17/Jan/2024 02:39PM
Visit ID : CJPNOPV186035	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	10.64	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.470	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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SIN No:SPL24007641

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Patient Name	: Mr.YOGRAJSINH VAGHELA	Collected	: 17/Jan/2024 08:33AM
Age/Gender	: 43 Y 2 M 0 D/M	Received	: 17/Jan/2024 12:18PM
UHID/MR No	: CMAR.0000301211	Reported	: 17/Jan/2024 02:39PM
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Emp/Auth/TPA ID	: 329739		

DEPARTMENT OF IMMUNOLOGY

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




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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.305	ng/mL	<4	CMIA




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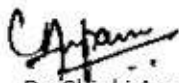
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Patient Name : Mr.YOGRASINH VAGHELA	Collected : 17/Jan/2024 08:32AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 04:20PM
UHID/MR No : CMAR.000301211	Reported : 17/Jan/2024 04:40PM
Visit ID : CJPNOPV186035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		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
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
Result Rechecked				



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



Dr. Shobha Emmanuel
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:UR2263538

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Patient Name : Mr.YOGRASINH VAGHELA	Collected : 17/Jan/2024 08:33AM
Age/Gender : 43 Y 2 M 0 D/M	Received : 17/Jan/2024 12:34PM
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Visit ID : CJPNOPV186035	Status : Final Report
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Emp/Auth/TPA ID : 329739	

DEPARTMENT OF CLINICAL PATHOLOGY

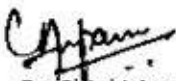
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF010227

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