

## Physical Medical Examination Format

NAME:- <u>ANIL KISHORE</u>	DATE:- <u>24-02-24</u>
DESIGNATION:-	AGE:- <u>47</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:-MARRIED/UNMARRIED

### MEDICAL EXAMINATION

Complaints (if any)	<u>H7N</u>
Personal /family history	<u>F - H7N, DIABETIC, M - H7N</u>
Past Medical /Surgical	<u>mooth Surgery</u>
Sensitivity/Allergy (if any)	<u>No</u>
Habits	<u>No</u>
Occupational History	

Height: <u>174</u>	Weight: <u>80</u>	BMI:	Pulse:
Temp: <u>98.6f</u>	Spo2: <u>99</u>	Resp: <u>18</u>	B.P: <u>140/90</u>

#### Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. ANIL KISHORE .....for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....

Fit

Anil Kishore  
Signature Of Employee

Unfit

Dr.G. INDIRA PRIYADARSHINI  
MBBS

Regd.No. 63148

Signature & Seal Of Medical Examiner With  
Apollo Clinic, Seethammipeta, Vizag  
Registration No:.....

#### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

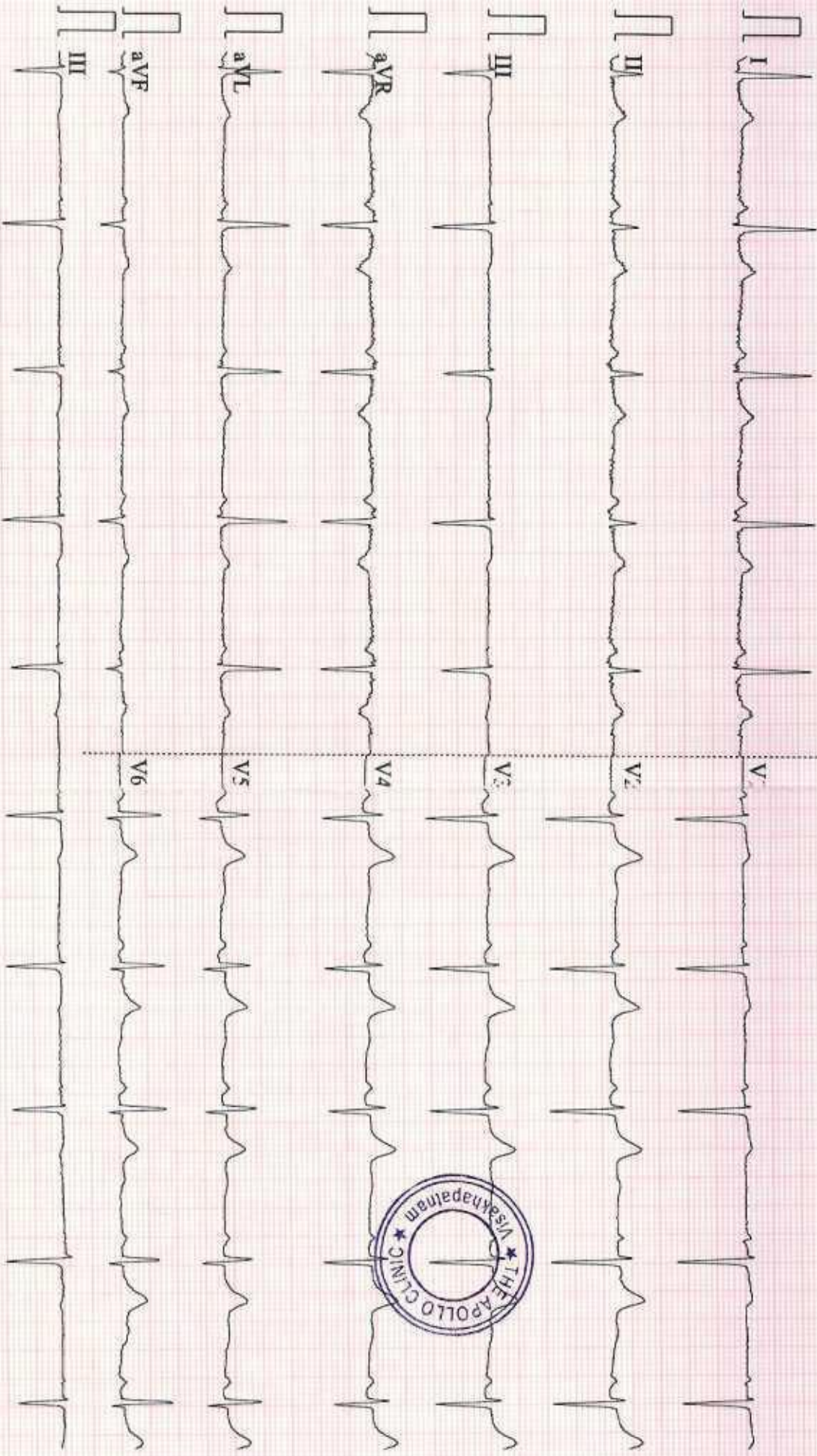
ID: 124065  
anil kishore  
Male 47Years  
Req. No. :

24-02-2024 10:13:46

HR : 56 bpm  
P : 110 ms  
PR : 166 ms  
QRS : 86 ms  
QT/QTcBz : 432/417 ms  
P/QRS/T : 21/-9/23 °  
RV5/SV1 : 0.552/1.184 mV

Diagnosis Information:  
Sinus bradycardia  
Poor R wave progression  
Borderline ECG

Report Confirmed by:





UNSON BANK

NAME : Mr. ANIL KISHORE GENDER : M  
AGE : 47 DATE : 29/12/24

**OPHTHALMOLOGY SCREENING REPORT**

VISION : (OD) 6/6 (OS) 6/6 25/2

DISTANCE : 26 26

NEAR VISION :

COLOUR VISION : WNL -

ANT.SEGMENT : - clear -

CONJUNCTIVA : - clear -

CORNEA :

PUPIL : R/R -

FUNDUS :

IMPRESSION : WNL



*[Signature]*  
SIGNATURE

Patient Name	: Mr. ANIL KISHORE	Age	: 47 Y M
UHID	: CVIS.0000124065	OP Visit No	: CVISOPV121828
Reported on	: 24-02-2024 14:05	Printed on	: 24-02-2024 14:06
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 .

**CONCLUSION :**

No obvious abnormality seen.

Printed on:24-02-2024 14:05

---End of the Report---



*Aruna Pebbili*  
**Dr. ARUNA PEBBILI**  
DMRD Radiology  
Radiology

Patient Name:	: Mr. ANIL KISHORE	Age	: 47 Y/M
UHID	: CVIS.0000124065	OP Visit No	: CVISOPV121828
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 24-02-2024 14:58
Referred By	: SELF		

**ECG REPORT**

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 56beats 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 seen.

**Impression:**

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI



Name: Mr. ANIL KISHORE  
 Age/Gender: 47 Y/M  
 Address: VSKP  
 Location: VISAKHAPATNAM, ANDHRA PRADESH  
 Doctor:  
 Department: LABORATORY  
 Rate Plan: VISHAKAPATNAM\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124065  
 Visit ID: CVISOPV121828  
 Visit Date: 24-02-2024 08:58  
 Discharge Date:  
 Referred By: SELF

**Vitals:**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:04	56 Beats/min	140/90 mmHg	18 Rate/min	98.6 F	174 cms	80 Kgs	%	%	Years	26.42	cms	cms	cms		AHLI.06520



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 Vizag (Seethamma Peta)

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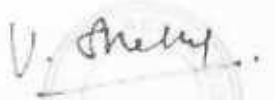


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Age/Gender	: 47 Y 6 M 0 D/M	Received	: 24/Feb/2024 12:28PM
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Visit ID	: CVISOPV121828	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 771694		

### DEPARTMENT OF HAEMATOLOGY

#### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240048225

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
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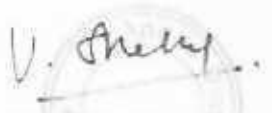
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**DEPARTMENT OF HAEMATOLOGY**

**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	14.6	g/dL	13-17	Spectrophotometer
PCV	44.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60.8	%	40-80	Electrical Impedance
LYMPHOCYTES	25.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4620.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1953.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	357.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	668.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.37		0.78- 3.53	Calculated
PLATELET COUNT	321000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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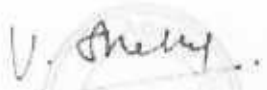


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**DEPARTMENT OF HAEMATOLOGY**

**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



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M.D (PATH)  
Consultant Pathologist



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 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : 771694

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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
GLUCOSE, FASTING , NAF PLASMA	121	mg/dL	70-100	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  $\geq 126$  mg/dL and/or a random / 2 hr post glucose value of  $\geq 200$  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)	140	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA	6.1	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No: EDT240021634

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**DEPARTMENT OF BIOCHEMISTRY**

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

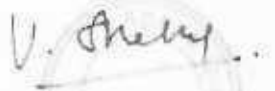
**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 - 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 - 7
FAIR TO GOOD CONTROL	7 - 8
UNSATISFACTORY CONTROL	8 - 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
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**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	214	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	180	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	175	mg/dL	<130	Calculated
LDL CHOLESTEROL	139.19	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.01	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.49		0-4.97	Calculated

**Comment:**

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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Consultant Pathologist



SIN No:SE04640098

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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	0.62	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24.12	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>41.7</b>	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	<b>133.00</b>	U/L	53-128	IFCC
PROTEIN, TOTAL	<b>9.10</b>	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.72	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>4.38</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

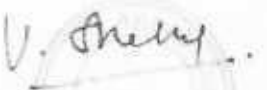
**1. Hepatocellular Injury:**

- AST - Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) - In case of hepatocellular injury AST: ALT > 1. In Alcoholic Liver Disease AST: ALT usually > 2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not > 2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No:SE04640098

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



MC-2373

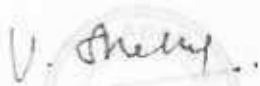
Patient Name	: Mr. ANIL KISHORE	Collected	: 24/Feb/2024 09:29AM
Age/Gender	: 47 Y 6 M 0 D/M	Received	: 24/Feb/2024 11:41AM
UHID/MR No	: CVIS.0000124065	Reported	: 24/Feb/2024 01:20PM
Visit ID	: CVISOPV121828	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 771694		

**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	0.92	mg/dL	0.7-1.2	Jaffe
UREA	20.39	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.16	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.96	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE

Page 8 of 11



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No: SE04640098

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ICIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal )

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



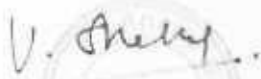
Patient Name : Mr. ANIL KISHORE  
 Age/Gender : 47 Y 6 M 0 D/M  
 UHID/MR No. : CVIS.0000124065  
 Visit ID : CVISOPV121828  
 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : 771694

Collected : 24/Feb/2024 09:29AM  
 Received : 24/Feb/2024 11:41AM  
 Reported : 24/Feb/2024 01:20PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	45.40	U/L	0-55	IFCC



DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No: SE04640098

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nailakunta | Nizampet | Uppal )

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. ANIL KISHORE  
 Age/Gender : 47 Y 6 M 0 D/M  
 UHID/MR.No : CVIS.0000124065  
 Visit ID : CVISOPV121828  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 771694

Collected : 24/Feb/2024 09:29AM  
 Received : 24/Feb/2024 11:41AM  
 Reported : 24/Feb/2024 01:43PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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)	1.29	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	48.60	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	11.500	µIU/mL	0.3-4.5	CLIA

**Comment:**

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

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

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

DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No: SPL24031763

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

(CIN - UBS110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad | AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal |

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**



Patient Name	: Mr.ANIL KISHORE	Collected	: 24/Feb/2024 09:29AM
Age/Gender	: 47 Y 6 M 0 D/M	Received	: 24/Feb/2024 12:44PM
UHID/MR No	: CVIS.0000124065	Reported	: 24/Feb/2024 02:18PM
Visit ID	: CVISOPV121828	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 771694		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

*V. Snehal*  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No:UR2290337

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. [Email ID: enquiry@apollohl.com]

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



**UNFIT EXPLANATION**

Date: 24/2/24  
Patient Name: Anil kishore  
UHID: 124065  
Corporate Name: Aarabemi

The above-mentioned client unfit given due to Adverse physical consultation.  
As per physician advice it was hold not given FIT, once client met with Physician, we will update closure remarks.

Regards,

Apollo clinic,

Vizag

Ph:0891-2585511/12.

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - VISHAKHAPATNAM  
D. No. 47-7-30/2, Mohan Mansion, 2nd  
Floor, 4th Lane, Dwarkanagar,  
Visakhapatnam, A.P., Pin - 530 01

To,

The Chief Medical Officer  
M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male**

Shri/Smt./Kum. ANIL KISHORE,,

P.F. No. 771694 Designation : Single Window Operator A

Checkup for Financial Year 2023-2024 **Approved Charges Rs.** 3500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

*Anil Kishore*  
(Signature of the Employee)

Yours Faithfully

*[Signature]*  
BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

**Bh - Simhachalam [Union Bank Of India]**

**From:** Anil Kishore <anilkishore75@gmail.com>  
**Sent:** 22 February 2024 10:34  
**To:** Bh - Simhachalam [Union Bank Of India]  
**Subject:** Anil print 1

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है, कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं), प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचान की दी गई सामग्री सुरक्षित है अथवा नहीं, संदिग्ध मेल के संबंध में, कृपया antiphishing@dotbank।at the rate।unionbankofindia।dotbank पर रिपोर्ट करें

**CAUTION AND ATTENTION PLEASE:** This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to antiphishing@dotbank।at the rate।unionbankofindia।dotbank

----- Forwarded message -----

**From:** Mediwheel <wellness@mediwheel.in>  
**Date:** Wed, 21 Feb, 2024, 14:58  
**Subject:** Health Check up Booking Confirmed Request(UBOIES3685), Package Code-PKG10000361, Beneficiary Code-308043  
**To:** <anilkishore75@gmail.com>  
**Cc:** <customercare@mediwheel.in>



**011-41195959**

Dear **ANIL KISHORE,**

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

**Booking Date** : 19-02-2024  
**Hospital Package Name** : Mediwheel Full Body Standard Plus



**Patient Package Name :** MediWheel Full Body Health Checkup Male 40 To 50 For Self and Spouse

**Name of Diagnostic/Hospital :** Apollo Clinic

**Address of Diagnostic/Hospital- :** Apollo Clinic, 50, Plot 5, Sheethammapeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam-530016

**City :** Visakhapatnam

**State :**

**Pincode :** 530016

**Appointment Date :** 24-02-2024

**Confirmation Status :** Booking Confirmed

**Preferred Time :** 9:00am

**Booking Status :** Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
M SRIDEVI	40 year	Female
ANIL KISHORE	47 year	Male

**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.

Union Bank  
OF INDIA

STAFF  
AUTHORITY

Union Bank  
OF INDIA



नाम : अनिल किशोर

Name : ANIL KISHORE

पदनाम / Designation : Clerk

कर्मचारी क्र / Employee No.: 771694

जन्म तिथि / Birth Date : 28-08-1976

रक्त ग्रुप / Blood Group : B+ve

नाई जारी स्थान / Place of Issue : R.O., Visakhapatnam

जारी तिथि / Date of Issue : 21.09.2020

*Anil Kishore*

धारक का हस्ताक्षर  
Staff Signature

जारीकर्ता प्राधिकारी  
Issuing Authority

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:04	56 Beats/min	140/90 mmHg	18 Rate/min	98.6 F	174 cms	80 Kgs	%	%	Years	26.42	cms	cms	cms		AHLL06520



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:04	56 Beats/min	140/90 mmHg	18 Rate/min	98.6 F	174 cms	80 Kgs	%	%	Years	26.42	cms	cms	cms		AHLL06520

Name: Mr. ANIL KISHORE  
Age/Gender: 47 Y/M  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. RANJANEE SRINIVASAN

MR No: CVIS.0000124065  
Visit ID: CVISOPV121828  
Visit Date: 24-02-2024 08:58  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. ANIL KISHORE  
Age/Gender: 47 Y/M  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124065  
Visit ID: CVISOPV121828  
Visit Date: 24-02-2024 08:58  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



**Patient Name** : Mr. ANIL KISHORE

**Age/Gender** : 47 Y/M

**UHID/MR No.** : CVIS.0000124065

**OP Visit No** : CVISOPV121828

**Sample Collected on** :

**Reported on** : 24-02-2024 14:06

**LRN#** : RAD2246678

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 771694

---

**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. ARUNA PEBBILI**  
**DMRD Radiology**  
Radiology

Patient Name : Mr.ANIL KISHORE	Collected : 24/Feb/2024 09:28AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124065	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121828	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240048225

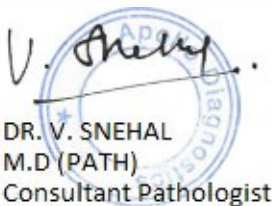
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.ANIL KISHORE	Collected : 24/Feb/2024 09:28AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124065	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121828	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.6	g/dL	13-17	Spectrophotometer
PCV	44.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60.8	%	40-80	Electrical Impedance
LYMPHOCYTES	25.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4620.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1953.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	357.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	668.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.37		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	321000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240048225

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

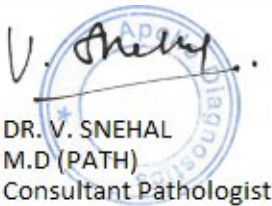


Patient Name : Mr.ANIL KISHORE	Collected : 24/Feb/2024 09:28AM
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Emp/Auth/TPA ID : 771694	

**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. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240048225

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.ANIL KISHORE	Collected : 24/Feb/2024 09:29AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124065	Reported : 24/Feb/2024 02:41PM
Visit ID : CVISOPV121828	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694	

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	121	mg/dL	70-100	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.

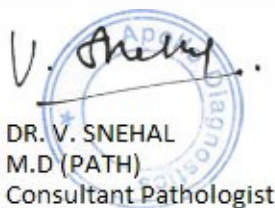
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	140	mg/dL	70-140	GOD - POD

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated



DR. V. SNEHAL  
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Consultant Pathologist



SIN No:EDT240021634

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.ANIL KISHORE	Collected : 24/Feb/2024 09:29AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 24/Feb/2024 12:28PM
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**DEPARTMENT OF BIOCHEMISTRY**

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

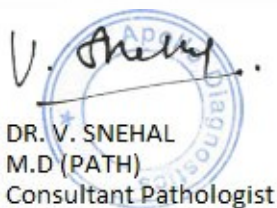
**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240021634

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DEPARTMENT OF BIOCHEMISTRY

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

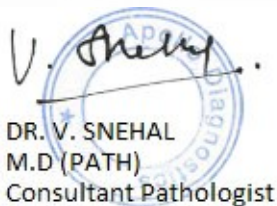
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	214	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	180	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	175	mg/dL	<130	Calculated
LDL CHOLESTEROL	139.19	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.01	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.49		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR. V. SNEHAL  
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SIN No:SE04640098

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Age/Gender : 47 Y 6 M 0 D/M	Received : 24/Feb/2024 11:41AM
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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	0.62	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24.12	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>41.7</b>	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	<b>133.00</b>	U/L	53-128	IFCC
PROTEIN, TOTAL	<b>9.10</b>	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.72	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>4.38</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

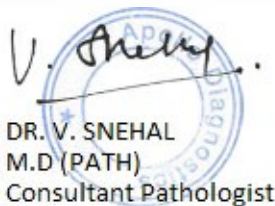
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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



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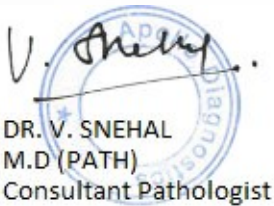
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DEPARTMENT OF BIOCHEMISTRY

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	0.92	mg/dL	0.7-1.2	Jaffe
UREA	20.39	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.16	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.96	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	45.40	U/L	0-55	IFCC



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Visit ID : CVISOPV121828	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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)	1.29	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	<b>48.60</b>	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>11.500</b>	µIU/mL	0.3-4.5	CLIA

Comment:

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

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

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



DR. V. SNEHAL  
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SIN No:SPL24031763

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.ANIL KISHORE	Collected : 24/Feb/2024 09:29AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 24/Feb/2024 12:44PM
UHID/MR No : CVIS.0000124065	Reported : 24/Feb/2024 02:18PM
Visit ID : CVISOPV121828	Status : Final Report
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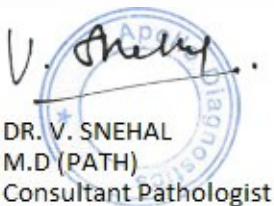
DEPARTMENT OF CLINICAL PATHOLOGY

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	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

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DR. V. SNEHAL  
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SIN No:UR2290337

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