

Patient Name	: Mr. Dhananjay Kumar Jha	Age/Gender	: 49 Y/M
UHID/MR No.	: CJPN.0000090381	OP Visit No	: CJPNOPV184056
Sample Collected on	:	Reported on	: 23-12-2023 10:40
LRN#	: RAD2188517	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 303806		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

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: 11.7 x 1.8cm.

Left kidney measures : 12.2 x 1.9cm.

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

PROSTATE: Enlarged in size and normal echotexture.

Prostate measures : 3.5 x 4.8 x 3.5cms. Volume- 31cc.

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

IMPRESSION :

1)GRADE I FATTY LIVER

2)GRADE I PROSTATOMEGALY.

Please Note :No preparation done before scanning.



Patient Name : Mr. Dhananjay Kumar Jha

Age/Gender : 49 Y/M

**DR.AKSHAY
CONSULTANT RADIOLOGIST**

(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.

Name : Mr. Dhananjay Kumar Jha

Age: 49 Y

UHID:CJPN.0000090381

Address :blr

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CJPNOPV184056

Bill No :CJPN-OCR-68000

Date : 23.12.2023 09:45

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

Weight = 77.0kg

Height = 167cm

Waist = 97cm

Hip = 99cm

Bp - 152 / 92 mmHg

PR - 90bpm

Name - Dhnanjay Kumar Sharma
Age - 49 yrs/m

Date - 23/12/23

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

No - Routine
Eye checkup

H/O myopia - using
glasses

H/O Eye Ex - No

UHVH { 6/6 N
6/6 N10

2 glasses Vn { 6/6 N6
6/6 N6

Colour vision is normal in BE
Continue the same

Follow up date:

After 6 months.

Doctor Signature

Pt 9908838882

Dhananjay Kumar Jha,
49/M.

23/12/2023

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

General Examination / Allergies
History

HTN on R

Audiometry:

Clinical Diagnosis & Management Plan

- Health check

Ⓡ ear discharge on & off in childhood

Hearing okay

✓



Dry Ear

Ⓛ TM ✓

Th / Non-ND

R:

Ⓡ Tympanoplasty + Cerical Mastoidectomy
↓ GA

Dr. SWATHI VADLAMAN

[Signature]

Doctor Signature

Dr. Swathi

Follow up date:

49 years
 Male
 167 cm
 Asian
 77 kg

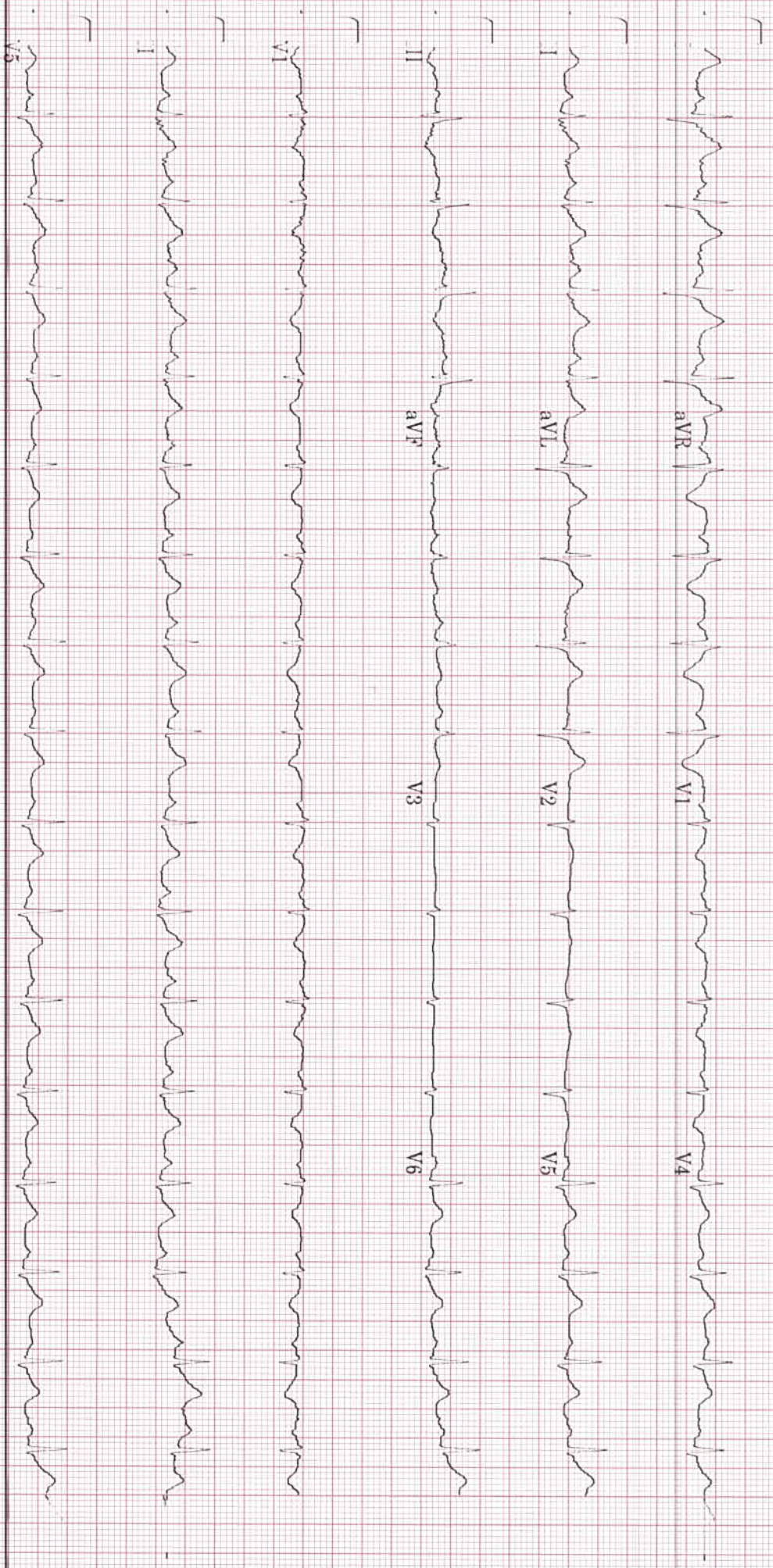
Vent. rate 100 bpm
 PR interval 142 ms
 QRS duration 74 ms
 QT/QTc 342/441 ms
 P-R-T axes 54 79 16

Normal sinus rhythm
 Cannot rule out Anterior infarct, age undetermined
 Abnormal ECG



Technician: RAJESHWARI
 Test ind: CAD SCREENING

Visit: AHC
 Referred by: SELF, TAB TELBECA
 Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 010A

12SL™ V241

ID: CJPN90381 BRUCE Total Exercise time: 9:00 25.0 mm/s

Visit: AHC 49years 167cm Asian 77kg Male Max HR: 179bpm 104% of max predicted 171bpm 10.0 mm/mV
 Max BP: 170/92 Maximum workload: 10.1METS 100Hz

29-Dec-2023 12:26:15 Referred by: SELF, TAB TELECA
 Test ind: CAD SCREENING

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

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:52	0.8	0.0	1.2	99	150/92	149
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	126	150/92	189
	STAGE 2	3:00	2.5	12.0	7.0	144	160/92	230
	STAGE 3	3:00	3.4	14.0	10.1	169	170/92	287
RECOVERY	Post	1:48	***	***	2.0	136	150/92	204

NORMAL
23/12/23

Technician: RAJESHWARI Unconfirmed MAC55 010A

ID: CJPIN90381

Visit: AHC

23-Dec-2023

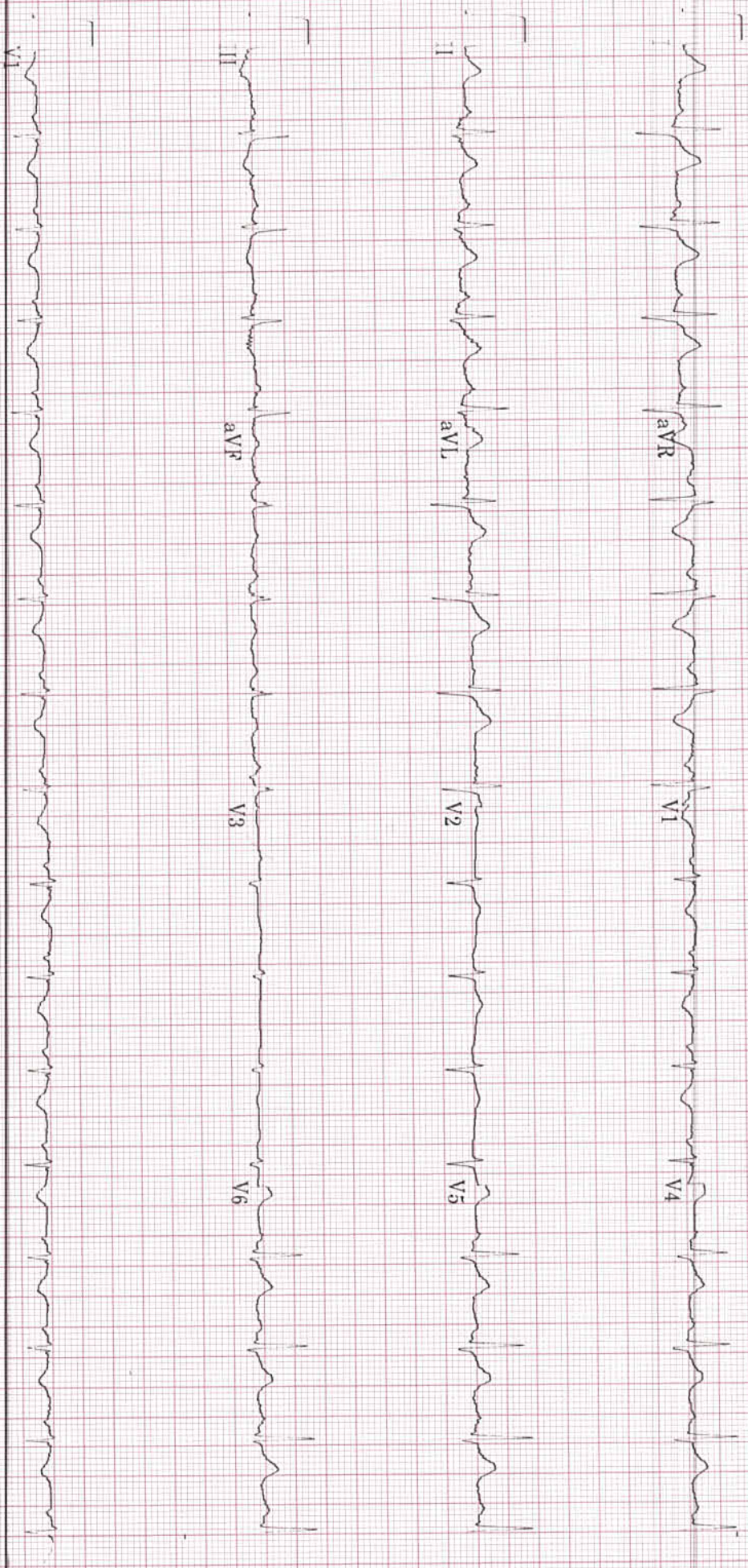
12:26:45

98bpm

BP: 150/92

PRETEST
SUPINE
0:30

BRUCE
***mph
***%



40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm 1d

MAC55 010A

II

ID: CJP2N90381

Visit: AHC

29-Dec-2023

12:29:57

126bpm

BP: 150/92

ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 1

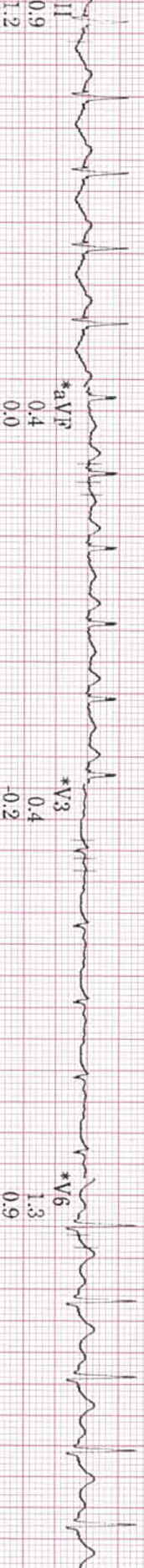
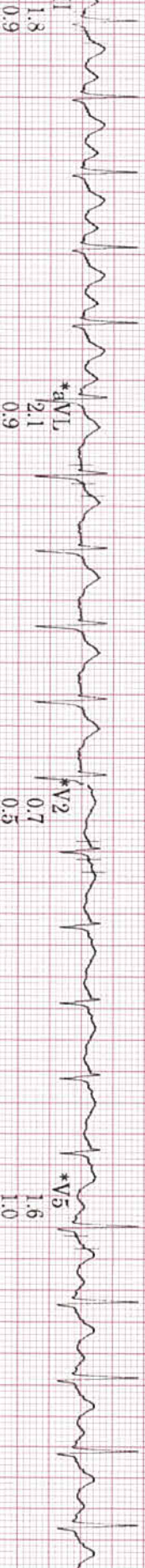
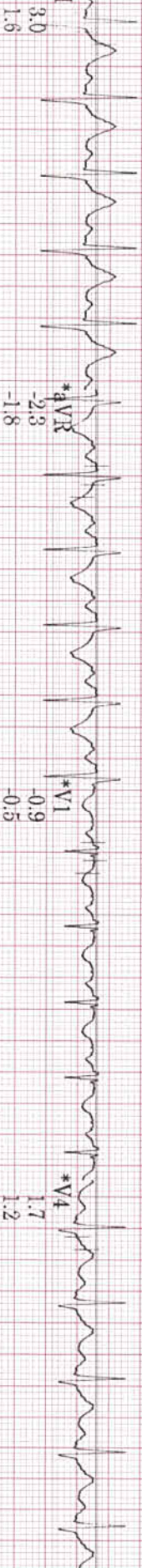
2:50

BRUCE

1.7mph

10.0%

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

MAC55 010A

ID: GJPN90381

Visit: AHC

23-Dec-2023

12:32:57

146bpm

BP: 160/92

EXERCISE
STAGE 2

5:51

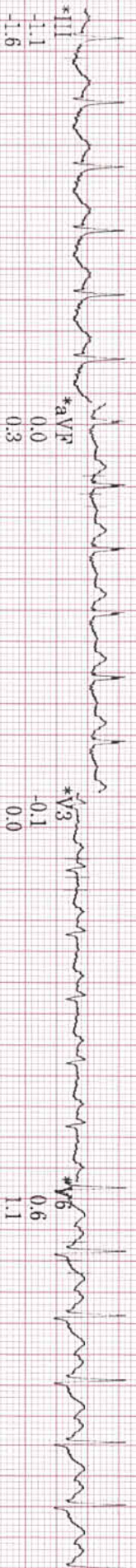
BRUCE

2.5mph

12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



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

MAC55 010A



ID: CJPN90381

Visit: AHC

23-Dec-2023

12:35:57

170bpm

BP: 170/92

EXERCISE

STAGE 3

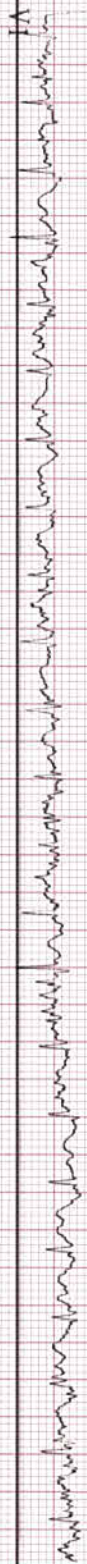
8:51

BRUCE

3.4mph

14.0%

ST @ 10mm/mV
80ms postJ



Raw Rhythm

40 Hz

25.0 mm/s

10.0 mm/mV

A- H- S- 50Hz HR 46

* Computer Synthesis

MAC5E

169bpm

BP: 170/92

ST @ 10mm/mV
80ms postJ

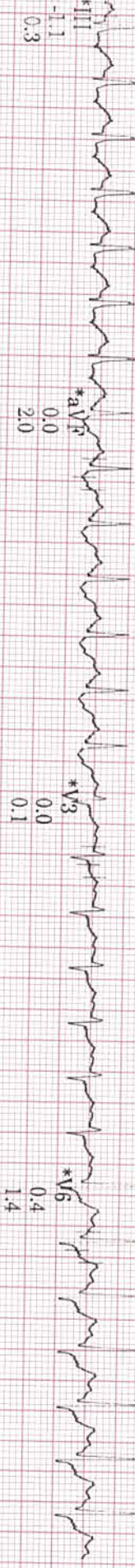
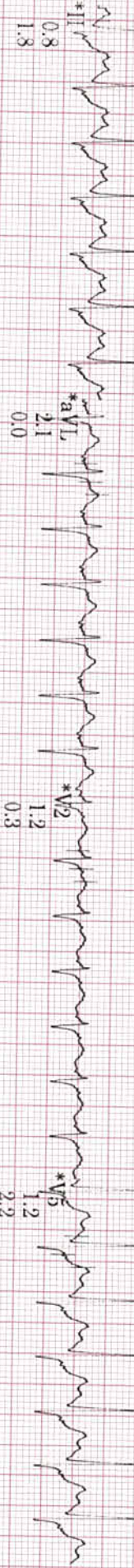
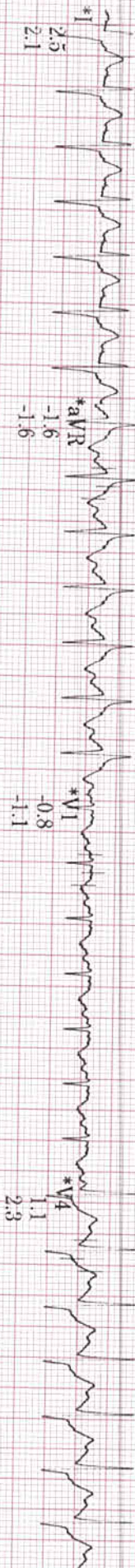
RECOVERY

Post
0:00

BRUCE

3.4mph
14.0%

Lead
ST(mm)
Slope(mV/s)



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

* Computer Synthesized Rhythm

MAC55 010A



ID: CJP90381

Visit: AHC

23-Dec-2023

12:37:07

150bpm

BP: 160/92

ST @ 10mm/mV
80ms postJ

RECOVERY

Post

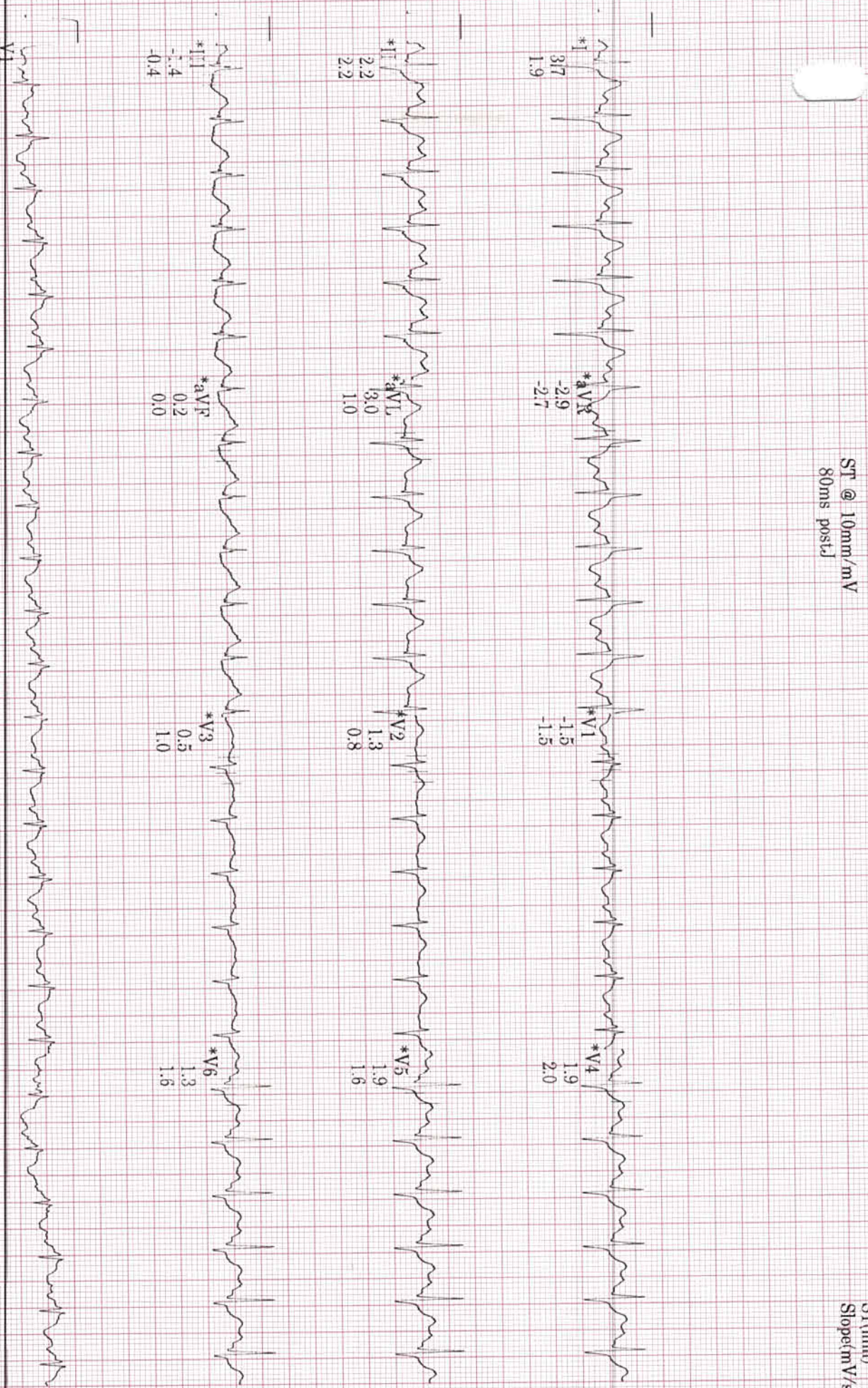
1:00

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

MAC35 010A

Arrow

BRUC3 Total Exercise time: 9:00

Max HR: 179bpm 104% of max predicted 171bpm

Max EP: 170/92 Maximum workload: 10.1METS

25.0 mm/s
10.0 mm/mV
100Hz

ID: GJPN90381
Visit: AHC

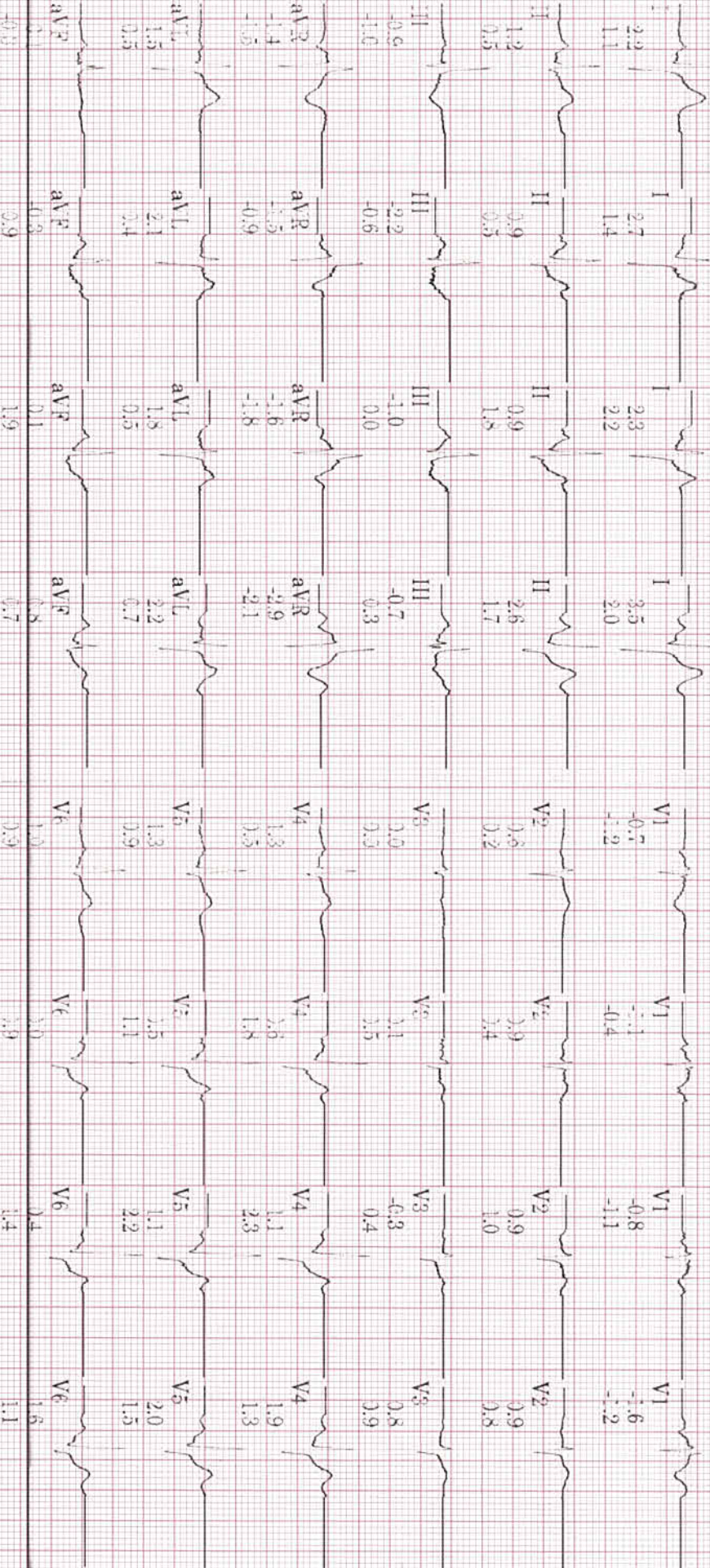
49years
167cm
Asian
Male

26-Dec-2023
12:23:15

Referred by: SELF, TAB TELLECA
Test Ind: CAD SCREENING

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

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 99bpm BP: 150/92	8:12 167bpm BP: 160/92	9:00 169bpm BP: 170/92	1:48 136bpm BP: 150/92	0:00 99bpm BP: 150/92	8:12 167bpm BP: 160/92	9:00 169bpm BP: 170/92	1:48 136bpm BP: 150/92



Technician: RAJESHWARI

Unconfirmed

MAC55 010A

Lead
ST(mm)
Slope(mV/s)

ID: CJP90381

Visit: AHC

23-Dec-2023
12:26:15

49years
167cm

Asian
77kg

Male

BRUCE

Max HR: 179bpm 104% of max predicted 171bpm

Max BP: 170/92

Maximum workload: 10.1METS

25.0 mm/s
10.0 mm/mV

Referred by: SELF, TAB TELECA
Test ind: CAD SCREENING

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

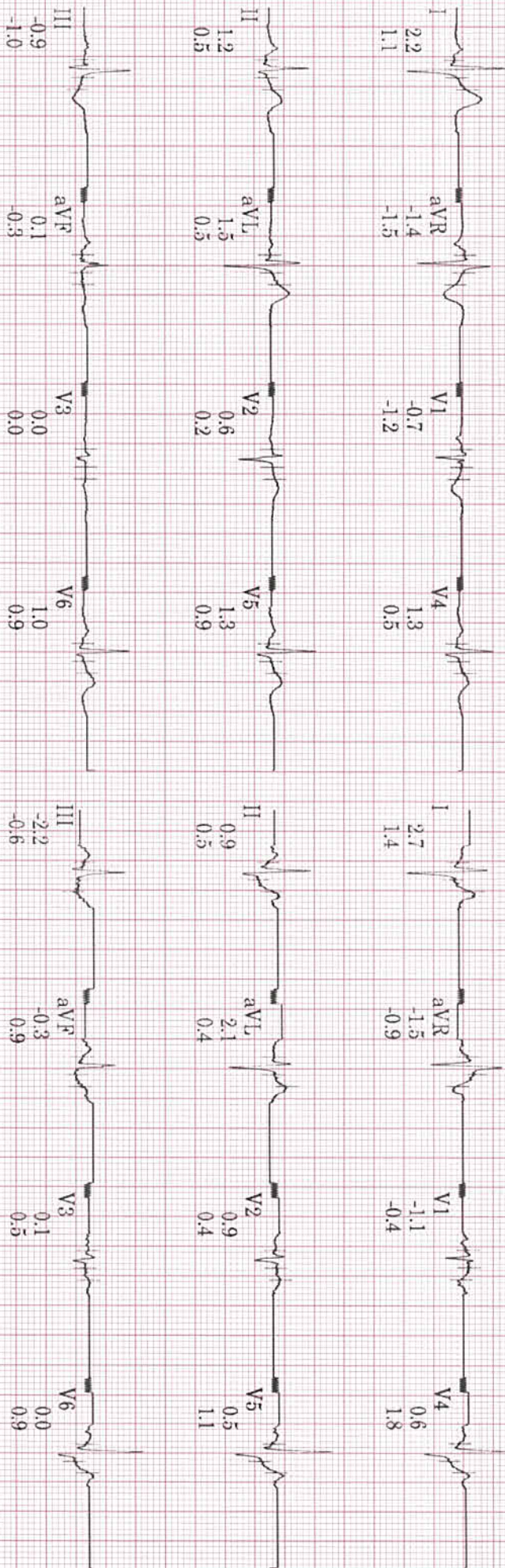
EXERCISE STAGE 1 1.2METS
0:00 BP: 150/92 ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 3 10.1METS
8:12

MAX ST
167bpm BP: 160/92 ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technician: RAJESHWARI

Unconfirmed

MAG55 010A

Patient Name : Mr.DHANANJAY KUMAR JHA	Collected : 23/Dec/2023 09:58AM
Age/Gender : 49 Y 7 M 8 D/M	Received : 23/Dec/2023 11:49AM
UHID/MR No : CJPN.0000090381	Reported : 23/Dec/2023 03:48PM
Visit ID : CJPNOPV184056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303806	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.89	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.2	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,860	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	62.8	%	40-80	Electrical Impedence
LYMPHOCYTES	26.9	%	20-40	Electrical Impedence
EOSINOPHILS	1.2	%	1-6	Electrical Impedence
MONOCYTES	8.9	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4936.08	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2114.34	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	94.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	699.54	Cells/cu.mm	200-1000	Calculated
BASOPHILS	15.72	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	237000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westgren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

Patient Name	: Mr.DHANANJAY KUMAR JHA	Collected	: 23/Dec/2023 09:58AM
Age/Gender	: 49 Y 7 M 8 D/M	Received	: 23/Dec/2023 11:49AM
UHID/MR No	: CJPN.0000090381	Reported	: 23/Dec/2023 03:48PM
Visit ID	: CJPNOPV184056	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 303806		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230318983

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.DHANANJAY KUMAR JHA	Collected : 23/Dec/2023 09:58AM
Age/Gender : 49 Y 7 M 8 D/M	Received : 23/Dec/2023 11:49AM
UHID/MR No : CJPN.0000090381	Reported : 23/Dec/2023 05:44PM
Visit ID : CJPNOPV184056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303806	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230318983

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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



Patient Name : Mr.DHANANJAY KUMAR JHA	Collected : 23/Dec/2023 09:58AM
Age/Gender : 49 Y 7 M 8 D/M	Received : 23/Dec/2023 11:58AM
UHID/MR No : CJPN.0000090381	Reported : 23/Dec/2023 01:40PM
Visit ID : CJPNOPV184056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303806	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	138	mg/dL	70-100	HEXOKINASE
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	194	mg/dL	70-140	HEXOKINASE
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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.

HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HBA1C, GLYCATED HEMOGLOBIN	7.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	157	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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)



SIN No:PLF02078310,PLP1401324,EDT230118089

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APOLLO CLINICS NETWORK

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 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034

 **1860 500 7788**
 www.apolloclinic.com

Patient Name : Mr.DHANANJAY KUMAR JHA	Collected : 23/Dec/2023 09:58AM
Age/Gender : 49 Y 7 M 8 D/M	Received : 23/Dec/2023 11:37AM
UHID/MR No : CJPN.0000090381	Reported : 23/Dec/2023 01:33PM
Visit ID : CJPNOPV184056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303806	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	158	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.15		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04580302

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Visit ID : CJPNOPV184056	Status : Final Report
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Emp/Auth/TPA ID : 303806	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	48	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	85.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.34	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.95	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		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.

Patient Name	: Mr.DHANANJAY KUMAR JHA	Collected	: 23/Dec/2023 09:58AM
Age/Gender	: 49 Y 7 M 8 D/M	Received	: 23/Dec/2023 11:37AM
UHID/MR No	: CJPN.0000090381	Reported	: 23/Dec/2023 01:33PM
Visit ID	: CJPNOPV184056	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 303806		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04580302

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

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UHID/MR No : CJPN.0000090381	Reported : 23/Dec/2023 01:33PM
Visit ID : CJPNOPV184056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303806	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.60	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	16.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.55	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.57	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100	mmol/L	101–109	ISE (Indirect)



SIN No:SE04580302

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Patient Name : Mr.DHANANJAY KUMAR JHA	Collected : 23/Dec/2023 09:58AM
Age/Gender : 49 Y 7 M 8 D/M	Received : 23/Dec/2023 11:37AM
UHID/MR No : CJPN.0000090381	Reported : 23/Dec/2023 12:27PM
Visit ID : CJPNOPV184056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303806	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	45.00	U/L	<55	IFCC



SIN No:SE04580302

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Patient Name : Mr.DHANANJAY KUMAR JHA	Collected : 23/Dec/2023 09:58AM
Age/Gender : 49 Y 7 M 8 D/M	Received : 23/Dec/2023 11:43AM
UHID/MR No : CJPN.0000090381	Reported : 23/Dec/2023 12:54PM
Visit ID : CJPNOPV184056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303806	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.817	µIU/mL	0.34-5.60	CLIA

Comment:

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

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



SIN No:SPL23189259

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Patient Name : Mr.DHANANJAY KUMAR JHA	Collected : 23/Dec/2023 09:58AM
Age/Gender : 49 Y 7 M 8 D/M	Received : 23/Dec/2023 05:14PM
UHID/MR No : CJPN.0000090381	Reported : 23/Dec/2023 06:30PM
Visit ID : CJPNOPV184056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303806	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		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	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

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



SIN No:UR2248537

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

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Patient Name : Mr.DHANANJAY KUMAR JHA	Collected : 23/Dec/2023 09:58AM
Age/Gender : 49 Y 7 M 8 D/M	Received : 23/Dec/2023 04:05PM
UHID/MR No : CJPN.0000090381	Reported : 23/Dec/2023 06:24PM
Visit ID : CJPNOPV184056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303806	

DEPARTMENT OF CLINICAL PATHOLOGY

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

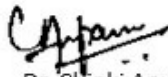
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



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



Patient Name : Mr. Dhananjay Kumar Jha

Age/Gender : 49 Y/M

UHID/MR No. : CJPN.0000090381

OP Visit No : CJPNOPV184056

Sample Collected on :

Reported on : 23-12-2023 14:58

LRN# : RAD2188517

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 303806

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

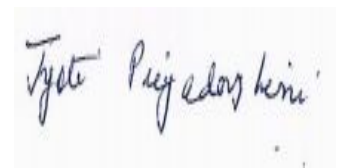
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



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