



 Age/Gender
 : 32 Y 2 M 28 D/M

 UHID/MR No
 : CJPN.0000089686

 Visit ID
 : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 | Collected : 30/Nov/2023 09:52AM | Received : 30/Nov/2023 12:35PM | Reported : 30/Nov/2023 04:17PM |

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HAEMOGLOBIN	13.3	g/dL	13-17	Spectrophotometer
PCV	39.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	77.1	fL	83-101	Calculated
MCH	25.9	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	16.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	67.1	%	40-80	Electrical Impedance
LYMPHOCYTES	24.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7743.34	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2804.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	300.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	646.24	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.16	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	316000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-15	Modified Westegren

RBCs: are normocytic normochromic with few microcytes seen.

WBCs: are mildly increased in total number with mild increase in neutrophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

Page 1 of 13











: Mr.R PRADEEP KUMAR

Age/Gender UHID/MR No : 32 Y 2 M 28 D/M : CJPN.0000089686

Visit ID

: CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 Collected

: 30/Nov/2023 09:52AM

Received Reported : 30/Nov/2023 12:35PM : 30/Nov/2023 04:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name

Result

Unit

Bio. Ref. Range

Method

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH NEUTROPHILIC LEUCOCYTOSIS.

Page 2 of 13

SIN No:BED230294841

NABL renewal accreditation under process

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







: Mr.R PRADEEP KUMAR

Age/Gender

: 32 Y 2 M 28 D/M : CJPN.0000089686

UHID/MR No Visit ID

: CJPNOPV181953

Ref Doctor Emp/Auth/TPA ID D- CELE

: Dr.SELF : 278498 Collected

: 30/Nov/2023 09:52AM

Received

: 30/Nov/2023 12:35PM

Reported Status : 30/Nov/2023 04:29PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	0	Microplate Hemagglutination		
Rh TYPE	Positive	Microplate Hemagglutination		

Page 3 of 13

SIN No:BED230294841

NABL renewal accreditation under process

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







: Mr.R PRADEEP KUMAR

Age/Gender

: 32 Y 2 M 28 D/M : CJPN.0000089686

UHID/MR No Visit ID

: CJPNOPV181953

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

: 278498

Collected

: 30/Nov/2023 12:28PM

Received

: 30/Nov/2023 09:44PM

Reported Status : 30/Nov/2023 10:04PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

GLUCOSE, FASTING, NAF PLASMA	100	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:

- 1. 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.
- 2. 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	125	mg/dL	70-140	HEXOKINASE	
HR)					

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.

Page 4 of 13

SIN No:PLF02062522,BI17178369
NABL renewal accreditation under process

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





Age/Gender : 32 Y 2 M 28 D/M UHID/MR No : CJPN.0000089686 Visit ID : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498

Collected : 30/Nov/2023 09:52AM Received : 30/Nov/2023 12:41PM

: 30/Nov/2023 01:22PM Reported

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

Status

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.4	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	137	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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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)

Page 5 of 13

SIN No:EDT230108263

NABL renewal accreditation under process

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





 Age/Gender
 : 32 Y 2 M 28 D/M

 UHID/MR No
 : CJPN.0000089686

 Visit ID
 : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 Collected : 30/Nov/2023 09:52AM
Received : 30/Nov/2023 12:51PM
Reported : 30/Nov/2023 02:12PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

			-			
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	229	mg/dL	<200	CHO-POD
TRIGLYCERIDES	109	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	180	mg/dL	<130	Calculated
LDL CHOLESTEROL	157.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.67		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
. D .	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60	*		
INON-HOLCHOLESTEROL	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.

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SIN No:SE04555037

NABL renewal accreditation under process

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







: Mr.R PRADEEP KUMAR

Age/Gender UHID/MR No : 32 Y 2 M 28 D/M : CJPN.0000089686

Visit ID

: CJPNOPV181953

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

: 278498

Collected

: 30/Nov/2023 09:52AM

Received

: 30/Nov/2023 12:51PM

Reported Status : 30/Nov/2023 02:12PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.34	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.27	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	112.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

Age/Gender UHID/MR No : 32 Y 2 M 28 D/M : CJPN.0000089686

Visit ID

: CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 Collected

: 30/Nov/2023 09:52AM

Received

: 30/Nov/2023 12:51PM : 30/Nov/2023 02:12PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name Result

Unit

Bio. Ref. Range

Method

Page 8 of 13



SIN No:SE04555037

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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







: Mr.R PRADEEP KUMAR

Age/Gender UHID/MR No : 32 Y 2 M 28 D/M : CJPN.0000089686

Visit ID

: CJPNOPV181953

Ref Doctor Emp/Auth/TPA ID : CJPNOPV18195

: Dr.SELF : 278498 Collected

: 30/Nov/2023 09:52AM

Received

: 30/Nov/2023 12:51PM

Reported

: 30/Nov/2023 02:12PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - F	DIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Result Unit Bio. Ref. Range Method				
Test Name	Result	Unit	Bio. Ref. Range	Method	

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM						
CREATININE	0.61	mg/dL	0.72 – 1.18	JAFFE METHOD		
UREA	21.10	mg/dL	17-43	GLDH, Kinetic Assay		
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	5.55	mg/dL	3.5–7.2	Uricase PAP		
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III		
PHOSPHORUS, INORGANIC	3.74	mg/dL	2.5-4.5	Phosphomolybdate Complex		
SODIUM	138	mmol/L	136–146	ISE (Indirect)		
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)		
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)		

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SIN No:SE04555037

NABL renewal accreditation under process

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







: Mr.R PRADEEP KUMAR

Age/Gender UHID/MR No : 32 Y 2 M 28 D/M : CJPN.0000089686

Visit ID

: CJPNOPV181953

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

: 278498

Collected

: 30/Nov/2023 09:52AM

Received

: 30/Nov/2023 12:51PM

Reported

: 30/Nov/2023 01:54PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	41.00	U/L	<55	IFCC	
(GGT) , SERUM					

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SIN No:SE04555037

NABL renewal accreditation under process

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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







Age/Gender : 32 Y 2 M 28 D/M UHID/MR No : CJPN.0000089686

Visit ID : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 Collected : 30/Nov/2023 09:52AM Received : 30/Nov/2023 12:51PM

Received : 30/Nov/2023 12:51PM Reported : 30/Nov/2023 02:08PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324	
Test Name	Result	Unit	Bio. Ref. Range	Method	

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM								
TRI-IODOTHYRONINE (T3, TOTAL) 1.14 ng/mL 0.7-2.04 CLIA								
THYROXINE (T4, TOTAL)	11.47	μg/dL	5.48-14.28	CLIA				
THYROID STIMULATING HORMONE (TSH)	10.872	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	Т3	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

Page 11 of 13

SIN No:SPL23171907

NABL renewal accreditation under process

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







: Mr.R PRADEEP KUMAR

Age/Gender UHID/MR No : 32 Y 2 M 28 D/M : CJPN.0000089686

Visit ID

: CJPNOPV181953

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 278498 Collected

: 30/Nov/2023 09:52AM

Received

: 30/Nov/2023 05:32PM

Reported

: 30/Nov/2023 05:54PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method

COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT 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

Page 12 of 13

SIN No:UR2230795

NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK







: Mr.R PRADEEP KUMAR

Age/Gender

: 32 Y 2 M 28 D/M

UHID/MR No

: CJPN.0000089686

Visit ID Ref Doctor : CJPNOPV181953

Emp/Auth/TPA ID

: Dr.SELF

: 278498

Collected

: 30/Nov/2023 09:52AM

Received

: 30/Nov/2023 01:10PM

Reported Status : 30/Nov/2023 02:17PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method

URINE GLUCOSE(POST PRANDIAL)	NEGATIVE	NEGATIVE	Dipstick

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

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

Page 13 of 13



SIN No:C02442922,UF009914 NABL renewal accreditation under process

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



: Mr. R Pradeep Kumar

Age: 32 Y

Sex: M

Address : blr

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN Plan

INDIA OP AGREEMENT

UHID:CJPN.0000089686

OP Number: CJPNOPV 181953 Bill No :CJPN-OCR-67439

Date : 30.11.2023 09:30

Sno	Serive Type/ServiceName	Donostos
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY	Department
-	URINE GLUCOSE(FASTING)	2324
=2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	HbAte, GLYCATED HEMOGLOBIN	
	2 D ECHO DUNCULU	
5	LIVER FUNCTION TEST (LFT)	
	X-RAY CHEST PA	
	GLUCOSE, FASTING	
	HEMOGRAM + PERIPHERAL SMEAR	
	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
	DIET CONSULTATION PUM LIA CI	
	COMPLETE URINE EXAMINATION	
	URINE GLUCOSE(POST PRANDIAL)	
_	PERIPHERAL SMEAR	
15	ECG	
_16	BLOOD GROUP ABO AND RH FACTOR	
_17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	The state of the s
19	OPTHAL BY GENERAL PHYSICIAN	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN Purding	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
	DENTAL CONSULTATION	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
	n	

1 Dugro 21.

weight = 80-16gs Height = 168em

Waist = 100cm.

Hip = 105cm Bp = 190185mm Hp pe = 866/mt





Name - R pladeep fann 189e - 324 M

Dile-30/11/23

Height:	We	ight :	BMI:	Waist Circum :
Temp :	Pul	se:	Resp:	B.P :
General Examination	on / Allergies	Clinical Diagnosis	& Management Plan	э.
10 - Roule	ine	Unvy	6/60 N6	
Eye chea	level		6/60 NG	
H/o pup	using	ek i Jet	2	
also ofthe		7	glass vy	, 616 86
glass			2	· ·
4/0 Eye S	7-NO	colour	r vision	is mound in 13E
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		**		

76 bpm 140 / 85 mmHg	\	Į		}	}	}	}	114
4	}	}		7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Unconfirmed 2x5x6_25_R1
		}		}	}		1	50 Hz
	E E	}	}					ADS 0.56-20 Hz
	5	72	<u>}</u> \$}	\$ {	\$\\ _\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1	0 mm/mV.
30.11.2023 11:01.02 Apollo Clinic J.P Nagar Bangalore S Normal Sinus rhythm S S S S S S S S S S S S S S S S S S S			}					25 mm/s 10 mm/mV
30.11.20 Apollo Clir J.P Nagari J.P Nagari 76 ms 366 / 411 ms 140 ms 90 ms 786 / 789 ms 45 / 50 / 14 degrees					- \frac{\}{\}			12SL™ v241
Male QRS QRS QT / QTcBaz PR PR PP RR / PP P / QRS / T				}	-			GE MAC2000 1.1
ideep kumar n.89686 168 cm 1 \$ 80.0 kg				NE }	¥{	₹.	_{	9





NAME: Mr. R PRADEEP KUMAR

AGE: 32 YRS/ M

DATE: 30/11/2023

CJPN: 896869

2D ECHO WITH COLOR DOPPLER

Ao Diam: 2.2cm, LA Diam: 3.3 cm,

IVSd: 1.1cm, IVSs; 1.0 cm, LVIDd: 3.7cm, LVIDs: 2.3 cm LVPWd: 0.9 cm,

LVPWS: 0.9 cm, EF -67%, FS -36%, RVIDd -1.1 cm

2DVALVES

MITRAL VALVE -----: NORMAL TRICUSPID VALVE----: NORMAL AORTIC VALVE----: NORMAL PULMONARY VALVE----: NORMAL

CHAMBERS

LEFT ATRIUM-----: NORMAL. RIGHT ATRIUM----: NORMAL LEFT VENTRICULAR----: NORMAL RIGHT VENTRICULAR---:NORMAL

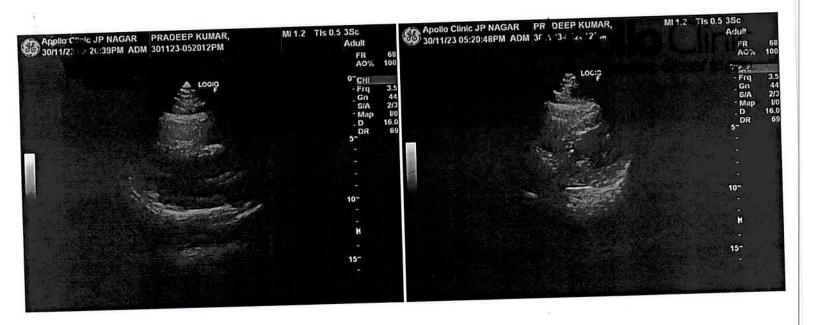
DOPPLER

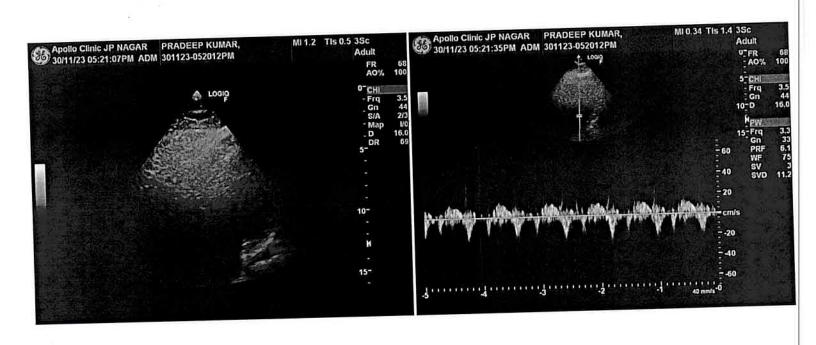
MV E Vel----: 0.6 m/s, MV A Vel: 0.5 m/s TRICUSPID VALVE: NORMAL PERICARDIUM-----: NORMAL CLOT/VEGETATION-----: NIL

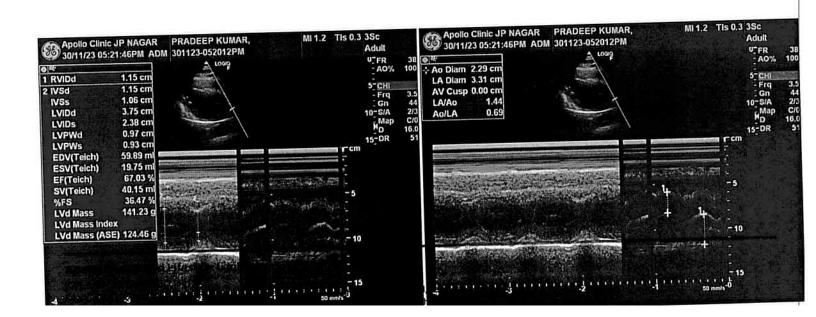
IMPRESSION

NORMAL VALVES AND CHAMBERS NORMAL LV SYSTOLIC FUNCTION NO CLOT /VEGETATION/EFFUSION/PAH NO REGIONAL WALL MOTION ABNORMALITIES

> DR. SHILPA JAYAPRAKASH, MD,DM CONSULTANT CARDIOLOGIST











Readeep Kumae, 32/Mare

30/11/2023

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

General Examination / Allergies

History

Hypothyroid. - ENT check.

So µg. No complaints,

Clinical Diagnosis & Management Plan

DNS to (2)

BLITH

Wecks (i)

Follow up date:

Doctor Signature

BOOK YOUR APPOINTMENT TODAY!



Patient Name : Mr. R Pradeep Kumar Age/Gender : 32 Y/M

UHID/MR No.

: CJPN.0000089686

OP Visit No

: CJPNOPV181953

Sample Collected on

: RAD2164357

Reported on Specimen

: 30-11-2023 18:12

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 278498

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. JYOTI PRIYADARSHINI MBBS, MD

Tyste Prejados him



Patient Name Age/Gender : 32 Y/M : Mr. R Pradeep Kumar UHID/MR No. : CJPN.0000089686 **OP Visit No** : CJPNOPV181953 Sample Collected on : Reported on : 30-11-2023 18:11 LRN# : RAD2164357 **Specimen Ref Doctor** : SELF Emp/Auth/TPA ID : 278498

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

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

SPLEEN: Normal in size (11.0cm)and echotexture. No focal lesion was seen.

PANCREAS: Not visualized due to excess bowel gas,

KIDNEYS: Both kidneys are normal in size, shape and outlines Cortico medullary delineation is

maintained. No Hydronephrosis / No calculi.

Right kidney measures: 10.5 x 3.9 cm. Left kidney measures: 10.3 x 4.5 cm.

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

PROSTATE: Normal in size and echotexture.

Prostate measures: 2.5 x 3.0 x 3.2cms. Volume- 10cc.

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

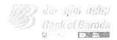
IMPRESSION: NORMAL STUDY.



Patient Name: Mr. R Pradeep KumarAge/Gender: 32 Y/M

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. JYOTI PRIYADARSHINI MBBS, MD



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. PRADEEP KUMAR RAMANJINEYULUGARI
EC NO.	177775
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	KANAKAPURA
BIRTHDATE	02-09-1991
PROPOSED DATE OF HEALTH CHECKUP	29-11-2023
BOOKING REFERENCE NO.	23D177775100077084E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 29-11-2023 till 31-03-2024 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





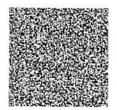
భారత ప్రభుత్వం Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ Unique Identification Authority of India

రిజిస్టేషన్/ Enrolment No.: 2052/11246/32981

రామాంజీనేయులుగారి ప్రదీప్ కుమార్ Ramanjineyulugari Pradeep Kumar S/O K P Ramanjineyulu 12-167 Near Z P High School Roddam Roddam Roddam Ananthapur Andhra Pradesh - 515123

9908220020 Not Verified



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

7681 1846 8617 VID: 9190 1045 5087 7255

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం Government of India



రామాంజీనేయులుగారి ప్రదీప్ కుమార్ Ramanjineyulugari Pradeep Kumar ವುಟ್ಟಿನ ತೆಡಿ/DOB: 02/09/1991 పురుషుడు/ MALE

7681 1846 8617 VID: 9190 1045 5087 7255

నా ఆధార్, నా గుర్తింపు





ಸರ್ಮದ್ಯಮು / INFORMATION

- 🔳 ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసర్వానికి కాదు.
- 🖩 ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- సురక్తి QR కోడ/ఆఫ్లన్ XML/ఆస్టెన్ ప్రమాణికరణను ఉపయోగించి గుర్తింపును ధృవీకరించేండి.
- 🔳 ఆధార్ లెటర్, PVC కార్డ్, ఇ ఆధార్, ఎం ఆధార్ వంటి అన్ని రకాల ఆధార్ లు సమానంగా చెల్లుబాటు అవురాయి. 12 అంకెల ఆధార్ నంబర్ స్థానంలో వర్పువల్ ఆధార్ ఐడెంటిటీ (VID)నీ కూడా ఉపయోగించవచ్చు.
- 🗏 కనీసం 10 సంవర్భరాలకు ఒకసారి ఆధార్ ను అస్ట్రేట్ చేయండి.
- 🖩 వివిధ ప్రభుత్వ మరియు ప్రభుత్వతర ప్రయోజనాలు/సీఎలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- 🖩 మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడీనీ ఆధార్ లో ఆప్డేట్ చేసుకోండి.
- 🖩 ఆధార్ సీవలను పొందేందుకు స్మార్ట్ పోసీలలో ఎం ఆధార్ యోపీను డౌసీలోడ్ చేసుకోండి.
- 🗉 భద్రతను నిర్ధారించడానికి లాక్/అన్హాక్ ఆధార్/బయోమెట్రిక్స్ పేచర్సి ಡಬಯೌಗಿಂచಂడಿ
- 🖩 ఆధార్ ను అభ్యర్థించే సంస్థలు తగిన సమ్మతిని పొందవలసీ ఉంటుంది.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

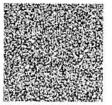


భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ Unique Identification Authority of India



రిరునామా: S/O కి పి రామాంజినేయులు, 12-167, నియర్ జెడ్ పి హై స్కూర్, రోడ్డం, రోడ్డం, రోడ్డం, అనంతపూర్, ఆంధ్ర ప్రదేశ్ - 515123

Address: S/O K P Ramanjineyulu, 12-167, Near Z P High School, Roddam, Roddam, Roddam, Ananthapur, Andhra Pradesh - 515123

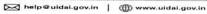


7681 1846 8617

VID: 9190 1045 5087 7255







Age/Gender : 32 Y 2 M 28 D/M
UHID/MR No : CJPN.0000089686

Visit ID : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 Collected : 30/Nov/2023 09:52AM
Received : 30/Nov/2023 12:35PM
Reported : 30/Nov/2023 04:17PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

HAEMOGLOBIN	13.3	g/dL	13-17	Spectrophotometer
PCV	39.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	77.1	fL	83-101	Calculated
MCH	25.9	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	16.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,540	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (E	DLC)			
NEUTROPHILS	67.1	%	40-80	Electrical Impedanc
LYMPHOCYTES	24.3	%	20-40	Electrical Impedanc
EOSINOPHILS	2.6	%	1-6	Electrical Impedanc
MONOCYTES	5.6	%	2-10	Electrical Impedanc
BASOPHILS	0.4	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7743.34	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2804.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	300.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	646.24	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.16	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	316000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-15	Modified Westegrer method

RBCs: are normocytic normochromic with few microcytes seen.

WBCs: are mildly increased in total number with mild increase in neutrophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

Test Name

Age/Gender : 32 Y 2 M 28 D/M UHID/MR No : CJPN.0000089686

Visit ID : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498

Collected : 30/Nov/2023 09:52AM Received : 30/Nov/2023 12:35PM Reported : 30/Nov/2023 04:17PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Result Unit Bio. Ref. Range Method

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH NEUTROPHILIC LEUCOCYTOSIS.



Age/Gender : 32 Y 2 M 28 D/M UHID/MR No : CJPN.0000089686

Visit ID : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 | Collected : 30/Nov/2023 09:52AM | Received : 30/Nov/2023 12:35PM | Reported : 30/Nov/2023 04:29PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY						
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method						

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	0	Microplate Hemagglutination		
Rh TYPE	Positive	Microplate Hemagglutination		



Age/Gender : 32 Y 2 M 28 D/M
UHID/MR No : CJPN.0000089686

Visit ID : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 Collected : 30/Nov/2023 12:28PM
Received : 30/Nov/2023 09:44PM
Reported : 30/Nov/2023 10:04PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

GLUCOSE, FASTING , NAF PLASMA	100	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:

- 1. 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.
- 2. 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	125	mg/dL	70-140	HEXOKINASE
HR)				

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.



Age/Gender : 32 Y 2 M 28 D/M
UHID/MR No : CJPN.0000089686

Visit ID : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 | Collected : 30/Nov/2023 09:52AM | Received : 30/Nov/2023 12:41PM | Reported : 30/Nov/2023 01:22PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

HBA1C, GLYCATED HEMOGLOBIN,	6.4	%	HPLC
WHOLE BLOOD EDTA			
ESTIMATED AVERAGE GLUCOSE (eAG),	137	mg/dL	Calculated
WHOLE BLOOD EDTA			

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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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)



Age/Gender : 32 Y 2 M 28 D/M
UHID/MR No : CJPN.0000089686

Visit ID : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 Collected : 30/Nov/2023 09:52AM

Received : 30/Nov/2023 12:51PM

Reported : 30/Nov/2023 02:12PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

	32 17.000.002.00	2.002	<u> </u>	
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	229	mg/dL	<200	CHO-POD
TRIGLYCERIDES	109	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	180	mg/dL	<130	Calculated
LDL CHOLESTEROL	157.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.67		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
.I DL .	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
	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.



Age/Gender : 32 Y 2 M 28 D/M
UHID/MR No : CJPN.0000089686

Visit ID : CJPNOPV181953

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 278498 Collected : 30/Nov/2023 09:52AM
Received : 30/Nov/2023 12:51PM
Reported : 30/Nov/2023 02:12PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.34	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.27	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	112.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324							
Test Name	Result	Unit	Bio. Ref. Range	Method			



Age/Gender : 32 Y 2 M 28 D/M
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DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.61	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	21.10	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	5.55	mg/dL	3.5–7.2	Uricase PAP	
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	3.74	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	138	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)	



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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY						
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method						
GAMMA GLUTAMYL TRANSPEPTIDASE 41.00 U/L <55 IFCC (GGT) , SERUM						



 Age/Gender
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM						
TRI-IODOTHYRONINE (T3, TOTAL) 1.14 ng/mL 0.7-2.04 CLIA						
THYROXINE (T4, TOTAL)	11.47	μg/dL	5.48-14.28	CLIA		
THYROID STIMULATING HORMONE (TSH)	10.872	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	Т3	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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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT 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



Age/Gender : 32 Y 2 M 28 D/M UHID/MR No : CJPN.0000089686

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: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF CLINICAL PATHOLOGY					
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name Result Unit Bio. Ref. Range Method					

URINE GLUCOSE(POST PRANDIAL)	NEGATIVE	NEGATIVE	Dipstick
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. Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist

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

