


Name : Mr. GAUTAM KUMAR	Age: 38 Y	UHID:CBAS.0000040137
Address : 10/33 4TH MAIN 10TH CROSS SRINIVASNAGAR	Sex: M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number:CBASOPV99575
		Bill No :CBAS-OCR-60563
		Date : 27.01.2024 10:14

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
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	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION R10	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) (a)	

25 ALP level. - 1
 Physio - (6)

Ht => 172cm
 Wt => 87.1kg
 B.P => 119/73
 PR => 86
 Hip => 96cm
 Wid => 105cm

[Signature]

Date: IST: 2024-01-27 12:37:15

Personal Details
UHID: 01P3FGAT6S90Z17
PatientID: 67888
Name: MR GAUTAM K
Age: 38
Gender: Male
Mobile: 6468667686868

Vitals

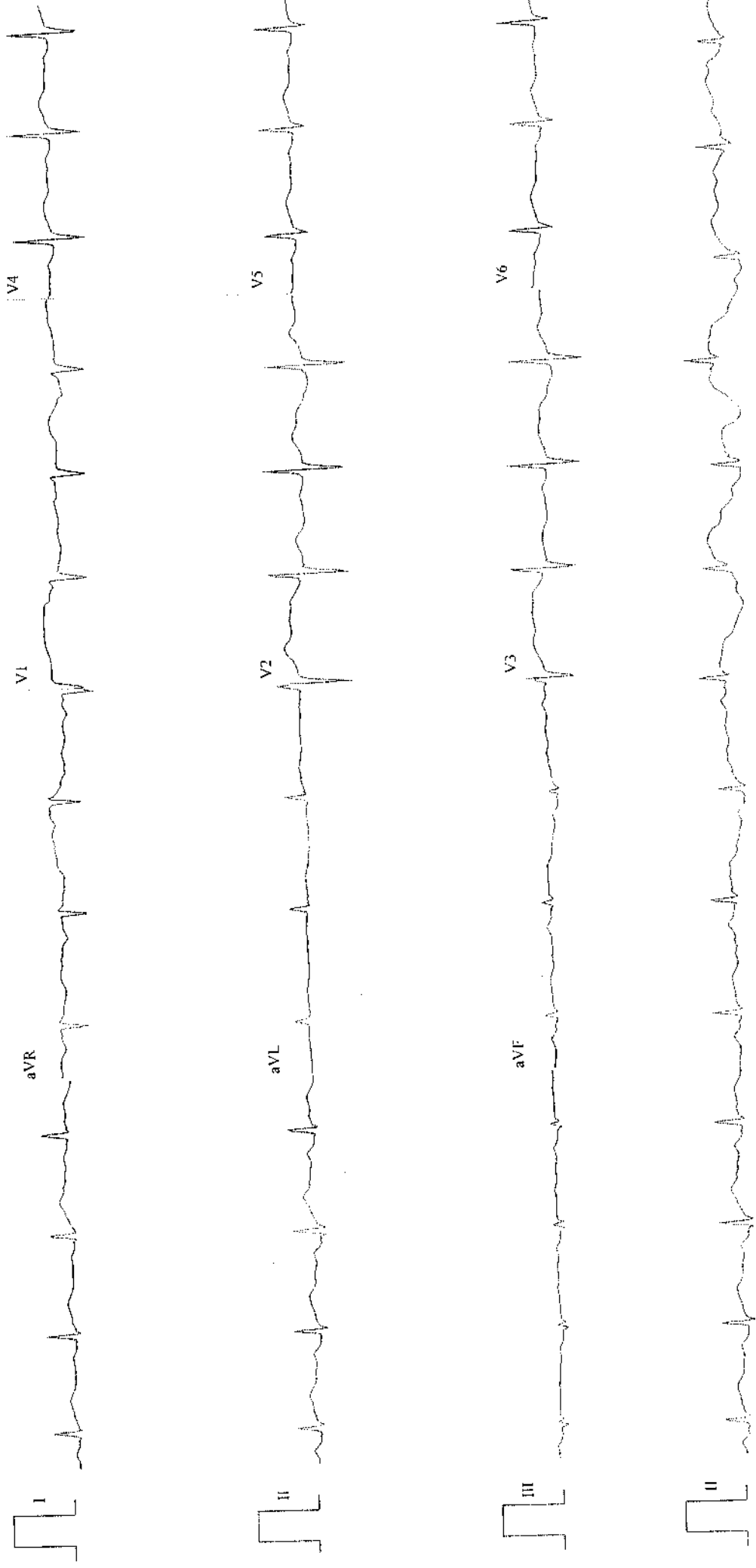
Measurements

HR: 85 BPM
PR: 176 ms
PD: 119 ms
QRS: 81 ms
QRS Axis: deg
QT/QTc: 346/411 ms

Interpretation

Sinus Rhythm Regular
Normal Axis

This trace is generated by KardioScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from ISEDRIS



Speed: 25 mm-sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

ECHOCARDIOGRAPHY REPORT

Name: MR GAUTHAM KUMAR

Age: 37 YEARS

GENDER: MALE

Consultant: Dr.VISHAL KUMAR.H.

Date : 27/01/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.74	m/sec	A	0.50	m/sec	No MR
Tricuspid Valve	E	0.50	m/sec	A	0.38	m/sec	No TR
Aortic Valve	Vmax	1.04	m/sec				No AR
Pulmonary Valve	Vmax	0.82	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.7	2.6-3.6	cm
LI	left Atrium	3.1	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	0.9	0.9-1.1	cm
L	left Ventricle-Diastole	4.6	4.2-5.9	cm
P	Posterior wall-Diastole	1.0	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	2.9	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.5	2.0-3.3	cm

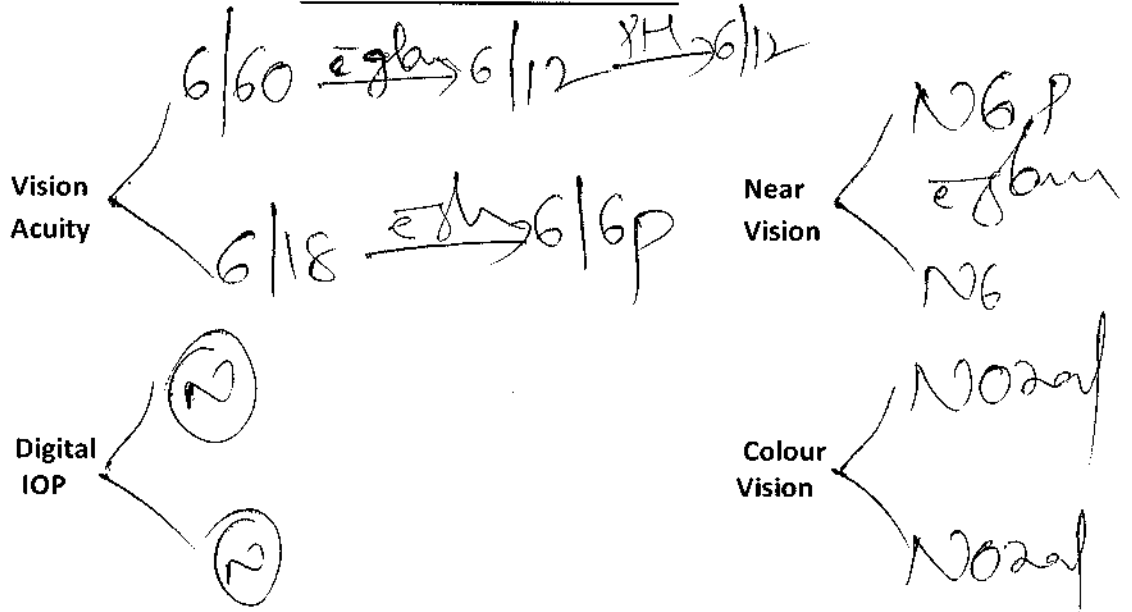
Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H
CLINICAL CARDIOLOGIST

Mr. Gantham 38/M 40137 27/1/24

EYE CHECK UP REPORT



- Fundus:
- Ant. Segment :-
- Media:
- Pupil:

} Read retine evaluation

BC Myopia (AR - Anisometropia), Adv for dilated retroactive retine opinion

KALS

Goutam Kumar
37/M
@

27/1/24

pt has come for general dental check up

On Examination

Dental Caries — 8 x4 Admixed.
8

Ca+

oral prophylaxis.

Dr. Deepak

9900018997

08026616555

Mr. Goultram Mann, 37y,

27/1/24

Pre-Diabetic Status:
Fasting Hb_{1c} 7.1% with
is Dr.

Ht, 172 cm

Wt, 87 kg

IBW - 70-75 kg

Alcohol - 1 bottle

High fibre low fat diet.

Risk with - 60-70%
opt. diet with 20-30%
BF & DM, Phys/weight/weight

BF & DM, Phys/weight/weight

Water - 2.5-3 lit/day
①
②

Avoid: Carbs, deep fried items,
honey, biscuits, Prawn
Nuts, egg yolk, oily items.

Water - 2.5-3 lit/day.

Dr. [Signature]

Mr. Gautam Kumar
37/M

Dr Ankithe Puarink
MBBS, MS, DNB, F11NB

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


General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for regular R/cath check up.
No ENT related complaints at present

o/e: Ear :
Oral cavity } wnr
Nose : DYS to (R)

Adv: Regular follow up


Dr Ankithe
114400

Follow up date:

Doctor Signature

RE: Booking required - Periodic Annual Health Check-up - Field Staff - Torrent Pharma - Jan. 24

Corporate Apollo Clinic <corporate@apolloclinic.com>

Fri 1/19/2024 8:27 PM

To:HealthCheckup@torrentpharma.com <HealthCheckup@torrentpharma.com>
Cc:Sagar Bhatia <sagar.bhatia@apollohl.com>;RajeshSrivastava@TorrentPharma.com <RajeshSrivastava@TorrentPharma.com>;
PravinRathod@TorrentPharma.com <PravinRathod@TorrentPharma.com>;AbhilashPillai@TorrentPharma.com
<AbhilashPillai@TorrentPharma.com>;Wanowrie Apolloclinic <wanowrie@apolloclinic.com>;phc Klc
<phc.klc@apollospectra.com>;AHCN Apollo Clinic <ahcn@apolloclinic.com>;Rahul Rai <rahul.raai@apolloclinic.com>;Dilip
Baniya <Dilip.b@apolloclinic.com>;Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>;Basavanagudi Apolloclinic
<basavanagudi@apolloclinic.com>;vadodara@theapolloclinic.com <vadodara@theapolloclinic.com>;
operations@apolloclinicvadodara.com <operations@apolloclinicvadodara.com>;vadodara@apolloclinic.com
<vadodara@apolloclinic.com>

📎 1 attachments (18 KB)

Copy of CONFIRM SCHEDULE FROM PAN INDIA.xlsx;

Namaste Team,

Greetings from Apollo clinics,

Attached appointment are confirmed.

Thanks & Regards,

Varalaxmi.G | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: HealthCheckup@torrentpharma.com <HealthCheckup@torrentpharma.com>
Sent: Friday, January 19, 2024 5:09 PM
To: Corporate Apollo Clinic <corporate@apolloclinic.com>
Cc: Sagar Bhatia <sagar.bhatia@apollohl.com>; RajeshSrivastava@TorrentPharma.com;
PravinRathod@TorrentPharma.com; AbhilashPillai@TorrentPharma.com
Subject: Booking required - Periodic Annual Health Check-up - Field Staff - Torrent Pharma - Jan. 24

Dear Sir/Mam,

Requesting to book appointments for health checkup as mentioned attachment, kindly consider package under "Periodic Medical Health Checkup – Corporate & Field staff " - Torrent Pharmaceuticals.

Your reply for confirming all appointments will be appreciated.

Please feel free to contact for any further query / assistance.

Thanks & Regards
Krupa Shah
M: +91-9512301228



भारत सरकार



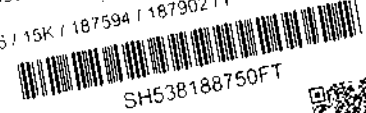
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No 2020/53055/00859

To,
गौतम कुमार
Gautam Kumar
S/O Sumant Sahay
655
SHIV NAGAR COLONY
Near Uma cement Agency ward NO 24
Gorakhpur
Basharatpur Sahjanwa Gorakhpur
Uttar Pradesh 273004
8853013876

14/09/2013

Ref A26 / 15K / 187594 / 187902 / P



SH538188750FT



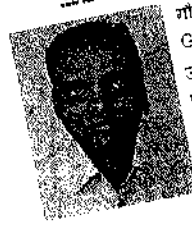
आपका आधार क्रमांक / Your Aadhaar No. :

6053 4293 6647

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India



गौतम कुमार
Gautam Kumar
जन्म तिथि / DOB 10/03/1985
पुरुष / Male



6053 4293 6647

आधार - आम आदमी का अधिकार



Bill Of Supply



Name : Mr. GAUTAM KUMAR
 Age/Gender : 38 Y M
 Contact No : +919538731313
 Address : 10/53 4TH MAIN 10TH CROSS SRINIVASNAGAR
 UHID : CBAS:0000040137

Bill No : CBAS-OCS-39079
 Bill/Reg Date : 27.01.2024 10:41
 Referred by : SELF
 Center : Basavangudi
 Emp No/Auth Code :

#	Department	Description Of Service	SAC/HSN Code	Qty	Rate	Gross Value	Discount	CGST Rate	SGST Rate	UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	PANEL - LEVFL	51813	1	3,050.00	3,050.00	0.00	0.00	0.00	0.00	0.00	3,050.00

Payments	Receipt No	Mode	Amount
27-01-2024	CBASRCA43260	PhonePe	3,050.00

Bill Amount: 3,050.00
 Total Discount: 0.00
 Patient Payment: 3,050.00
 Patient Due: 0.00

Received with thanks: Three Thousand Fifty Rupees only

Authorized Signature : (Pramila L)

You can download your report from "www.apolloclinic.com" Enter user name as CBASOPV99581 and password as 569451
 Please log on to Ask-Apollo.com for booking Appointments

Apollo Clinic, 10/53 4th Main, 10th Cross, Srinivasa Nagar, Basavangudi, Bangalore, Karnataka, India.
 Apollo Clinic, 10/53 4th Main, 10th Cross, Srinivasa Nagar, Basavangudi, Bangalore, Karnataka, India.
 Apollo Clinic, 10/53 4th Main, 10th Cross, Srinivasa Nagar, Basavangudi, Bangalore, Karnataka, India.

Apollo Clinic, 10/53 4th Main, 10th Cross, Srinivasa Nagar, Basavangudi, Bangalore, Karnataka, India.
 Apollo Clinic, 10/53 4th Main, 10th Cross, Srinivasa Nagar, Basavangudi, Bangalore, Karnataka, India.



Apollo Clinic

CONSENT FORM

Patient Name: Gautam Kumar Age: M/37

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

ENT General Consultat
on on Next visit

Patient Signature: Date: 27/01/2024

Patient Name : Mr. GAUTAM KUMAR

Age/Gender : 38 Y/M

UHID/MR No. : CBAS.0000040137

OP Visit No : CBASOPV99575

Sample Collected on :

Reported on : 27-01-2024 16:19

LRN# : RAD2218392

Specimen :

Ref Doctor : soundarya

Emp/Auth/TPA ID : 336729

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

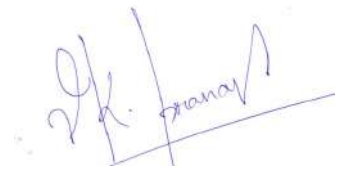
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mr. GAUTAM KUMAR	Age/Gender	: 38 Y/M
UHID/MR No.	: CBAS.0000040137	OP Visit No	: CBASOPV99575
Sample Collected on	:	Reported on	: 27-01-2024 15:23
LRN#	: RAD2218392	Specimen	:
Ref Doctor	: soundarya		
Emp/Auth/TPA ID	: 336729		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (14.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

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

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

Right kidney appear normal in size 10.8x1.6 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.2x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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

Prostate is mildly enlarged in size and volume measuring 4.1x3.7x3.5cm (volume 29cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

Others; Tenderness over left inguinal region shows no significant abnormalities. No inguinal hernia. Mild grade I/II scrotal varicocele changes.

IMPRESSION:-

GRADE I FATTY LIVER.
GRADE I PROSTATOMEGALY.
MILD GRADE I/II SCROTAL VARICOCELE.

Suggested clinical correlation.

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





Patient Name : Mr. GAUTAM KUMAR

Age/Gender : 38 Y/M

Dr. V K PRANAV VENKATESH

MBBS,MD

Radiology

Patient Name : Mr.GAUTAM KUMAR	Collected : 27/Jan/2024 10:23AM
Age/Gender : 38 Y 10 M 17 D/M	Received : 27/Jan/2024 12:52PM
UHID/MR No : CBAS.0000040137	Reported : 27/Jan/2024 03:26PM
Visit ID : CBASOPV99575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336729	

DEPARTMENT OF HAEMATOLOGY

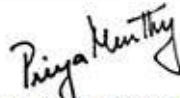
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.41	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,190	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	31.8	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4026.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2286.42	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	337.93	Cells/cu.mm	20-500	Calculated
MONOCYTES	510.49	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.76	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	223000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



Dr. Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: BED240020021

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) | Tamil Nadu: 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

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DEPARTMENT OF HAEMATOLOGY

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

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

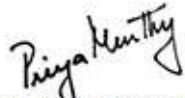
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

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Age/Gender : 38 Y 10 M 17 D/M	Received : 27/Jan/2024 12:52PM
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Visit ID : CBASOPV99575	Status : Final Report
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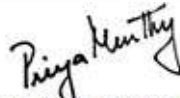
DEPARTMENT OF HAEMATOLOGY

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

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



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



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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Patient Name : Mr.GAUTAM KUMAR	Collected : 27/Jan/2024 10:23AM
Age/Gender : 38 Y 10 M 17 D/M	Received : 27/Jan/2024 01:24PM
UHID/MR No : CBAS.0000040137	Reported : 27/Jan/2024 03:34PM
Visit ID : CBASOPV99575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336729	

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	154	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	267	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

Page 4 of 15



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HBA1C, GLYCATED HEMOGLOBIN	8.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	197	mg/dL	Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	167	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.98		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.


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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	0.86	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.71	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	53	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	98.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		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.



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3. Synthetic function impairment:

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.68	mg/dL	0.67-1.17	Jaffe's, Method
UREA	14.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.69	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.89	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	123.00	U/L	<55	IFCC



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Karnataka- 560034

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Patient Name : Mr.GAUTAM KUMAR	Collected : 27/Jan/2024 10:23AM
Age/Gender : 38 Y 10 M 17 D/M	Received : 27/Jan/2024 04:00PM
UHID/MR No : CBAS.0000040137	Reported : 27/Jan/2024 05:52PM
Visit ID : CBASOPV99575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336729	

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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.40	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.970	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




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

SIN No:SPL24013220

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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)

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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Patient Name : Mr.GAUTAM KUMAR	Collected : 27/Jan/2024 10:22AM
Age/Gender : 38 Y 10 M 17 D/M	Received : 27/Jan/2024 04:41PM
UHID/MR No : CBAS.0000040137	Reported : 27/Jan/2024 06:11PM
Visit ID : CBASOPV99575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336729	

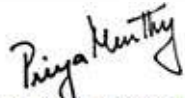
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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



Dr. Shobha Emmanuel
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Consultant Pathologist



Dr. Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: UR2269598

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Patient Name : Mr.GAUTAM KUMAR	Collected : 27/Jan/2024 10:22AM
Age/Gender : 38 Y 10 M 17 D/M	Received : 27/Jan/2024 04:41PM
UHID/MR No : CBAS.0000040137	Reported : 27/Jan/2024 07:44PM
Visit ID : CBASOPV99575	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336729	

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

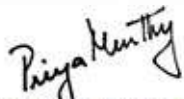
Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE (POST PRANDIAL) - URINE

Page 15 of 15



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SIN No:UF010382

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