

Patient Name : Mr.SUSHIL KUMAR
Age/Gender : 36 Y 7 M 15 D/M
UHID/MR No : SCHI.0000018656
Visit ID : SCHIOPV27094
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : DGSh

Collected : 06/Mar/2024 10:25AM
Received : 06/Mar/2024 10:40AM
Reported : 06/Mar/2024 12:20PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA




Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240059225

| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mr.SUSHIL KUMAR | Collected | : 06/Mar/2024 10:25AM |
| Age/Gender | : 36 Y 7 M 15 D/M | Received | : 06/Mar/2024 10:40AM |
| UHID/MR No | : SCHI.0000018656 | Reported | : 06/Mar/2024 12:20PM |
| Visit ID | : SCHIOPV27094 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : DGSh | | |

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 | 16.2 | g/dL | 13-17 | CYANIDE FREE COLOUROMETER |
| PCV | 51.00 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 5.64 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 90.5 | fL | 83-101 | Calculated |
| MCH | 28.8 | pg | 27-32 | Calculated |
| MCHC | 31.8 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.9 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,250 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 59.9 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 26.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 5.6 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 7.5 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.7 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4941.75 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2169.75 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 462 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 618.75 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 57.75 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.28 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 272000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 03 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

Page 2 of 14



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240059225



| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mr.SUSHIL KUMAR | Collected | : 06/Mar/2024 10:25AM |
| Age/Gender | : 36 Y 7 M 15 D/M | Received | : 06/Mar/2024 10:40AM |
| UHID/MR No | : SCHI.0000018656 | Reported | : 06/Mar/2024 12:20PM |
| Visit ID | : SCHIOPV27094 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : DGSh | | |

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240059225



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 12:20PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | B | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | NEGATIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240059225



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 01:12PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 03:13PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 99 | mg/dL | 70-100 | GOD - POD |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Page 5 of 14



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:PLF02118845

| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 01:54PM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 05:23PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 07:11PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 111 | mg/dL | 70-140 | GOD - POD |

Comment:

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

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



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: PLP1427739



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 01:17PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 01:49PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.9 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 123 | 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)

Page 7 of 14



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:EDT240026712

| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 11:48AM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 177 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 104 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 37 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 140 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 119.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 20.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.78 | | 0-4.97 | Calculated |

Comment:

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

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04651747



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 11:48AM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 0.80 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.30 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.50 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 38 | U/L | <50 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 37.0 | U/L | 17-59 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 68.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.50 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.30 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.36 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:SE04651747



| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mr.SUSHIL KUMAR | Collected | : 06/Mar/2024 10:25AM |
| Age/Gender | : 36 Y 7 M 15 D/M | Received | : 06/Mar/2024 01:17PM |
| UHID/MR No | : SCHI.0000018656 | Reported | : 06/Mar/2024 04:23PM |
| Visit ID | : SCHIOPV27094 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : DGSh | | |

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 | 0.99 | mg/dL | 0.66-1.25 | Creatinine amidohydrolase |
| UREA | 19.70 | mg/dL | 19-43 | Urease |
| BLOOD UREA NITROGEN | 9.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.89 | mg/dL | 3.5-8.5 | Uricase |
| CALCIUM | 9.50 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 2.66 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 138.8 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.8 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 106.2 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.71 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.37 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.34 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.31 | | 0.9-2.0 | Calculated |

Page 10 of 14



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:BI18652924

| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 11:48AM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 (GGT) , SERUM | 19.00 | U/L | 15-73 | Glycylglycine Nitoranalide |



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04651747



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 12:29PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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) | 1.04 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 7.72 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 2.020 | µIU/mL | 0.25-5.0 | ELFA |

Comment:

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

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

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

Page 12 of 14



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SPL24039162



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 04:11PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 04:16PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 5.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.010 | | 1.002-1.030 | Dipstick |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 13 of 14



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2298374



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 04:11PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 04:15PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 |

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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF010909



Name : Mr. SUSHIL KUMAR

Age: 36 Y

UHID: SCHI.0000018656

Address : DELHI

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number: SCHIOPV27094

Bill No : SCHI-OCR-9709

Date : 06.03.2024 10:23

| 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 | 2 D 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 ✓ | |
| 24 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 2PM | |

Height:..... 1.70
 Weight:..... 68.4
 B.P:..... 130/72
 Pulse:..... 68
 SP02:..... 98

Order_Id Client Nam Patient Name
382380 ARCOFEMI MR. KUMAR SUSHIL

Email
sushil.safec



શ્રી સુશિલ કુમાર
Bank of Baroda

Name: SUSHIL KUMAR

96475

Account No: 4

સુશિલ કુમાર
જાણકારી મુજબ, ₹ 10,000/-



Sushil Kumar

Signature of Holder

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sushil Kumar on 6/3/24

After reviewing the medical history and on clinical examination it has been found that he/she is

| | Tick |
|--|-------------------------------------|
| <ul style="list-style-type: none"> • Medically Fit | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Unfit | <input type="checkbox"/> |

Dr. Neenu
 Medical Officer
 The Apollo Clinic, Uppal



This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

| | |
|-------------------------------|------------------------------|
| NAME :- <u>Sushil kumar</u> | UHID No : <u>18656</u> |
| AGE / GENDER :- <u>36yr M</u> | RECEIPT No :- |
| PANEL : <u>Arcofem 10</u> | EXAMINED ON :- <u>6/3/24</u> |

Chief Complaints:

R/C

Past History:

| | | | |
|--------------|-------|--------|-------|
| DM | : Nil | CVA | : Nil |
| Hypertension | : Nil | Cancer | : Nil |
| CAD | : Nil | Other | : Nil |

Personal History:

| | | | |
|---------|-------|-----------|----------|
| Alcohol | : Nil | Activity | : Active |
| Smoking | : Nil | Allergies | : Nil |

Family History:

NS

General Physical Examination:

| | | | | | |
|--------|-------------|-------|-------|---------------|------|
| Height | <u>170</u> | : cms | Pulse | <u>68/m</u> | bpm |
| Weight | <u>68.4</u> | : Kgs | BP | <u>130/72</u> | mmHg |

Rest of examination was within normal limits.

Systemic Examination:

| | |
|--------------------|----------|
| CVS | : Normal |
| Respiratory system | : Normal |
| Abdominal system | : Normal |
| CNS | : Normal |
| Others | : Normal |

PREVENTIVE HEALTH CARE SUMMARY

| | | |
|----------------------|----------------|---------------|
| NAME :- <i>Jessy</i> | UHID No : | |
| AGE :- | SEX : | RECEIPT No :- |
| PANEL : | EXAMINED ON :- | |

Investigations:

- All the reports of tests and investigations are attached herewith

hm

Recommendation:

- *airo consultation*
low fat diet
Cap Advantage 59 100x 3 months
My vite D3 60 bone a week
2 months

Dr. Navneet Kaur
Consultant Physician



Patient Name : Mr. SUSHIL KUMAR Age : 36 Y/M
 UHID : SCHL0000018656 OP Visit No : SCHIOPV27094
 Conducted By : Dr. MUKESH K GUPTA Conducted Date : 06-03-2024 16:33
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed
 Subvalvular deformity Present/**Absent** Score : _____
 Doppler Normal/Abnormal E>A E>Δ
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____ msec
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____ msec. Pred. RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation
 Doppler **Normal**/Abnormal
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____ mmHg End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/**3**/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

| Measurements | Normal Values | Measurements | Normal values |
|--------------|-------------------|------------------|--------------------------------|
| Aorta | 2.4 (2.0 - 3.7cm) | LA es | 2.6 (1.9 - 4.0cm) |
| LV es | 2.6 (2.2 - 4.0cm) | LV ed | 4.3 (3.7 - 5.6cm) |
| IVS ed | 0.8 (0.6 - 1.1cm) | PW (LV) | 0.8 (0.6 - 1.1cm) |
| RV ed | (0.7 - 2.6cm) | RV Anterior wall | (upto 5 mm) |
| LVVd (ml) | | LVV's (ml) | |
| EF | 64% (54%-76%) | IVS motion | Normal Flat/Paradoxical |

CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy
 Contraction **Normal**/Reduced
 Regional wall motion abnormality **Absent**
 LA **Normal**/Enlarged/**Clear**/Thrombus
 RA **Normal**/Enlarged/**Clear**/Thrombus
 RV **Normal**/Enlarged/**Clear**/Thrombus

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040-4904 7777 | www.apollohl.com

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=64%
- v Grade I LVDD
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

For Mlaur

Dr. M K Gupta
M.B.B.S, MD,FLACM
Senior Consultant Cardiologist

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph:011-40465555,9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

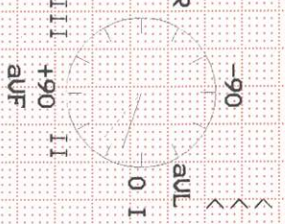
CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040-4904 7777 | www.apollohl.com

Measurement Results:

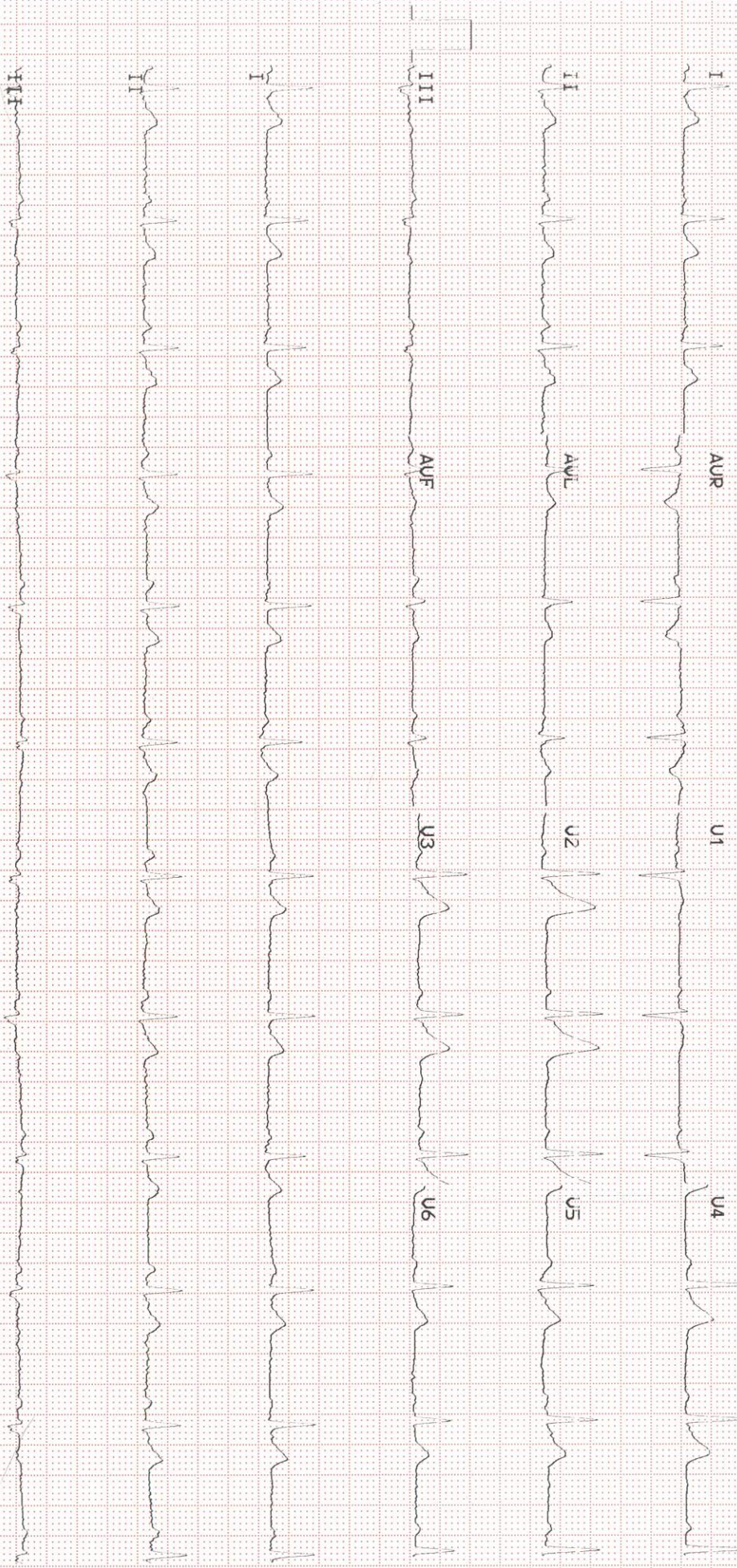
| | |
|----------|----------------------|
| QRS | 94 ms |
| QT/QTcB | 346 / 366 ms |
| PR | 146 ms |
| P | 94 ms |
| RR/PP | 892 / 895 ms |
| P/QRS/T | 40 / 20 / 20 degrees |
| ST/QTcDb | 16 / 49 ms |
| Sokolow | 1.4 mV |
| NK | 9 |



Interpretation:
 R/S inversion area between U1 and U2
 borderline ECG

Handwritten signature

Unconfirmed report.



| | | | | |
|----------|----------------|----------|------------|--------|
| NAME : | SUSHIL KUMAR | AGE/SEX: | 36 | YRS./M |
| UHID : | 18656 | | | |
| REF BY : | APOLLO SPECTRA | DATE:- | 06.03.2024 | |

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

Gall Bladder: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No mass lesion is seen. Ureter is not dilated. A 6 mm echogenic focus seen in the mid pole of the right kidney suggestive of calculus .

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Prostate: normal in size, weight 14.3 Gms. It is normal in echotexture with no breech in the capsule.

No free fluid seen.

**IMPRESSION: FATTY CHANGES IN LIVER GRADE I
RIGHT RENAL CALCULUS**

Please correlate clinically and with lab. Investigations.



DR. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040-4904 7777 | www.apollohl.com

Dr. Lalit Mohan Parashar

MS (ENT)
Ear, Nose, Throat Specialist and
Head & Neck Surgeon
MCI: 4774/85

For Appointment: +91 1140465555
Mob.: +91 9910995018

Mr. Sushil Kumar 36 / M.

06/03/24

No ENT Complaints

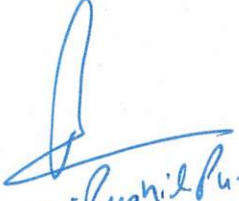
O/E

Ear → B/L TM intact

Nose → Septum Midline

Throat → NAD

Speech and voice Normal / clear


Dr. Sushil Kumar

06/12/24

Mr. Sushil Kumar
36M

HA 100/66 - 76

90mm

100/66 - 76

100 - 76

110mm

Ref 100 - 0.75 x 180 - 20

100 - 1.0 x 180 - 20

100/76

Col. 100/76

100/76

100 - 76

Adv. Lubric Eye Drop

0.0

Contraception

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048
Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040-4904 7777 | www.apollohl.com

DIGITAL X-RAY REPORT

| | |
|-----------------|--------------------|
| NAME: SUSHIL | DATE: 06.03.2024 |
| UHID NO : 18656 | AGE: 36YRS/ SEX: M |

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040-4904 7777 | www.apollohl.com

| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 12:20PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240059225



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 12:20PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 16.2 | g/dL | 13-17 | CYANIDE FREE COLOUROMETER |
| PCV | 51.00 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 5.64 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 90.5 | fL | 83-101 | Calculated |
| MCH | 28.8 | pg | 27-32 | Calculated |
| MCHC | 31.8 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.9 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,250 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 59.9 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 26.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 5.6 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 7.5 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.7 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4941.75 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2169.75 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 462 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 618.75 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 57.75 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.28 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 272000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 03 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

Page 2 of 14



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240059225



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 12:20PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240059225



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 12:20PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | B | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | NEGATIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240059225



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 01:12PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 03:13PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 99 | mg/dL | 70-100 | GOD - POD |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Page 5 of 14



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:PLF02118845

| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 01:54PM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 05:23PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 07:11PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 111 | mg/dL | 70-140 | GOD - POD |

Comment:

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

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



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: PLP1427739



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 01:17PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 01:49PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.9 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 123 | mg/dL | | Calculated |

Comment:

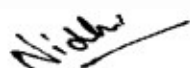
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| 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)

Page 7 of 14



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:EDT240026712

| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 11:48AM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 177 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 104 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 37 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 140 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 119.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 20.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.78 | | 0-4.97 | Calculated |

Comment:

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

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

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


Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04651747



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 11:48AM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 0.80 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.30 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.50 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 38 | U/L | <50 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 37.0 | U/L | 17-59 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 68.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.50 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.30 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.36 | | 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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:SE04651747



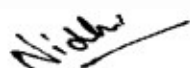
| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 01:17PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 04:23PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 0.99 | mg/dL | 0.66-1.25 | Creatinine amidohydrolase |
| UREA | 19.70 | mg/dL | 19-43 | Urease |
| BLOOD UREA NITROGEN | 9.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.89 | mg/dL | 3.5-8.5 | Uricase |
| CALCIUM | 9.50 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 2.66 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 138.8 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.8 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 106.2 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.71 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.37 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.34 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.31 | | 0.9-2.0 | Calculated |

Page 10 of 14



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:BI18652924

| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 11:48AM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 (GGT) , SERUM | 19.00 | U/L | 15-73 | Glycylglycine Nitoranalide |



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04651747



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 10:40AM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 12:29PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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) | 1.04 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 8 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 2.02 | µIU/mL | 0.25-5.0 | ELFA |

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 |



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SPL24039162



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 04:11PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 04:16PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 | 5.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.010 | | 1.002-1.030 | Dipstick |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 13 of 14



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2298374



| | |
|--------------------------------|--|
| Patient Name : Mr.SUSHIL KUMAR | Collected : 06/Mar/2024 10:25AM |
| Age/Gender : 36 Y 7 M 15 D/M | Received : 06/Mar/2024 04:11PM |
| UHID/MR No : SCHI.0000018656 | Reported : 06/Mar/2024 04:15PM |
| Visit ID : SCHIOPV27094 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : DGSh | |

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 |

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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF010909



Patient Name : Mr. SUSHIL KUMAR Age : 36 Y/M
 UHID : SCHI.0000018656 OP Visit No : SCHIOPV27094
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-03-2024 16:39
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score : _____
 Doppler Normal/Abnormal E>A **E>A**
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____ msec. Pred. RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____ mmHg. End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/**3**/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

| <u>Measurements</u> | <u>Normal Values</u> | <u>Measurements</u> | <u>Normal values</u> |
|---------------------|----------------------|---------------------|----------------------|
| Aorta 2.4 | (2.0 – 3.7cm) | LA es 2.6 | (1.9 – 4.0cm) |

Patient Name : Mr. SUSHIL KUMAR Age : 36 Y/M
 UHID : SCHI.0000018656 OP Visit No : SCHIOPV27094
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-03-2024 16:39
 Referred By : SELF

| | | | | | |
|-----------|-----|---------------|------------------|-----|---------------------------------|
| LV es | 2.6 | (2.2 – 4.0cm) | LV ed | 4.3 | (3.7 – 5.6cm) |
| IVS ed | 0.8 | (0.6 – 1.1cm) | PW (LV) | 0.8 | (0.6 – 1.1cm) |
| RV ed | | (0.7 – 2.6cm) | RV Anterior wall | | (upto 5 mm) |
| LVVd (ml) | | | LVVd (ml) | | |
| EF | 64% | (54%-76%) | IVS motion | | <u>Normal</u> /Flat/Paradoxical |

CHAMBERS :

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy
 Contraction Normal/Reduced

Regional wall motion abnormality Absent

LA Normal/Enlarged/Clear/Thrombus

RA Normal/Enlarged/Clear/Thrombus

RV Normal/Enlarged/Clear/Thrombus

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=64%
- v Grade I LVDD
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

Patient Name : Mr. SUSHIL KUMAR Age : 36 Y/M
UHID : SCHI.0000018656 OP Visit No : SCHIOPV27094
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-03-2024 16:39
Referred By : SELF

Dr. M K Gupta
M.B.B.S, MD,FIACM
Senior Consultant Cardiologist

Patient Name : Mr. SUSHIL KUMAR
UHID : SCHI.0000018656
Conducted By: :
Referred By : SELF

Age : 36 Y/M
OP Visit No : SCHIOPV27094
Conducted Date :

Patient Name : Mr. SUSHIL KUMAR
UHID : SCHI.0000018656
Conducted By :
Referred By : SELF

Age : 36 Y/M
OP Visit No : SCHIOPV27094
Conducted Date :
