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Opp Chettinad Vidyashram, Sathyadev Avenue, MRC Nagar, R A Puram
Ph: 044 6686 2000 |
www.apollospectra.com

Patient Name	: Mr. ASWINI KUMAR SAHOO	**Age/Gender**	: 48 Y/M
UHID/MR No.	: SMRC.0000084166	**OP Visit No**	: SMRCOPV120242
Sample Collected on	:	**Reported on**	: 11-03-2024 10:58
LRN#	: RAD2261119	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

FINDINGS:

Liver appears normal in size measures and shows uniform echopattern with no evidence of focal pathology. Intra and extra hepatic biliary passages are not dilated.

Gall Bladder – A mobile calculus size 1.6 cms is seen in it's lumen. The gall bladder wall appears normal.

Pancreas appears normal in size and echo texture.
Spleen measures 12.4 cms in size appears normal.

Right Kidney measures 10.8 x 4.3 cms.
Left Kidney measures 10.3 x 3.9 cms.
Both kidneys appear normal in size and echotexture. There is no evidence of any calculus or hydronephrosis.

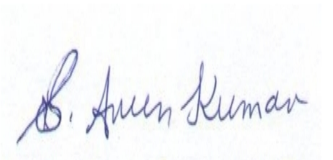
Urinary Bladder is well distended, normal in contour with a smooth internal surface. The wall thickness is normal.

Prostate measures 2.6 x 3.9 x 2.7 cms , vol : 15 cc. It is normal in size and echogenicity.

No evidence of ascites.

IMPRESSION:

CHOLELITHIASIS.



Dr. ARUN KUMAR S
MBBS, DMRD,DNB
Radiology

Patient Name	: Mr. ASWINI KUMAR SAHOO	**Age/Gender**	: 48 Y/M
UHID/MR No.	: SMRC.0000084166	**OP Visit No**	: SMRCOPV120242
Sample Collected on	:	**Reported on**	: 11-03-2024 10:17
LRN#	: RAD2261119	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

FINDINGS:

Sternotomy Sutures.

Unfolding of aorta.

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

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Name : Mr. ASWINI KUMAR SAHOO	**Age:** 48 Y	**Sex:** M	**UHID:**SMRC.0000084166
Address : CHENNAI			
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT			**OP Number:**SMRCOPV120242 **Bill No :**SMRC-OCR-7489 **Date** : 09.03.2024 08:40

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.50 am	
15	VITAMIN D - 25 HYDROXY (D2+D3)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	ALKALINE PHOSPHATASE - SERUM/PLASMA	
19	X-RAY CHEST PA	
20	ENT CONSULTATION - PENDING	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	VITAMIN B12	
24	LIPID PROFILE	
25	BODY MASS INDEX (BMI)	
26	OPTHAL BY GENERAL PHYSICIAN	
27	ULTRASOUND - WHOLE ABDOMEN	
28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

HT - 171 - cm
WT - 63 kg
pulse - 74 b/mt
BP - 120/80 mmHg
SpO2 - 99%

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Patient Name	: Mr.ASWINI KUMAR SAHOO
Age/Gender	: 48 Y 4 M 12 D/M
UHID/MR No	: SMRC.0000084166
Visit ID	: SMRCOPV120242
Ref Doctor	: Dr.SELF
Emp/Auth/TPA ID	: 9775801035

Collected	: 09/Mar/2024 08:57AM
Received	: 09/Mar/2024 09:42AM
Reported	: 09/Mar/2024 02:19PM
Status	: Final Report
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

METHODOLOGY : MICROSCOPIC

RBC	: Mild Increased . Predominantly Normocytic Normochromic RBCs.
WBC	: Normal in count and distribution. No Abnormal cells seen.
PLATELET	: Adequate on smear.
PARASITES	: No Haemoparasites seen
COMMENTS	: Kindly correlate clinically

C. Chidambharam
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:BED240062601

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**11.6**	g/dL	13-17	Spectrophotometer
PCV	**38.50**	%	40-50	Electronic pulse & Calculation
RBC COUNT	**5.86**	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	**66**	fL	83-101	Calculated
MCH	**19.8**	pg	27-32	Calculated
MCHC	**30.2**	g/dL	31.5-34.5	Calculated
R.D.W	**16.1**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3886	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2345	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	201	Cells/cu.mm	20-500	Calculated
MONOCYTES	268	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	**139000**	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

C. Chidambharam
DR. CHIDAMBHARAM C
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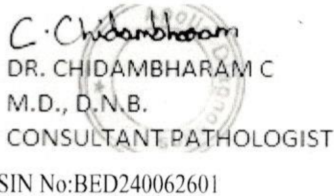
GIANT PLATELETS SEEN.



DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 09:42AM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 12:44PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Sample has been tested for ABO major groups The & Rh only. Hence the result has to be interpreted taking this into context.

C. Chidambharam
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:BED240062601

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 11:54AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 12:17PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 01:07PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	94	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:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

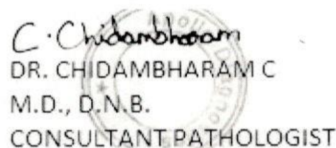
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	96	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. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1428952

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MC-2439

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 12:03PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 01:14PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

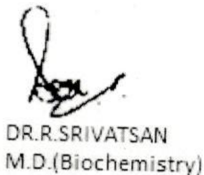
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



DR.R.SRIVATSAN
M.D.(Biochemistry)

SIN No:EDT240028410
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 09:31AM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:12PM
Visit ID	: SMRCOPV120242	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	117	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	83	mg/dL	<150	
HDL CHOLESTEROL	**32**	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.66		0-4.97	Calculated

Comment:

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

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

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

C. Chidambharam
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04655160

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DEPARTMENT OF BIOCHEMISTRY

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

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	1.10	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	**0.50**	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	109.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. **Hepatocellular Injury:**

• AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.

• ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.

• AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. **Cholestatic Pattern:**

• ALP – Disproportionate increase in ALP compared with AST, ALT.

• Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

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

C. Chidambharam
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M.D., D.N.B.
CONSULTANT PATHOLOGIST

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.68	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	**15.84**	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	**7.4**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated

C. Chidambharam
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04655160

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 09:31AM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:12PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	109.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**11.00**	U/L	16-73	Glycylglycine Kinetic method

C. Chidambharam
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
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Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.81	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.48	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

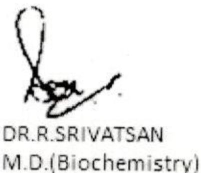
1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

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.R.SRIVATSAN
M.D.(Biochemistry)

SIN No:SPL24041495
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	**15.5**	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased Levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method

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DEPARTMENT OF IMMUNOLOGY

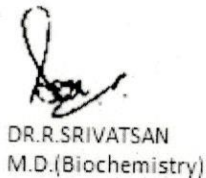
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

VITAMIN B12 , *SERUM*	191	pg/mL	107.2-653.3	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.920	ng/mL	0-4	CLIA



DR.R.SRIVATSAN
M.D.(Biochemistry)

SIN No:SPL24041495
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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 01:10PM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 01:39PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:16PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

C. Chidambharam
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2300865

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 01:10PM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 01:39PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:15PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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 *****

C. Chidambharam
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UF011020

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Patient Name : MR. ASWINI KUMAR SAHOO
Age / Sex : 48YRS / MALE
UHID.SMRC : 84166
Ref. By : DR. MADHUMIDHA

Received On : 09.03.2024
Reported On : 09.03.2024
Patient location : MHC

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

TECHNIQUE: Real time B-mode ultrasound was performed using curvilinear transducer.

FINDINGS:

Liver appears normal in size measures and shows uniform echopattern with no evidence of focal pathology. Intra and extra hepatic biliary passages are not dilated.

Gall Bladder – A mobile calculus size 1.6 cms is seen in it's lumen. The gall bladder wall appears normal.

Pancreas appears normal in size and echo texture.
Spleen measures 12.4 cms in size appears normal.

Right Kidney measures 10.8 x 4.3 cms.
Left Kidney measures 10.3 x 3.9 cms.
Both kidneys appear normal in size and echotexture. There is no evidence of any calculus or hydronephrosis.

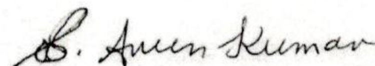
Urinary Bladder is well distended, normal in contour with a smooth internal surface. The wall thickness is normal.

Prostate measures 2.6 x 3.9 x 2.7 cms , vol : 15 cc. It is normal in size and echogenicity.

No evidence of ascites.

IMPRESSION:

CHOLELITHIASIS.



Dr.Arun Kumar.S,DMRD,DNB
Consultant Radiologist

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Patient Name	: Mr. ASWINI KUMAR SAHOO	Age	: 48 Y/M
UHID	: SMRC.0000084166	OP Visit No	: SMRCOPV120242
Conducted By:	:	Conducted Date	: 09-03-2024 11:23
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.54 CM
LA (es)	3.17CM
LVID (ed)	3.94CM
LVID (es)	2.54CM
IVS (Ed)	0.90CM
LVPW (Ed)	0.90CM
EF	64%
%FD	32%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
PULMONARY VALVE	NORMAL
PERICARDIUM	NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

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COLOUR AND DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.65m/sec A: 0.82m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.75m/sec

VELOCITY ACROSS THE AV UPTO 0.93m/sec

TR VELOCITY UPTO 2.0m/sec PG-16mmHg

IMPRESSION

S/P PERICARDIECTOMY

- **NO REGIONAL WALL MOTION ABNORMALITY**
- **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION (LVEF-65%)**
- **GRADE I LEFT VENTRICULAR DIASTOLIC DYSFUNCTION**
- **NORMAL CARDIAC CHAMBERS AND VALVES**
- **TRIVIAL MITRAL REGURGITATION**
- **TRIVIAL TRICUSPID REGURGITATION**
- **NO PULMONARY ARTERY HYPERTENSION(RVSP-26mmHg)**
- **NORMAL RIGHT VENTRICULAR FUNCTION**
- **NORMAL SIZE IVC WITH NORMAL RESPIRATORY COLLAPSE**
- **NO PERICARDIAL EFFUSION / CLOT.**

Done By :N.JAYAPRADHA

DR.LIJU .A MD DM CARDIO

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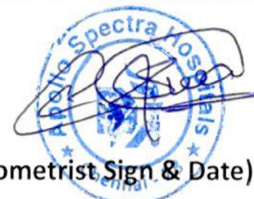
NAME: Mr. Aswini kumar sahoo	S.NO:
AGE & SEX: 48 yrs / male	DATE: 09/03/24
EMP ID:	

EYE SCREENING TEST

	Right Eye	Left Eye
Va (without Glass)		
Va(With Glass)	6/6	6/6
Near Vision(Without Glass)		
Near Vision (With Glass)	N6	N6
Colour Vision	Normal	Normal
External Exam		
Pupil		
SLE		
Refraction	Plano(6/6) Add OU: +1.75DS (N6)	Plano(6/6)
Diagnosis		
Advice	Yearly eye checkup	



(Optometrist Sign & Date)

0242 MR.ASHWINI KUMAR SAHOO 09/03/2024 08:51:44

Years Male APOLLO SPECTRA HOSPITALS

e 69 . Sinus rhythm

. Probable left ventricular hypertrophy

191 . Baseline wander in lead(s) V3,V4

D 85

379

406

XIS--

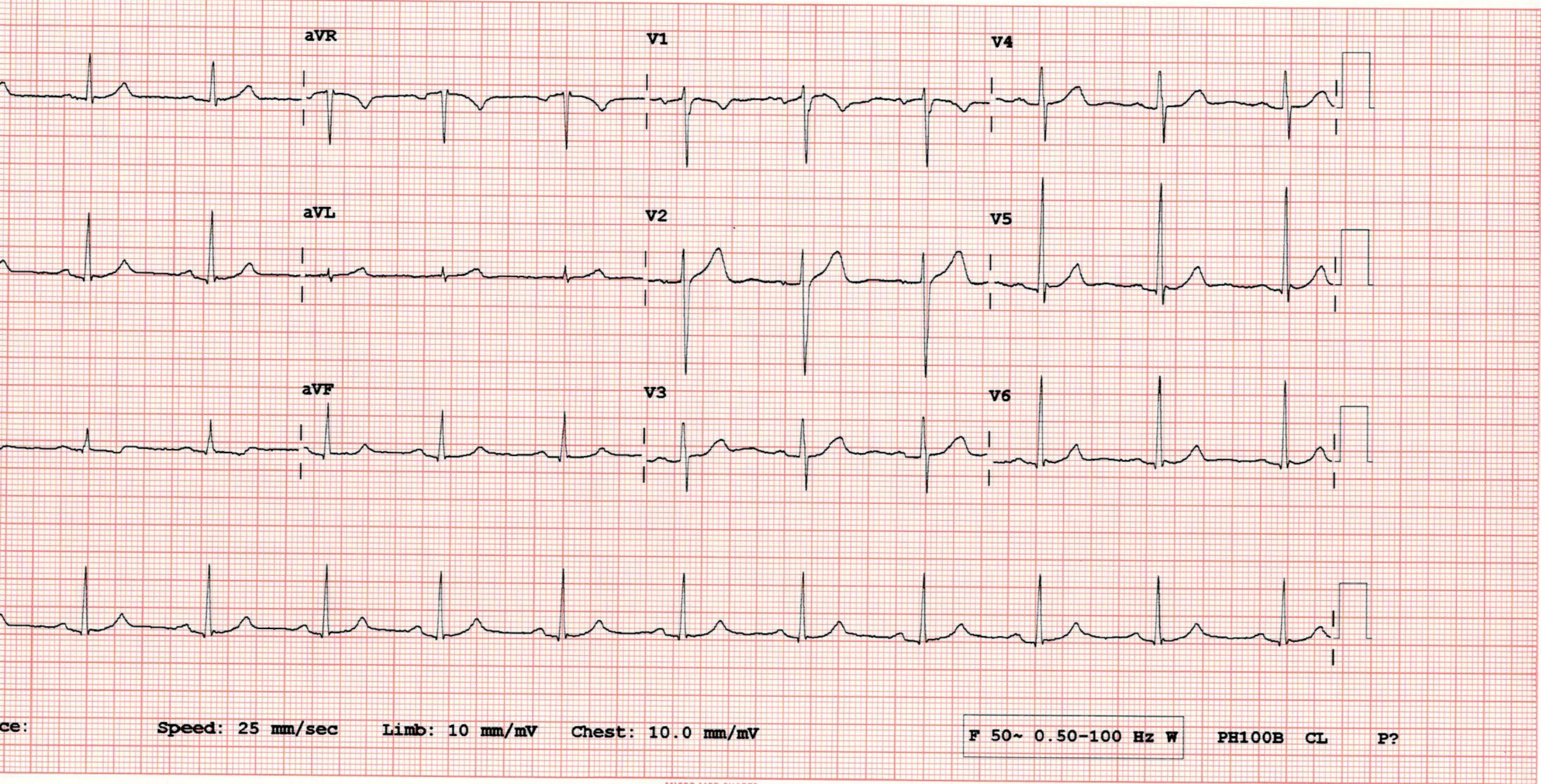
69

54

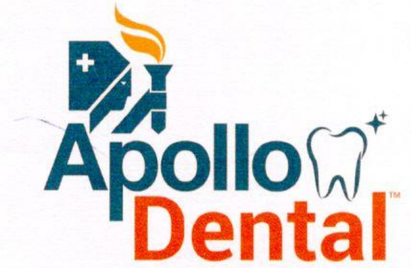
29

Lead; Standard Placement

Unconfirmed Diagnosis



ORAL EXAMINATION FORM



Date : 09/03/2024

Patient ID : SHRC - 84166. MHC ☑

Patient Name : ASWINI KUMRI SAHOO Age : 48 Sex: Male ☑ Female ☐

Chief Complaint:
Routine dental check up

Medical History :
No relevant medical history

Drug Allergy :
NIL

Medication currently taken by the Guest :

Initial Screenign Findings :

Dental Caries : 18, 26, 27.

Missing Teeth :

Impacted Teeth :

~~Attrition~~ / Abrasion : 45, 46, ~~16~~, 16

Bleeding :

Pockets / Recession :

Calculus / Stains : Present.

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction / Root Stumps :

Malocclusion :

Others : dislodged crown in 17.

Advice :- Adv Oral prophylaxis Phase I Scaling & filling. Adv prosthetic crown in 17.

Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

METHODOLOGY : MICROSCOPIC

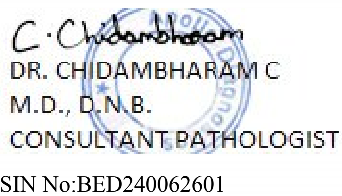
RBC : Mild Increased . Predominantly Normocytic Normochromic RBCs.

WBC : Normal in count and distribution. No Abnormal cells seen.

PLATELET : Adequate on smear.

PARASITES : No Haemoparasites seen

COMMENTS : Kindly correlate clinically



DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:BED240062601

Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**11.6**	g/dL	13-17	Spectrophotometer
PCV	**38.50**	%	40-50	Electronic pulse & Calculation
RBC COUNT	**5.86**	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	**66**	fL	83-101	Calculated
MCH	**19.8**	pg	27-32	Calculated
MCHC	**30.2**	g/dL	31.5-34.5	Calculated
R.D.W	**16.1**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3886	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2345	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	201	Cells/cu.mm	20-500	Calculated
MONOCYTES	268	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	**139000**	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

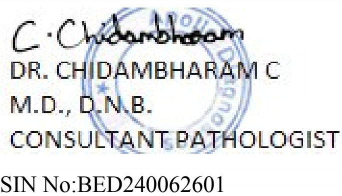
SIN No:BED240062601

Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 09:42AM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:19PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF HAEMATOLOGY

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

GIANT PLATELETS SEEN.



DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:BED240062601

Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 09:42AM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 12:44PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Sample has been tested for ABO major groups The & Rh only. Hence the result has to be interpreted taking this into context.

DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:BED240062601

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M R C Nagar, R A Puram, Chennai - 600 028
Ph. No.: 044 6686 2000 Fax : 044 6686 1999
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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 11:54AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 12:17PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 01:07PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	94	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:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	96	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. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1428952

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M R C Nagar, R A Puram, Chennai - 600 028
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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 12:03PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 01:14PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

DR.R.SRIVATSAN
M.D.(Biochemistry)

SIN No:EDT240028410
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 09:31AM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:12PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	117	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	83	mg/dL	<150	
HDL CHOLESTEROL	**32**	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.66		0-4.97	Calculated

Comment:

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

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

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

DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04655160

Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
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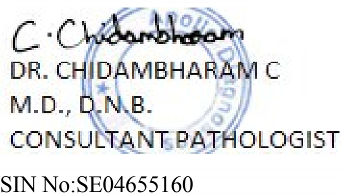
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:12PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF BIOCHEMISTRY

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



DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04655160

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	1.10	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	**0.50**	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	109.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

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

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

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

DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04655160

APOLLO SPECTRA HOSPITALS
Plot No. 41/42, 53/54, Sathyadev Avenue,
M R C Nagar, R A Puram, Chennai - 600 028
Ph. No.: 044 6686 2000 Fax : 044 6686 1999
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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 09:31AM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:12PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.68	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	**15.84**	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	**7.4**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	109.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**11.00**	U/L	16-73	Glycylglycine Kinetic method

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M.D., D.N.B.
CONSULTANT PATHOLOGIST

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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 01:16PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 03:34PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

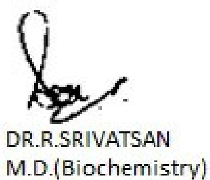
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.81	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.480	µIU/mL	0.34-5.60	CLIA

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.R.SRIVATSAN
M.D.(Biochemistry)

SIN No:SPL24041495
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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CIN: U85100TG2009PTC099414
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Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 01:16PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 03:34PM
Visit ID	: SMRCOPV120242	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR.R.SRIVATSAN
M.D.(Biochemistry)

SIN No:SPL24041495
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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	**15.5**	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method

DR.R.SRIVATSAN
M.D.(Biochemistry)

SIN No:SPL24041495
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
(Formerly Known as Nova Specialty Hospitals Private Limited)
CIN: U85100TG2009PTC099414
Registered Office : No.7-1-617A, 615& 616, Imperial Towers 7th Floor, Opp. Ameerpet Metro Station Ameerpet, Hyderabad, Telangana - 500 038.

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APOLLO SPECTRA HOSPITALS
Plot No. 41/42, 53/54, Sathyadev Avenue,
M R C Nagar, R A Puram, Chennai - 600 028
Ph. No.: 044 6686 2000 Fax : 044 6686 1999
www.apollospectra.com

Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 08:57AM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 01:16PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 03:34PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF IMMUNOLOGY

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

VITAMIN B12 , *SERUM*	191	pg/mL	107.2-653.3	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
  Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.920	ng/mL	0-4	CLIA

DR.R.SRIVATSAN
M.D.(Biochemistry)

SIN No:SPL24041495
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www.apollospectra.com

Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 01:10PM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 01:39PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:16PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2300865

Patient Name	: Mr.ASWINI KUMAR SAHOO	Collected	: 09/Mar/2024 01:10PM
Age/Gender	: 48 Y 4 M 12 D/M	Received	: 09/Mar/2024 01:39PM
UHID/MR No	: SMRC.0000084166	Reported	: 09/Mar/2024 02:15PM
Visit ID	: SMRCOPV120242	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9775801035		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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 *****

C·Chidambharam
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UF011020