

Patient Name : Mr. RAMKUMAR S

Age/Gender : 42 Y/M

UHID/MR No. : CVEL.0000142398

OP Visit No : CVELOPV200744

Sample Collected on :

Reported on : 09-03-2024 16:56

LRN# : RAD2261791

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 387596

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

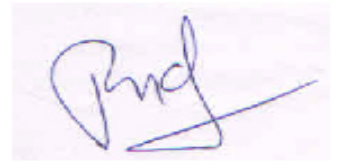
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

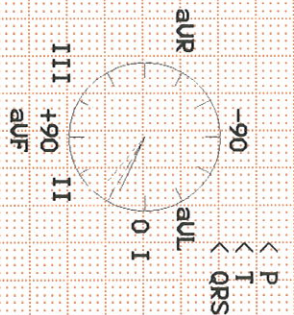


Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology

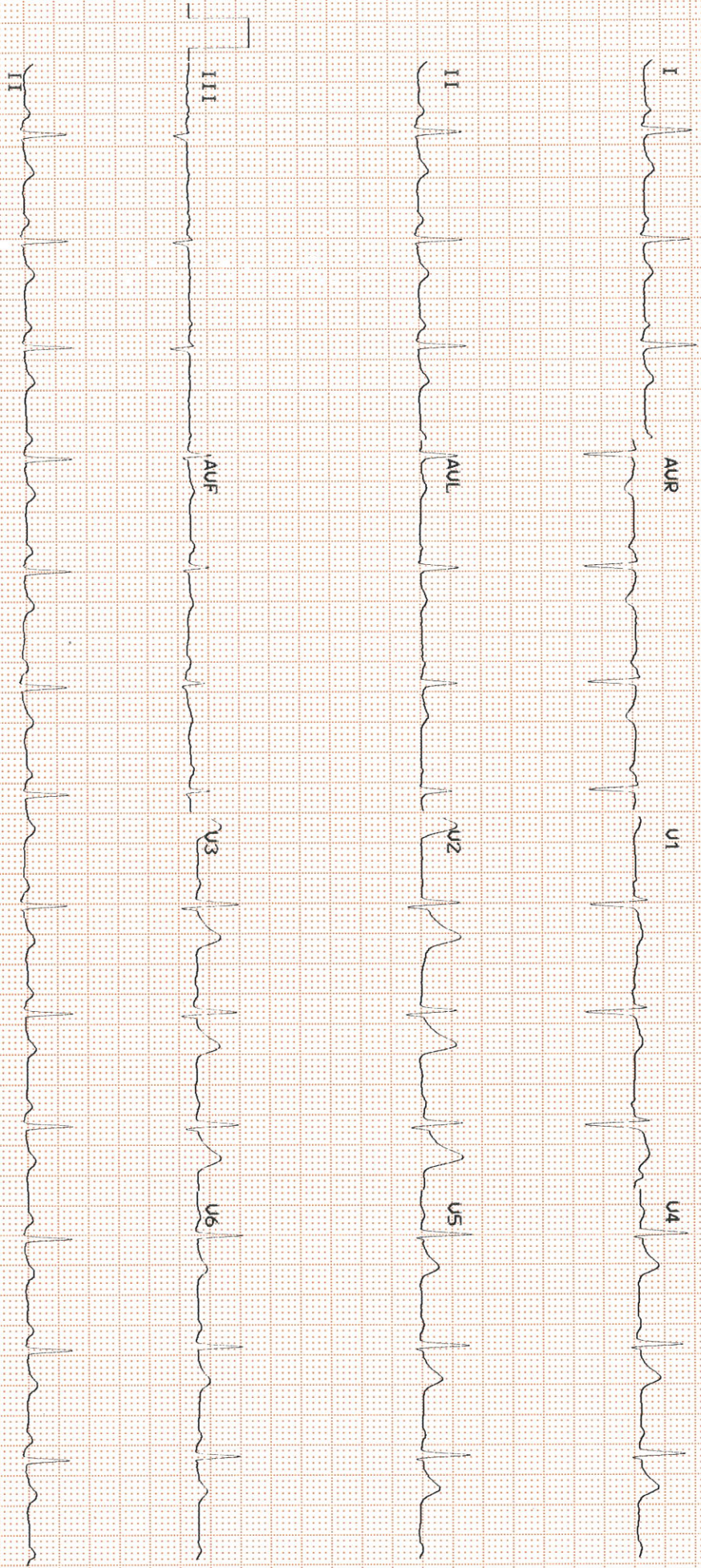
Measurement Results:

QRS	:	86 ms
QT/QTcB	:	358 / 418 ms
PR	:	150 ms
P	:	114 ms
RR/PP	:	732 / 745 ms
P/QRS/T	:	40° / 25° / 30 degrees
QTd/QTcBd	:	36 / 42 ms
Sokolow	:	1.7 mV
NK	:	10



Interpretation:

Unconfirmed report.



Name <u>Mr. Ramkumar</u>	Date <u>9/8/2024</u>
Age <u>42 yrs.</u>	UHID No. <u>-</u>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE	
DV-UCVA :	6/6 st	6/6	(BE) 6/6.
DV-BCVA :			
NEAR VISION :	N ₆ st	N ₆ st	Add! - 1.25 ⁺ (N ₆)
ANTERIOR SEGMENT :			
IOP :	(N)	(N)	
FIELDS OF VISION :			
E O M :			
COLOUR VISION :	Normal	Normal	
FUNDUS :			
IMPRESSION :	(BE) presbyopic		
ADVICE :	fst / R/A - 6 months		

9/8/2024

CERTIFICATE OF MEDICAL FITNESS

Height : 169. Cm	Weight : 95.6 kg	BMI : 33.3.	BP : 120/80. mmHg
OPTHAL CHECK : Right Eye : 6/6.		Left Eye : 6/6	Colour vision : (2)

This is to certify that I have conducted the clinical examination

Of Mr. Ramkumar. S. on 9/3/24

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

- Medically Fit
- **FIT FOR WORK**
- Fit with restrictions/recommendations

*Adv
vit - D Supplementation
Annual followup TUSG
Healthy life style modification*

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

1.....

2.....

3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after _____

- Currently Unfit.
Review after NIL recommended

- Unfit NIL

M3

Dr. _____
Medical officer
Apollo clinic(Location)



This certificate is not meant for medico-legal purposes

Dr. M S KOUTILYA CHOUDARY
MBBS., MD.,
Sqn Ldr (Retd),
Reg. No. TNMC 167543

Patient Name : Mr. RAMKUMAR S Age : 42 Y/M
UHID : CVEL.0000142398 OP Visit No : CVELOPV200744
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 09-03-2024 13:52
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.5 CM
LA (es)	3.5 CM
LVID (ed)	4.7 CM
LVID (es)	3.0 CM
IVS (Ed)	1.2 CM
LVPW (Ed)	1.2 CM
EF	63.00%
%FD	33.00%
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:	

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NO REGIONAL WALL MOTION ABNORMALITY

Doppler studies

AV max 0.8 m/s; PG 3.6 mmHg;

PV max 0.8 m/s; PG3.3mmHg;

MV E 0.8 m/s; MV A0.6 m/s;


TV E 0.4 m/s; TV A 0.3 m/s.

Impression

*NO REGIONAL WALL MOTION ABNORMALITY;

*NORMAL LEFT VENTRICULAR IN SIZE AND SYSTOLIC FUNCTION;

* NO PERICARDIAL EFFUSION/PULMONARY ARTERY HYPERTENSION;



DR SHANMUGA SUNDARAM D

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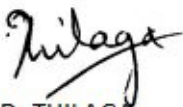
CONSULTANT CARDIOLOGIST

Patient Name	: Mr.RAMKUMAR S	Collected	: 09/Mar/2024 09:49AM
Age/Gender	: 42 Y 1 M 23 D/M	Received	: 09/Mar/2024 01:20PM
UHID/MR No	: CVEL.0000142398	Reported	: 09/Mar/2024 03:06PM
Visit ID	: CVELOPV200744	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 387596		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240063133

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

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DEPARTMENT OF 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	15.1	g/dL	13-17	Spectrophotometer
PCV	44.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.2	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.4	%	40-80	Electrical Impedance
LYMPHOCYTES	32.4	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3988.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2332.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	295.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	532.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	50.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	321000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 15



Dr THILAGA
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Consultant Pathologist



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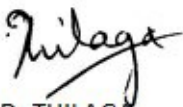
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NOTE/ COMMENT : Please correlate clinically.



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Patient Name : Mr.RAMKUMAR S	Collected : 09/Mar/2024 09:49AM
Age/Gender : 42 Y 1 M 23 D/M	Received : 09/Mar/2024 01:20PM
UHID/MR No : CVEL.0000142398	Reported : 09/Mar/2024 05:49PM
Visit ID : CVELOPV200744	Status : Final Report
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



Dr. MARQUESS RAJ
M.D, DipRCPath, D.N.B (PATH)
Consultant Pathologist

SIN No: BED240063133

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Patient Name : Mr.RAMKUMAR S	Collected : 09/Mar/2024 09:49AM
Age/Gender : 42 Y 1 M 23 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : CVEL.0000142398	Reported : 09/Mar/2024 07:11PM
Visit ID : CVELOPV200744	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 387596	

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	98	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	97	mg/dL	70-140	HEXOKINASE

Comment:

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

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



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



SIN No:PLP1428561

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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	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)



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



SIN No:EDT240028744

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	158	mg/dL	<200	CHO-POD
TRIGLYCERIDES	89	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.22		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. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04655714

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Patient Name	: Mr.RAMKUMAR S	Collected	: 09/Mar/2024 09:49AM
Age/Gender	: 42 Y 1 M 23 D/M	Received	: 09/Mar/2024 02:26PM
UHID/MR No	: CVEL.0000142398	Reported	: 10/Mar/2024 07:28AM
Visit ID	: CVELOPV200744	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 387596		

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	80.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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.



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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	0.98	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	16.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated

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Patient Name : Mr.RAMKUMAR S	Collected : 09/Mar/2024 09:49AM
Age/Gender : 42 Y 1 M 23 D/M	Received : 09/Mar/2024 02:26PM
UHID/MR No : CVEL.0000142398	Reported : 10/Mar/2024 03:30AM
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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
ALKALINE PHOSPHATASE , SERUM	80.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/L	<55	IFCC



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Patient Name : Mr.RAMKUMAR S	Collected : 09/Mar/2024 09:49AM
Age/Gender : 42 Y 1 M 23 D/M	Received : 09/Mar/2024 02:39PM
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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)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.720	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

- 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



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Age/Gender : 42 Y 1 M 23 D/M	Received : 09/Mar/2024 02:39PM
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Visit ID : CVELOPV200744	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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	16.6	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
VITAMIN B12 , SERUM	243	pg/mL	107.2-653.3	CLIA

Comment:

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DEPARTMENT OF IMMUNOLOGY

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

- 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	0.430	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 40-49 years is 0-2.5 ng/mL



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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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2301352

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Patient Name : Mr.RAMKUMAR S	Collected : 09/Mar/2024 09:49AM
Age/Gender : 42 Y 1 M 23 D/M	Received : 09/Mar/2024 01:22PM
UHID/MR No : CVEL.0000142398	Reported : 09/Mar/2024 02:25PM
Visit ID : CVELOPV200744	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 387596	

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 ***

Page 15 of 15



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

SIN No:UF011070

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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