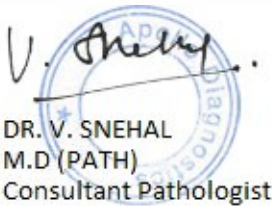


Patient Name : Mr.KUMAR GIRI ABHIJIT	Collected : 16/Mar/2024 09:54AM
Age/Gender : 35 Y 6 M 0 D/M	Received : 16/Mar/2024 12:57PM
UHID/MR No : CVIS.0000124460	Reported : 16/Mar/2024 03:07PM
Visit ID : CVISOPV122426	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 395024	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



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SIN No:BED240070943

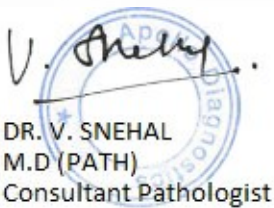
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.34	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.3	%	40-80	Electrical Impedance
LYMPHOCYTES	31.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.8	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3015	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1560	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	190	Cells/cu.mm	20-500	Calculated
MONOCYTES	235	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.93		0.78- 3.53	Calculated
PLATELET COUNT	206000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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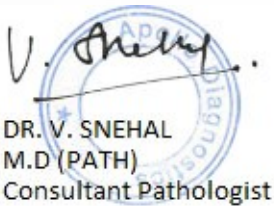
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Visit ID : CVISOPV122426	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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



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Age/Gender : 35 Y 6 M 0 D/M	Received : 16/Mar/2024 12:57PM
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Visit ID : CVISOPV122426	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	138	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.

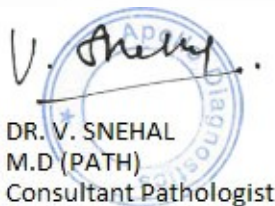
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	140	mg/dL	70-140	GOD - POD

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.

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



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SIN No:EDT240032464

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UHID/MR No : CVIS.0000124460	Reported : 16/Mar/2024 02:10PM
Visit ID : CVISOPV122426	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

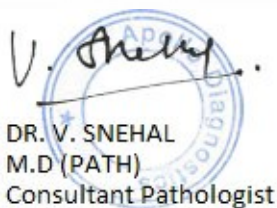
Comment:

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

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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



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SIN No:EDT240032464

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Age/Gender : 35 Y 6 M 0 D/M	Received : 16/Mar/2024 12:28PM
UHID/MR No : CVIS.0000124460	Reported : 16/Mar/2024 02:08PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	152	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	228	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	20	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.34	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.71		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.70		<0.11	Calculated

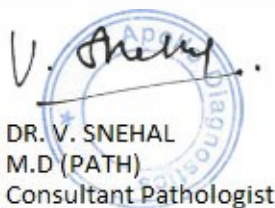
Comment:

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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.



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SIN No:SE04663903

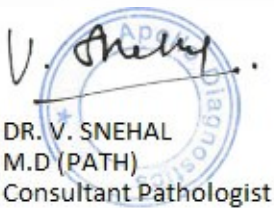
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45.68	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.7	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	114.50	U/L	53-128	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.34	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		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:

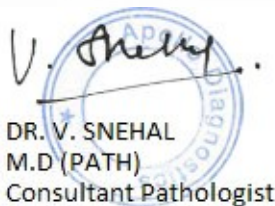
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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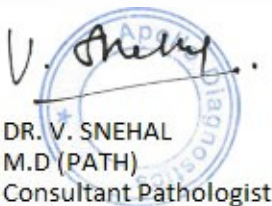
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.20	mg/dL	0.7-1.2	Jaffe
UREA	18.78	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.09	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.25	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.17	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.13	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.34	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated



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SIN No:SE04663903


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	54.60	U/L	0-55	IFCC



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SIN No:SE04663903

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Visit ID : CVISOPV122426	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

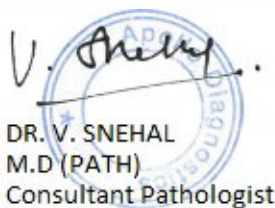
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.47	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	10.9	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	1.190	µIU/mL	0.3-4.5	CLIA

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No:SPL24047464

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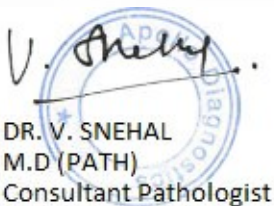
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Age/Gender : 35 Y 6 M 0 D/M	Received : 16/Mar/2024 02:16PM
UHID/MR No : CVIS.0000124460	Reported : 16/Mar/2024 04:07PM
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Emp/Auth/TPA ID : 395024	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	6.0		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	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UR2307108

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr. KUMAR GIRI ABHIJIT

Age/Gender : 35 Y/M

UHID/MR No. : CVIS.0000124460

OP Visit No : CVISOPV122426

Sample Collected on :

Reported on : 16-03-2024 16:29

LRN# : RAD2269654

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 395024

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. KARROTU SUDHA
MD RADIOLOGY
Radiology

Name: Mr. KUMAR GIRI ABHIJIT
Age/Gender: 35 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124460
Visit ID: CVISOPV122426
Visit Date: 16-03-2024 09:48
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. KUMAR GIRI ABHIJIT
Age/Gender: 35 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RANJANEE SRINIVASAN

MR No: CVIS.0000124460
Visit ID: CVISOPV122426
Visit Date: 16-03-2024 09:48
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
16-03-2024 14:11	74 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	179 cms	87 Kgs	%	%	Years	27.15	cms	cms	cms		AHLL09094

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
16-03-2024 14:11	74 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	179 cms	87 Kgs	%	%	Years	27.15	cms	cms	cms		AHLL09094

Physical Medical Examination Format

NAME:- KUMAR GIRI ABHISIT	DATE:- 16-03-24
DESIGNATION:-	AGE:- 35
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	No
Personal /family history	m-Dm
Past Medical /Surgical	No
Sensitivity/Allergy (if any)	No
Habits	No
Occupational History	No

Height: 179	Weight: 87	BMI: 27.2	Pulse: 74
Temp: 98.6	Spo2: 99	Resp: 18	B.P: 120/80

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. KUMAR GIRI ABHISIT for pre-employment /periodical medical examination, I have found / not found any disease, illness, contaglous illness

I Certify That Employee Is Medically.....

Fit

Unfit

Signature Of Employee

Abhisit Kumar

Dr.G. INDIRA PRIYADARSHINI
MBBS
Signature & Seal Of Medical Examiner With
Regd.No. 65140
Registration No. Family Physician
Apollo Clinic, Seethammampet, Vizag

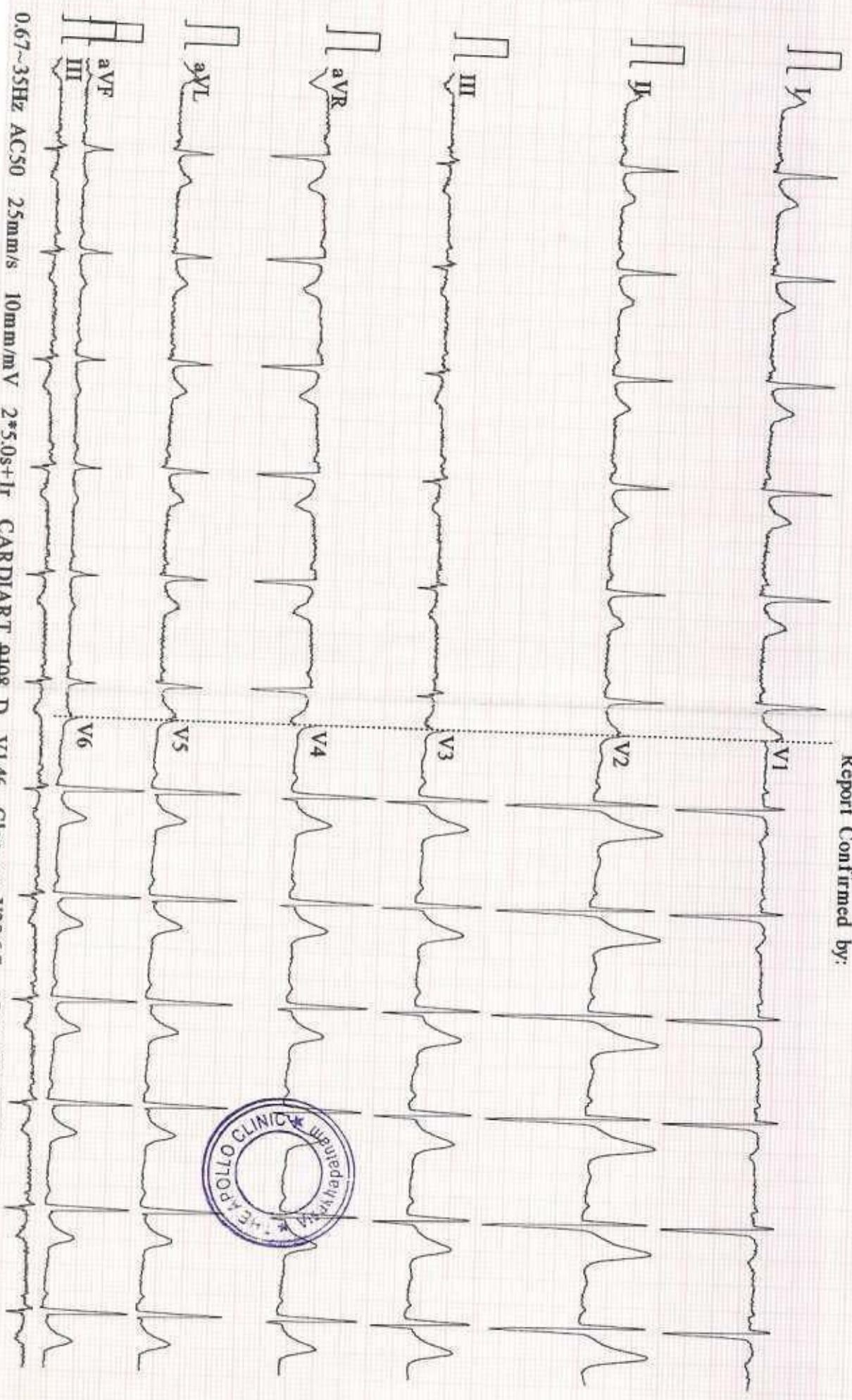
ID: 124460
kumar giri abijit
Male 35Y cars
Req. No. :

16-03-2024 10:32:48

HR : 74 bpm
P : 98 ms
PR : 144 ms
QRS : 88 ms
QT/QTcBz : 360/400 ms
P/QRS/T : 33/22/12 °
RV5/SV1 : 1.618/1.705 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~35Hz ACS0 25mm/s 10mm/mV 2*5.0s+1r CARDIART 0109 D V1.46 Glasgow V28.6.7 APOLLO CLINIC VIZAG

Patient Name	: Mr. KUMAR GIRI ABHIJIT	Age	: 35 Y/M
UHD	: CVIS.0000124460	OP Visit No	: CVISOPV122426
Reported By:	: Dr. APPALA NAIDU L.S.	Conducted Date	: 16-03-2024 14:31
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 74 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. APPALA NAIDU L.S.

UNION BANK

NAME : MR. KUMAR GIRI ABHISIT GENDER : M
 AGE : 35 DATE : 16/3/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6
 DISTANCE : NB NB
 NEAR VISION :
 COLOUR VISION : - WNL -
 ANT.SEGMENT : - OK -
 CONJUNCTIVA : - clear -
 CORNEA : - R/R -
 PUPIL :
 FUNDUS :
 IMPRESSION : WNL

[Signature]
SIGNATURE

Patient Name	: Mr. KUMAR GIRI ABHIJIT	Age	: 35 Y M
UHID	: CVIS.0000124460	OP Visit No	: CVISOPV122427
Reported on	: 16-03-2024 12:20	Printed on	: 16-03-2024 12:23
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 14.6cm, appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

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

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus/ hydronephrosis seen on either side.

Right kidney : 11.3 x 4.3 cm

Left kidney : 11.1 x 5.2 cm

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

Prostate :Normal in size and normal in echo texture.No evidence of necrosis/calcification seen. its volume 18 cc

There is no evidence of ascites/ pleural effusion seen.

Patient Name : Mr. KUMAR GIRI ABHIJIT
UHID : CVIS.0000124460
Reported on : 16-03-2024 12:20
Adm/Consult Doctor :

Age : 35 Y M
OP Visit No : CVISOPV122427
Printed on : 16-03-2024 12:23
Ref Doctor : SELF

IMPRESSION:-

***GRADE - I FATTY INFILTRATION OF LIVER.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:16-03-2024 12:20

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Name: Mr. KUMAR GIRI ABHIJIT
 Age/Gender: 35 Y/M
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS 0000124460
 Visit ID: CVISOPV122426
 Visit Date: 16-03-2024 09:48
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
16-03-2024 14:11	74 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	179 cms	87 Kgs	%	%	Years	27.15	cms	cms	cms		AHLL09094

Patient Name	: Mr. KUMAR GIRI ABHIJIT	Age	: 35 Y M
UHID	: CVIS.0000124460	OP Visit No	: CVISOPV122426
Reported on	: 16-03-2024 16:29	Printed on	: 16-03-2024 16:30
Adm/Consult Doctor	:	Ref Doctor	: SELF

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.

Printed on:16-03-2024 16:29

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mr.KUMAR GIRI ABHIJIT
Age/Gender : 35 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124460
Visit ID : CVISOPV122426
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 395024

Collected : 16/Mar/2024 09:54AM
Received : 16/Mar/2024 12:57PM
Reported : 16/Mar/2024 03:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN

V. Sneh

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240070943

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK TELANGANA & AP
Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.KUMAR GIRI ABHIJIT
Age/Gender : 35 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124460
Visit ID : CVISOPV122426
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 395024

MC-2373

Collected : 16/Mar/2024 09:54AM
Received : 16/Mar/2024 12:57PM
Reported : 16/Mar/2024 03:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.34	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.3	%	40-80	Electrical Impedance
LYMPHOCYTES	31.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.8	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3015	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1560	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	190	Cells/cu.mm	20-500	Calculated
MONOCYTES	235	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.93		0.78- 3.53	Calculated
PLATELET COUNT	206000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



Patient Name : Mr.KUMAR GIRI ABHIJIT
 Age/Gender : 35 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124460
 Visit ID : CVISOPV122426
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 395024

Collected : 16/Mar/2024 09:55AM
 Received : 16/Mar/2024 12:57PM
 Reported : 16/Mar/2024 02:10PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	138	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	140	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA	5.9	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

Patient Name : Mr.KUMAR GIRI ABHIJIT
 Age/Gender : 35 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124460
 Visit ID : CVISOPV122426
 Ref Doctor : Dr.SELF
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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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)



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No. EDT240032464

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.KUMAR GIRI ABHIJIT
 Age/Gender : 35 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124460
 Visit ID : CVISOPV122426
 Ref Doctor : Dr.SELF
 Emp/Auth/VTPA ID : 395024

Collected : 16/Mar/2024 09:55AM
 Received : 16/Mar/2024 12:28PM
 Reported : 16/Mar/2024 02:08PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	152	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	228	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	20	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.34	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.71		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.70		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

Note:

- 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.

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: SE04663903

Apollo Health and Lifestyle Limited | Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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TO BOOK AN APPOINTMENT

1860 500 7788

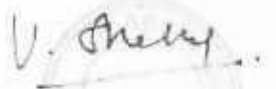
Patient Name : Mr.KUMAR GIRI ABHIJIT
Age/Gender : 35 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124460
Visit ID : CVISOPV122426
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Emp/Auth/TPA ID : 395024

Collected : 16/Mar/2024 09:55AM
Received : 16/Mar/2024 12:28PM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Page 6 of 11


DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: 3104063903
Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.KUMAR GIRI ABHIJIT
 Age/Gender : 35 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124460
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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.10-1.20	Diazotized 2,4-Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45.68	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.7	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	114.50	U/L	53-128	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.34	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		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.



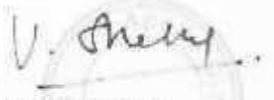
V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

Patient Name : Mr.KUMAR GIRI ABHIJIT
Age/Gender : 35 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124460
Visit ID : CVISOPV122426
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 395024

Collected : 16/Mar/2024 09:55AM
Received : 16/Mar/2024 12:28PM
Reported : 16/Mar/2024 02:08PM
Status : Final Report
Sponsor-Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.20	mg/dL	0.7-1.2	Jaffe
UREA	18.78	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.09	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.25	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.17	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.13	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.34	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated


DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



Patient Name : Mr.KUMAR GIRI ABHIJIT
 Age/Gender : 35 Y.6 M 0 D/M
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	54.60	U/L	0-55	IFCC

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

Page 9 of 11



SIN No: SE04663003

Apollo Health and Lifestyle Limited
 Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nailakunta | Nizampet | Uppal)
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.KUMAR GIRI ABHIJIT
Age/Gender : 35 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124460
Visit ID : CVISOPV122426
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 395024

Collected : 16/Mar/2024 09:55AM
Received : 16/Mar/2024 12:28PM
Reported : 16/Mar/2024 02:56PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.47	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	10.9	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	1.190	µIU/mL	0.3-4.5	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
High	High	High	High	Pituitary Adenoma: TSHoma/Thyrotropinoma

V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SPN No: SPL24047464

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
(CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloht.com

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.KUMAR GIRI ABHIJIT
 Age/Gender : 35 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124460
 Visit ID : CVISOPV122426
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 395024

Collected : 16/Mar/2024 09:55AM
 Received : 16/Mar/2024 02:16PM
 Reported : 16/Mar/2024 04:07PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	6.0		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	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Result/s to Follow:
 BLOOD GROUP ABO AND RH FACTOR

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

Page 11 of 11



SAN No: UR2307108
 Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
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 Vizag (Seethamma Peta)
 Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

UNFIT EXPLANATION

Date: 16/3/24
Patient Name: Komar. Givi Abhishek
UHID: 124460
Corporate Name:

The above-mentioned client unfit given due to Advise. physical consultation

As per physician advice It was hold not given FIT, once client met with Physician, we will update closure remarks.

Regards,

Apollo clinic,

Vizag

Ph:0891-2585511/12.

Abhijit, Kumar Giri

From: Mediwheel <wellness@mediwheel.in>
Sent: 13 March 2024 11:43
To: Abhijit, Kumar Giri
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Request(UBOIE4293)

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

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CAUTION AND ATTENTION PLEASE: This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to antiphishing@Dolcisol At the rate unionbankofindia@Dolbank



011-41195959

Dear KUMAR GIRI ABHIJIT,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking:

[Upload HRM Letter](#)

User Package Name : Mediwheel Full Body Standard Plus

Name of

Diagnostic/Hospital : Apollo Clinic - Visakhapatnam

Address of : Apollo Clinic, 50, Plot 5, Sheethammampeta, Beside BVK college, Dwaraka
Diagnostic/Hospital- Nagar, Vishakapatnam-530016

Appointment Date : 16-03-2024

Preferred Time : 09:00 am - 09:30 am

Member Information	
Booked Member Name	Age
KUMAR GIRI ABHIJIT	35 year
	Gender
	Male

Tests included in this Package

- Bmi Check
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- Eye Check-up consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,
Mediwheel Team



ভারতের নির্বাচন কমিশন
ELECTION COMMISSION OF INDIA
নির্বাচনের সচিবালয়
Elector's Photo Identity Card



IQN0329367



নাম: অধিজিৎ কুমার গিহি
Name: Abhijit Kumar Giri
পিতার নাম: রাজেন্দ্র কুমার গিহি
Father's Name: Rajendra Kumar Giri
লিঙ্গ / Gender: পুরুষ / Male
জন্ম তারিখ / বয়স:
Date of Birth / Age: 23-06-1988

