

Patient Name : Mr.JEYAKUMAR M  
Age/Gender : 46 Y 11 M 30 D/M  
UHID/MR No : SMRC.0000084405  
Visit ID : SMRCOPV120875  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9443054333


Collected : 23/Mar/2024 08:08AM  
Received : 23/Mar/2024 10:55AM  
Reported : 23/Mar/2024 12:05PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**METHODOLOGY : MICROSCOPIC**

RBC : Predominantly Normocytic Normochromic RBCs.  
WBC : Normal in count and distribution. No abnormal cells seen.  
PLATELET : Adequate on smear.  
PARASITES : No haemoparasites seen.  
IMPRESSION : Normal blood picture

  
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M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240078735

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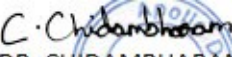


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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.1	g/dL	13-17	Spectrophotometer
PCV	42.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.84	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65	%	40-80	Electrical Impedence
LYMPHOCYTES	28	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5915	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2548	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	182	Cells/cu.mm	20-500	Calculated
MONOCYTES	455	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.32		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	335000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	12	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
..				

  
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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

  
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Collected : 23/Mar/2024 08:08AM  
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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	118	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.





Patient Name	: Mr.JEYAKUMAR M	Collected	: 23/Mar/2024 11:01AM
Age/Gender	: 46 Y 11 M 30 D/M	Received	: 23/Mar/2024 12:33PM
UHID/MR No	: SMRC.0000084405	Reported	: 23/Mar/2024 12:38PM
Visit ID	: SMRCOPV120875	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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	130	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.



Patient Name : Mr.JEYAKUMAR M	Collected : 23/Mar/2024 08:08AM
Age/Gender : 46 Y 11 M 30 D/M	Received : 23/Mar/2024 12:02PM
UHID/MR No : SMRC.0000084405	Reported : 23/Mar/2024 01:33PM
Visit ID : SMRCOPV120875	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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:EDT240035921

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

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	128	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	158	mg/dL	<150	
HDL CHOLESTEROL	28	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	100	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.39		<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:**

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

- 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.
- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	92.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		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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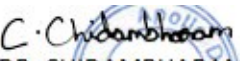
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.39</b>	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>12.63</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>5.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	6.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

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**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 7<sup>th</sup> Floor, Opp. Ameerpet Metro Station Ameerpet, Hyderabad, Telangana - 500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	92.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	17.00	U/L	16-73	Glycylglycine Kinetic method

  
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>14.84</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.320	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

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



SIN No:SPL24052640

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High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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M.D.(Biochemistry)



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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	10.7	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:SPL24052640

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

Patient Name : Mr.JEYAKUMAR M	Collected : 23/Mar/2024 08:08AM
Age/Gender : 46 Y 11 M 30 D/M	Received : 23/Mar/2024 12:21PM
UHID/MR No : SMRC.0000084405	Reported : 23/Mar/2024 02:35PM
Visit ID : SMRCOPV120875	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9443054333	

**DEPARTMENT OF IMMUNOLOGY**

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

<b>VITAMIN B12 , SERUM</b>	230	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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.140	ng/mL	0-4	CLIA

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



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



SIN No:SPL24052640

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

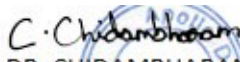
Patient Name : Mr.JEYAKUMAR M	Collected : 23/Mar/2024 02:17PM
Age/Gender : 46 Y 11 M 30 D/M	Received : 23/Mar/2024 03:35PM
UHID/MR No : SMRC.0000084405	Reported : 23/Mar/2024 04:08PM
Visit ID : SMRCOPV120875	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9443054333	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 16 of 17

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UR2313143





Patient Name : Mr.JEYAKUMAR M  
Age/Gender : 46 Y 11 M 30 D/M  
UHID/MR No : SMRC.0000084405  
Visit ID : SMRCOPV120875  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9443054333

Collected : 23/Mar/2024 02:17PM  
Received : 23/Mar/2024 03:35PM  
Reported : 23/Mar/2024 04:07PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UF011273

Page 17 of 17



Customer Pending Tests  
Below Investigations Pending from Client  
1. Diet Consultation  
2. General Physician Consultation



# HealthBridge

MRC NAGAR CL

- Home
- Reports
- Appointments
- Corporate Health Checks
- Radiology
- Doctor Consultation
- OPD-IP Consultation
- Roster Configuration

## Patient Details

Patient First Name	Patient Last Name	Patient Mobile Number	
JEYAKUMAR	M	9443054333	
Patient E-mail ID	Date of Birth	Gender	
mjeyakumar@gmail.com	02-04-1978	male	
Client	Agreement Name		
ARCOFEMI HEALTHCARE LIMITED	(1)ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		
Package Name		Visit Type	
(1)ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324		in-clinic	
Visit Status	Report Status	City	
	Order Confirmed		
Clinic	Order Date	Appointment Date	Slot Time
SPECTRA MRC NAGAR	14-03-2024	23-03-2024	08:30-08:45
Ref_Appointment ID	Visit ID		
UBOIE4330			

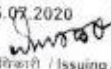
यूनियन बैंक Union Bank



नाम : **एम.जयकुमार**  
Name : **M.JEYAKUMAR**  
कर्मचारी क्र / Employee No : **633064**  
जन्म तिथि / Date of Birth : **24-03-1977**  
रक्त समूह / Blood Group : **O+ve**

  
हस्ताक्षर / Signature

जारी करने का स्थान : **रौं का कोयंबटूर**  
Place of Issue : **R. O. COIMBATORE**  
जारी करने की तारीख  
Date of Issue : **25.07.2020**

  
जारीकर्ता अधिकारी / Issuing Authority



Name : Mr. JEYAKUMAR M

Age: 46 Y

UHID:SMRC.0000084405

Sex: M



OP Number:SMRCOPV120875

Address : CHENNAI

Bill No :SMRC-OCR-7530

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Date : 23.03.2024 07:52

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2D ECHO <i>OK</i>	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION - <i>PENDING</i>	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	U/ECO	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - <i>11.00M</i>	
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	
21	FITNESS BY GENERAL PHYSICIAN - <i>PENDING</i>	
22	BLOOD GROUP ABO AND RH FACTOR	
23	VITAMIN B12	
24	LIPID PROFILE	
25	BODY MASS INDEX (BMI)	
26	OPHTHAL BY GENERAL PHYSICIAN	
27	ULTRASOUND - WHOLE ABDOMEN	
28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Temp - 98.0 F  
 Ht - NA  
 Wt - NA  
 pulse - 86/min  
 Bp - 110/70 mm Hg  
 SpO2 - 98%

**Dr. NIRANJANA BHARATHI**

M.B.B.S., MS (ENT)

Consultant ENT, Head & Neck Surgeon

Reg No: 103833

**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

23/3/24.

Mr. Jeyakumar  
46/M.

Rt HOH - mild.

O/E

B/L TM intact

Nose /  
Throat / NAD.

Adv.

- audiometry & review.  
(PTA, Impedance, OAE)

Dr. V. J. NIRANJANA BHARATHI M.B.B.S., MS(ENT)  
Consultant ENT, Head & Neck Surgeon  
Reg. No. 103833

(8098730730)

**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 7<sup>th</sup> Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana - 500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

Patient Name : Mr.JEYAKUMAR M  
Age/Gender : 46 Y 11 M 30 D/M  
UHID/MR No : SMRC.0000084405  
Visit ID : SMRCOPV120875  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9443054333

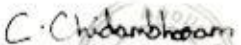
Collected : 23/Mar/2024 08:08AM  
Received : 23/Mar/2024 10:55AM  
Reported : 23/Mar/2024 12:05PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**METHODOLOGY : MICROSCOPIC**

RBC : Predominantly Normocytic Normochromic RBCs.  
WBC : Normal in count and distribution. No abnormal cells seen.  
PLATELET : Adequate on smear.  
PARASITES : No haemoparasites seen.  
IMPRESSION : Normal blood picture

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240078735

Page 1 of 17





Patient Name : Mr.JEYAKUMAR M  
Age/Gender : 46 Y 11 M 30 D/M  
UHID/MR No : SMRC.0000084405  
Visit ID : SMRCOPV120875  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9443054333

Collected : 23/Mar/2024 08:08AM  
Received : 23/Mar/2024 10:55AM  
Reported : 23/Mar/2024 12:05PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.1	g/dL	13-17	Spectrophotometer
PCV	42.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.84	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65	%	40-80	Electrical Impedence
LYMPHOCYTES	28	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5915	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2548	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	182	Cells/cu.mm	20-500	Calculated
MONOCYTES	455	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.32		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	335000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	12	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240078735



Patient Name	: Mr.JEYAKUMAR M	Collected	: 23/Mar/2024 08:08AM
Age/Gender	: 46 Y 11 M 30 D/M	Received	: 23/Mar/2024 10:55AM
UHID/MR No	: SMRC.0000084405	Reported	: 23/Mar/2024 11:39AM
Visit ID	: SMRCOPV120875	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9443054333		

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240078735

Page 3 of 17





Patient Name : Mr.JEYAKUMAR M  
Age/Gender : 46 Y 11 M 30 D/M  
UHID/MR No : SMRC.0000084405  
Visit ID : SMRCOPV120875  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9443054333

Collected : 23/Mar/2024 08:08AM  
Received : 23/Mar/2024 09:32AM  
Reported : 23/Mar/2024 10:10AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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	118	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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

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

SIN No:PLF02130777

Page 4 of 17



Patient Name : Mr.JEYAKUMAR M  
Age/Gender : 46 Y 11 M 30 D/M  
UHID/MR No : SMRC.0000084405  
Visit ID : SMRCOPV120875  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9443054333

Collected : 23/Mar/2024 11:01AM  
Received : 23/Mar/2024 12:33PM  
Reported : 23/Mar/2024 12:38PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	130	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.

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

SIN No:PLP1435545



Patient Name	: Mr.JEYAKUMAR M	Collected	: 23/Mar/2024 08:08AM
Age/Gender	: 46 Y 11 M 30 D/M	Received	: 23/Mar/2024 12:02PM
UHID/MR No	: SMRC.0000084405	Reported	: 23/Mar/2024 01:33PM
Visit ID	: SMRCOPV120875	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9443054333		

**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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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

Page 6 of 17



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



SIN No:EDT240035921

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 : U85100TG2009PTCO99414

Registered Office:No. 7-1-617A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana - 500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**



Patient Name : Mr.JEYAKUMAR M  
Age/Gender : 46 Y 11 M 30 D/M  
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Visit ID : SMRCOPV120875  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9443054333

Collected : 23/Mar/2024 08:08AM  
Received : 23/Mar/2024 10:22AM  
Reported : 23/Mar/2024 11:39AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	128	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>158</b>	mg/dL	<150	
HDL CHOLESTEROL	<b>28</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	100	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>31.6</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.39</b>		<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:**

*C. Chidambaram*  
DR. CHIDAMBARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04671816

Page 7 of 17



Patient Name : Mr.JEYAKUMAR M  
Age/Gender : 46 Y 11 M 30 D/M  
UHID/MR No : SMRC.0000084405  
Visit ID : SMRCOPV120875  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9443054333

Collected : 23/Mar/2024 08:08AM  
Received : 23/Mar/2024 10:22AM  
Reported : 23/Mar/2024 11:39AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

- 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.
- 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).

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04671816

Page 8 of 17





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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	92.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		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.

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

SIN No:SE04671816



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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.39	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	12.63	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	5.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	6.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

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

SIN No:SE04671816

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Patient Name	: Mr.JEYAKUMAR M	Collected	: 23/Mar/2024 08:08AM
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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	92.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	16-73	Glycylglycine Kinetic method



*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04671816



Patient Name	: Mr.JEYAKUMAR M	Collected	: 23/Mar/2024 08:08AM
Age/Gender	: 46 Y 11 M 30 D/M	Received	: 23/Mar/2024 12:21PM
UHID/MR No	: SMRC.0000084405	Reported	: 23/Mar/2024 02:35PM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9443054333		

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>14.84</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.320	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

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



SIN No:SPL24052640

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 : U85100TG2009PTCO99414

Registered Office:No. 7-1-617A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana - 500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

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Emp/Auth/TPA ID	: 9443054333		

**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)



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



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**DEPARTMENT OF IMMUNOLOGY**

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

<b>VITAMIN B12 , SERUM</b>	230	pg/mL	107.2-653.3	CLIA
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**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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.140	ng/mL	0-4	CLIA

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



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



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**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

Patient Name	: Mr. JEYAKUMAR M	Age	: 47 Y M
UHID	: SMRC.0000084405	OP Visit No	: SMRCOPV120875
Reported on	: 24-03-2024 07:50	Printed on	: 25-03-2024 07:38
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**FINDINGS:**

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.

**Impression:** Essentially Normal Study.

Printed on:24-03-2024 07:50

---End of the Report---



**Dr. ARUN KUMAR S**  
**MBBS, DMRD,DNB**  
Radiology



Patient Name : MR. JEYAKUMAR M

Received On : 23.03.2024

Age / Sex : 46 YRS / MALE

Reported On : 23.03.2024

UHID.SMRC : 84405

Patient location : MHC

Ref. By : DR. MADHUMIDHA

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**DEPARTMENT OF RADIOLOGY**

---

**ULTRASOUND WHOLE ABDOMEN**

---

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

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**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** appears normally distended. No evidence of any calculus  
The gall bladder wall appears normal.

**Pancreas** appears normal in size and echo texture.

**Spleen** measures 9.9 cms in size appears normal.

**Right Kidney** measures 9.7 x 4.2 cms. A calculus in size 1.1 cms is seen in the vesicoureteric junction.

**Left Kidney** measures 10.1 x 3.9 cms. A lower calculus in size 7 mm is seen in the lower calyx.

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

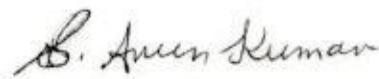
**Prostate** measures 2.6 x 4.0 x 2.5 cms , vol : 14 cc. It is normal in size and echogenicity.

No evidence of ascites.

**IMPRESSION:**

**RIGHT VESICoureTERIC JUNCTION CALCULUS.**

**LEFT RENAL CALCULUS.**



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



Patient Name	Mr. JEYAKUMAR M	Age	46 Y/M
UHID	SMRC 0000084405	OP Visit No	SMRCOPV120875
Conducted By		Conducted Date	23-03-2024 11:05
Referred By	SELF		

**2D-ECHO WITH COLOUR DOPPLER**

<b>Dimensions:</b>	
Ao (ed)	2.76CM
LA (es)	4.22CM
LVID (ed)	3.89CM
LVID (es)	2.01CM
IVS (Ed)	0.72CM
LVPW (Ed)	0.90CM
EF	64%
%FD	32%
<b>MITRAL VALVE:</b>	<b>CALCIFIED</b>
AML	NORMAL
PML	BELLY CALCIFIED
<b>AORTIC VALVE</b>	<b>SCLEROSED</b>
<b>TRICUSPID VALVE</b>	<b>NORMAL</b>
<b>RIGHT VENTRICLE</b>	<b>NORMAL</b>
<b>INTER ATRIAL SEPTUM</b>	<b>INTACT</b>
<b>INTER VENTRICULAR SEPTUM</b>	<b>INTACT</b>
<b>AORTA</b>	<b>NORMAL</b>
<b>RIGHT ATRIUM</b>	<b>NORMAL</b>
<b>LEFT ATRIUM</b>	<b>DILATED(5.0 X4.2 CM)</b>
<b>PULMONARY VALVE</b>	<b>NORMAL</b>
<b>PERICARDIUM</b>	<b>NORMAL</b>

**LEFT VENTRICLE:**

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

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**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

COLOUR AND DOPPLER STUDIES

PWD: A-E AT MITRAL INFLOW

E/A-E: 0.81m/sec A: 0.60m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
0.75m/sec

VELOCITY ACROSS THE AV UPTO 0.98m/sec

TR VELOCITY UPTO 1.9m/sec PG-16mmHg

IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION (LVEF-64%)
- MILDLY DILATED LA
- AORTIC VALVE SCLEROSED
- PML BELLY CALCIFIED
- 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. JAYAPRAKASHA

DR. LIJU A MD DM CARDIO



NAME: Mr. Jayakumar. M	S.NO:
AGE & SEX: 46 yrs / Male	DATE: 22.02.2024.
EMP ID:	

**EYE SCREENING TEST**

	Right Eye	Left Eye
Va (without Glass)	6/6 <sup>P</sup>	6/24.
Va (With Glass)	6/6	6/6
Near Vision ( Without Glass)	N10	N10
Near Vision ( With Glass)	N6	N6.
Colour Vision	Normal (21/21)	Normal (21/21)
External Exam		
Pupil		
SLE		
Refraction	$\pm / - 0.50 \times 80^\circ$ (6/6) Add: +1.50 D <sub>s</sub> N6	$\pm / - 1.25 \times 100$ (6/6) Add: +1.50 D <sub>s</sub>
Diagnosis		
Advice	Yearly checkup.	

  
Handwritten signature and date: 22.02.24.  
(Optometrist Sign & Date)



Rate 77 . Sinus rhythm

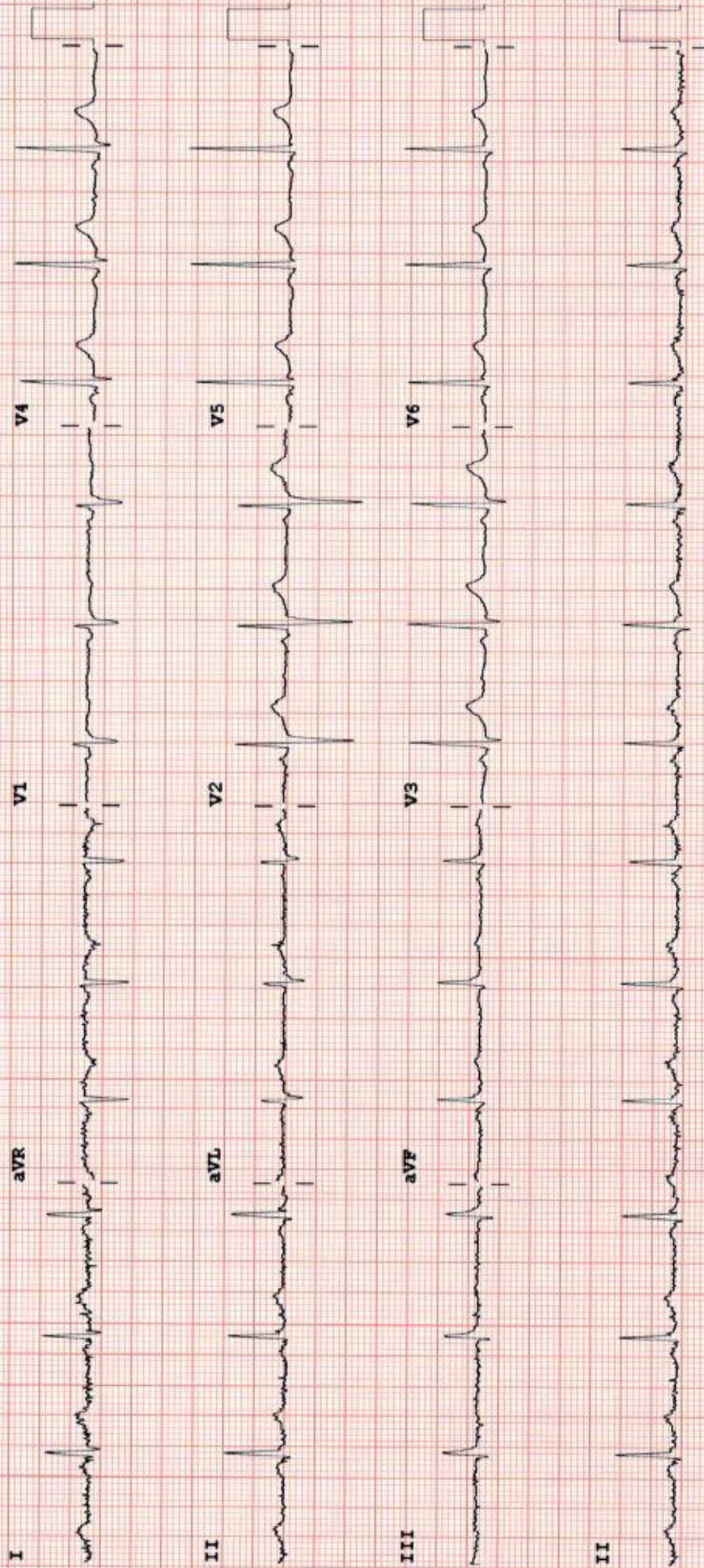
PR 128  
QRS 92  
QT 365  
QTc 414

--AXIS--

P 41  
QRS 56  
T 16

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

PH100B CL

P?



# ORAL EXAMINATION FORM



Date: 23/03/2024

Patient ID: SMC - 84405 MHC

Patient Name: JAYAKUMAR M Age: 47 Sex:  Male  Female

Chief Complaint:

Medical History: H/O Polio since year 19, H/O of Diabetic, H/O Blood thinning tabs is taken

Drug Allergy:

Medication currently taken by the Guest: For Diabetic

Initial Screenign Findings :

Dental Caries :

Missing Teeth :

Impacted Teeth :

Attrition / Abrasion :

Bleeding :

Pockets / Recession : Lower Anterior

Calculus / Stains : ++/++

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction / Root Stumps :

Malocclusion : U/L Spacing

Others :

Advice :- Adv Scaling  
Adv Appliances for Orthodontic treatment

Doctor Name & Signature : D. Jayan 23/3/24

**Patient Name** : Mr. JEYAKUMAR M

**Age/Gender** : 47 Y/M

**UHID/MR No.** : SMRC.0000084405

**OP Visit No** : SMRCOPV120875

**Sample Collected on** :

**Reported on** : 24-03-2024 07:50

**LRN#** : RAD2277601

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9443054333

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

#### FINDINGS:

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

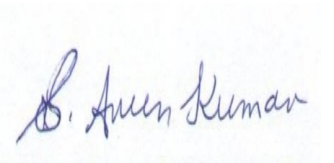
Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

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

Soft tissues appear normal.

**Impression:** Essentially Normal Study.



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<b>Patient Name</b>	: Mr. JEYAKUMAR M	<b>Age/Gender</b>	: 46 Y/M
<b>UHID/MR No.</b>	: SMRC.0000084405	<b>OP Visit No</b>	: SMRCOPV120875
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-03-2024 14:06
<b>LRN#</b>	: RAD2277601	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9443054333		

**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** appears normally distended. No evidence of any calculus  
The gall bladder wall appears normal.

**Pancreas** appears normal in size and echo texture.  
**Spleen** measures 9.9 cms in size appears normal.

**Right Kidney** measures 9.7 x 4.2 cms. A calculus in size 1.1 cms is seen in the vesicoureteric junction.  
**Left Kidney** measures 10.1 x 3.9 cms. A lower calculus in size 7 mm is seen in the lower calyx.

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

**Prostate** measures 2.6 x 4.0 x 2.5 cms , vol : 14 cc. It is normal in size and echogenicity.

No evidence of ascites.

**IMPRESSION:**

**RIGHT VESICoureTERIC JUNCTION CALCULUS.**

**LEFT RENAL CALCULUS.**



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