

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mr. Anmol Bhasin 35y/M on 26/3/24

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

	Tick
<p>Medically Fit</p> <p style="text-align: right;">It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Physician Consultation for distipidemia</u></p> <p>2. <u>Life style modification</u></p> <p>3.</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> <p>Current Unfit.</p> <p>Review after _____ recommended</p>	<input checked="" type="checkbox"/>
<p>Unfit</p>	<input type="checkbox"/>

Height: 172 cm
 Weight: 72 kg
 Blood Pressure: 150/85 mmHg

D. Dadhech
 Dr. Dipri Dadhech
 Medical Officer

This certificate is not meant for medico-legal purposes

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
 Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
 New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
 Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited
 7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
 Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

www.apolloclinic.com

Height : 172	Weight : 72kg	BMI :	Waist Circum :
Temp :	Pulse : 80	Resp : 90x	B.P : 150/88

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

no ClO of HTN / ICDM
Has vision issues since birth

Adv
can m same treatment


Dr. Dipika Doodhich

Follow up date:

Doctor Signature

=====

NAME: ANMOL BHASIN
DATE: 23.03.2024
REF. BY:- HEALTH CHECKUP

AGE : 35Y /SEX/M
MR. NO:- CAOP.0000000079
S.NO. :- 340

=====

X-RAY CHEST PA VIEW

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

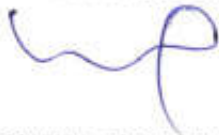
Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Please correlate clinically and with lab. Investigations



DR. KAWAL DEEP DHAM
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

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Apollo One

CONSENT FORM

Patient Name: ANMOL BHASIN Age: 35
UHID Number: Company Name: UBOT

I Mr/Mrs/Ms ANMOL BHASIN Employee of UBOT
(Company) Want to inform you that I am not interested in getting SUGAR (PP)
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 28/03/2024

Apollo One - New Delhi Address:

Apollo One, Plot no. 3, Block no. 34, Pusa Road,
WEA, Opposite Metro Pillar No. 77, Karol Bagh, Pusa Road
NEW DELHI, DELHI INDIA

Pincode:- 110005
Phone no:- 1860-500-7788
Email:- ApolloOnePusaRoad@apolloclinic.com

Apollo One

Eye Checkup

NAME:- MR ANOM ANMOL

Age:- 35

Date: 23/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	-2.00 SPH	Plano
Near vision	6/36	6/36
Color vision		
Fundus examination		
Intraocular pressure		
Slit lamp exam		

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Ph. No. 011-40393610

Signature



APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
Plot No. 3, Block No. 34, Pusa Road,
WEA, Karol Bagh, New Delhi-110005

Ph.: 011-49407700, 8448702877
www.apollospectra.com

Registered Address

#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

यूनियन बँक
of India
Union Bank
of India



नाम : अमोल भासीन
Name: Anmol Bhasin
कर्मचारी क्र / Employee No. 679579
जन्म तिथि / Birth Date : 14.01.1988
रक्त समूह / Blood Group : A-ve

स्थान / Signature
जारी करने का स्थान : क्षेत्रीय कार्यालय दिल्ली (एम)
Place of Issue : RO Delhi (North)
जारी करने की तिथि : 28 जुलाई 2022
Date of Issue : 28.07.2022

जारी करने वाले अधिकारी / Issuing Authority



भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No 1104/50103/01629

To,
अनमोल बशीन
Anmol Bhasin
S/O Surender Kumar Bhasin
DA-162, SHEESH MAHAL APARTMENTS
SHALIMAR BAGH
Shalimar Bagh North West Delhi
Delhi 110088

Ref: 40 / 09B / 78833 / 79800 / P



UE034587262IN



आपका आधार क्रमांक / Your Aadhaar No. :

7939 4146 8435

आधार - आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA



अनमोल बशीन
Anmol Bhasin
जन्म वर्ष / Year of Birth : 1989
पुरुष / Male



7939 4146 8435

आधार - आम आदमी का अधिकार

Anmol

Patient Name : Mr.ANMOL BHASIN
Age/Gender : 35 Y 2 M 9 D/M
UHID/MR No : CAOP.0000000079
Visit ID : CAOPOPV84
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 679579

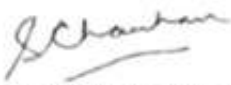
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Received : 23/Mar/2024 11:23AM
Reported : 23/Mar/2024 11:35AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic .
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation

Page 1 of 12


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



SIN No:BED240079365


Patient Name : Mr.ANMOL BHASIN
Age/Gender : 35 Y 2 M 9 D/M
UHID/MR No : CAOP.0000000079
Visit ID : CAOPOPV84
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 679579

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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	13.2	g/dL	13-17	Spectrophotometer
PCV	40.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.76	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3245	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1925	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	110	Cells/cu.mm	20-500	Calculated
MONOCYTES	220	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
PLATELET COUNT	194000	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				

Page 2 of 12


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



SIN No: BED240079365

Patient Name : Mr.ANMOL BHASIN
 Age/Gender : 35 Y 2 M 9 D/M
 UHID/MR No : CAOP.0000000079
 Visit ID : CAOPOPV84
 Ref Doctor : Dr.SELF
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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	A			Gel agglutination
Rh TYPE	NEGATIVE			Gel agglutination
Result Rechecked				



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



SIN No: BED240079365

Patient Name : Mr.ANMOL BHASIN
 Age/Gender : 35 Y 2 M 9 D/M
 UHID/MR No : CAOP.0000000079
 Visit ID : CAOPOPV84
 Ref Doctor : Dr.SELF
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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	85	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.




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

SIN No: PLF02131364

Patient Name : Mr.ANMOL BHASIN
 Age/Gender : 35 Y 2 M 9 D/M
 UHID/MR No : CAOP.0000000079
 Visit ID : CAOPOPV84
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 679579

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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. Tanish Mandal
 M.B.B.S, M.D(Pathology)
 Consultant Pathologist
 SIN No: EDT240036334

TOUCHING LIVES
 Patient Name : Mr.ANMOL BHASIN
 Age/Gender : 35 Y 2 M 9 D/M
 UHID/MR No : CAOP.0000000079
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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	254	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	171	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	207	mg/dL	<130	Calculated
LDL CHOLESTEROL	172.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.40		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.20		<0.11	Calculated

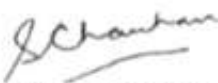
Comment:

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.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse


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



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DEPARTMENT OF BIOCHEMISTRY

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

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 7 of 12



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



SIN No:SE04672469

TOUCHING LIVES
 Patient Name : Mr.ANMOL BHASIN
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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	0.50	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	78	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	84.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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



Dr. Shivangi Chauhan
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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	0.94	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	30.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	3.5-8.5	Uricase
CALCIUM	9.10	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated




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

SIN No: SE04672469

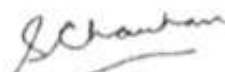
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPETIDASE (GGT) , SERUM	47.00	U/L	15-73	Glycylglycine Nitoranalide




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DEPARTMENT OF IMMUNOLOGY
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Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.19	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.94	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.100	µIU/mL	0.34-5.60	CLIA


Comment:

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

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

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




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Patient Name : Mr.ANMOL BHASIN
 Age/Gender : 35 Y 2 M 9 D/M
 UHID/MR No : CAOP.0000000079
 Visit ID : CAOPOPV84
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 679579


Collected : 23/Mar/2024 09:12AM
 Received : 23/Mar/2024 11:15AM
 Reported : 23/Mar/2024 11:35AM
 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	1.015		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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***




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