

ID 0000000111	Height 159.3cm	Age 33	Gender Female	Test Date / Time 29.03.2024. 09:50
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## Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	30.7 (27.2~33.2)	30.7	39.5 (34.8~42.6)	41.9 (36.9~45.1)	67.4 (45.3~61.3)
Protein (kg)	8.3 (7.3~8.9)	non-osseous			
Minerals (kg)	2.90 (2.51~3.07)				
Body Fat Mass (kg)	25.5 (10.7~17.1)				

## Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %		
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %		
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		

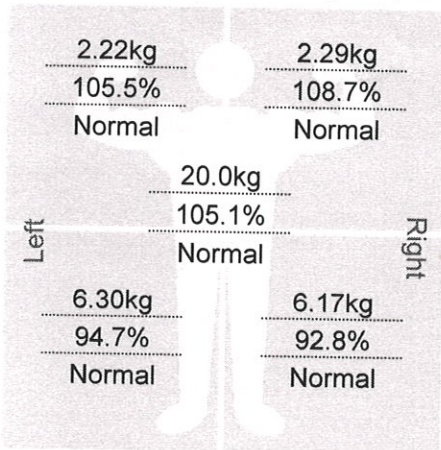
67.4  
23.0  
25.5

## Obesity Analysis

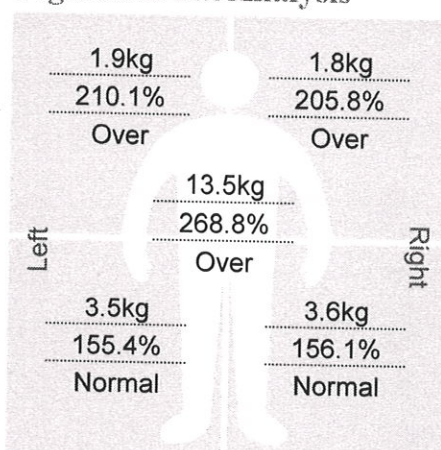
	Under	Normal	Over
BMI (kg/m <sup>2</sup> )	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0		

26.6  
37.8

## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

	29.03.24. 09:50
Weight (kg)	67.4
SMM (kg)	23.0
PBF (%)	37.8

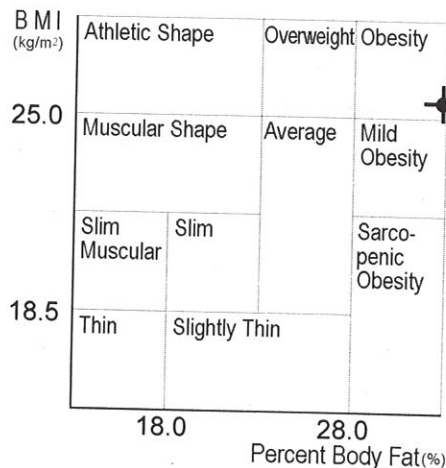
Recent  Total

## InBody Score

68/100 Points

\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

## Body Type



## Weight Control

Target Weight	54.4 kg
Weight Control	- 13.0 kg
Fat Control	- 13.0 kg
Muscle Control	0.0 kg

## Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over

PBF  Normal  Slightly Over  Over

## Body Balance Evaluation

Upper  Balanced  Slightly Unbalanced  Extremely Unbalanced

Lower  Balanced  Slightly Unbalanced  Extremely Unbalanced

Upper-Lower  Balanced  Slightly Unbalanced  Extremely Unbalanced

## Research Parameters

Basal Metabolic Rate	1275 kcal ( 1379~1603 )
Waist-Hip Ratio	0.97 ( 0.75~0.85 )
Visceral Fat Level	13 ( 1~9 )
Obesity Degree	126 % ( 90~110 )
Bone Mineral Content	2.40 kg ( 2.07~2.53 )
SMI	6.7 kg/m <sup>2</sup>
Recommended calorie intake	1628 kcal

## Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	382.1	396.8	28.2	339.1	318.9
50 kHz	348.3	361.6	26.0	298.7	284.2
250 kHz	311.8	326.1	22.1	265.3	253.0

Patient Name	: Mr.JAWARHAR LAL GOGIA	Collected	: 29/Mar/2024 08:59AM
Age/Gender	: 49 Y 7 M 14 D/M	Received	: 29/Mar/2024 11:02AM
UHID/MR No	: CAOP.000000106	Reported	: 29/Mar/2024 12:25PM
Visit ID	: CAOPPV120	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 781368		

**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




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**Apollo Health and Lifestyle Limited**

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.3	g/dL	13-17	Spectrophotometer
PCV	<b>38.10</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.48</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	<b>34.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5005	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2310	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	154	Cells/cu.mm	20-500	Calculated
MONOCYTES	231	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.17		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	278000	cells/cu.mm	150000-410000	Electrical impedance
<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 ANNUAL PLUS ABOVE 50Y 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	AB			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




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Patient Name : Mr.JAWARHAR LAL GOGIA	Collected : 29/Mar/2024 12:50PM
Age/Gender : 49 Y 7 M 14 D/M	Received : 29/Mar/2024 03:18PM
UHID/MR No : CAOP.0000000106	Reported : 29/Mar/2024 03:48PM
Visit ID : CAOPOPV120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	154	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.

  
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Patient Name : Mr.JAWARHAR LAL GOGIA	Collected : 29/Mar/2024 08:59AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated

flag 40

**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 5 of 14



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	83	mg/dL	<150	
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>149</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>132.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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

  
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Patient Name	: Mr.JAWARHAR LAL GOGIA	Collected	: 29/Mar/2024 08:59AM <i>Expertise. Empowering you.</i>
Age/Gender	: 49 Y 7 M 14 D/M	Received	: 29/Mar/2024 12:58PM
UHID/MR No	: CAOP.000000106	Reported	: 29/Mar/2024 01:50PM
Visit ID	: CAOPOPV120	Status	: Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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).



  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	26	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	81.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	<b>3.80</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.03		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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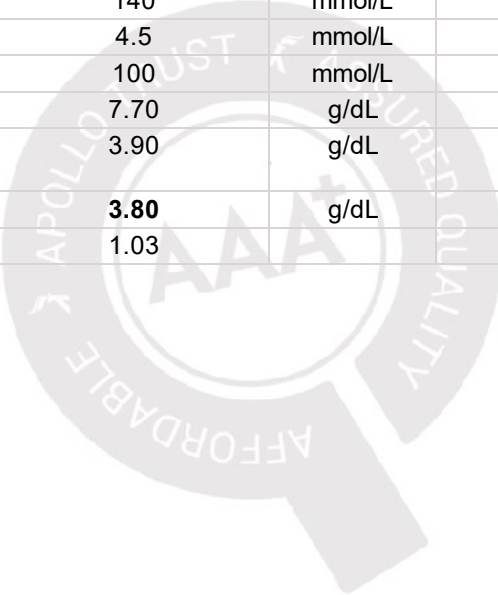


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	0.74	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	30.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	<b>3.80</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.03		0.9-2.0	Calculated




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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	16-73	Glycylglycine Kinetic method




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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	1.11	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.03	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.550	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



**Dr. Tanish Mandal**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**





Patient Name : Mr.JAWARHAR LAL GOGIA	Collected : 29/Mar/2024 08:59AM
Age/Gender : 49 Y 7 M 14 D/M	Received : 29/Mar/2024 02:54PM
UHID/MR No : CAOP.0000000106	Reported : 29/Mar/2024 03:45PM
Visit ID : CAOPOPV120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 781368	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.800	ng/mL	0-4	CLIA




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

**Apollo Health and Lifestyle Limited**

SIN No: SPL24058709

Lab Address  
2C/14, New Rohtak Rd, Block 66a, Karol Bagh, New Delhi-110005

Registered Office

(CIN-U85110TG2000PLC115819)

Regd. Office: 7-1-617/A, 615 and 616, IMPERIAL TOWERS 7th Floor, Ameerpet  
Hyderabad, Telangana State 500038

Email ID: [customer.care@apollodiagnosics.in](mailto:customer.care@apollodiagnosics.in)

T: 040 44442424

Patient Name : Mr.JAWARHAR LAL GOGIA	Collected : 29/Mar/2024 08:59AM
Age/Gender : 49 Y 7 M 14 D/M	Received : 29/Mar/2024 11:25AM
UHID/MR No : CAOP.0000000106	Reported : 29/Mar/2024 12:51PM
Visit ID : CAOPOPV120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 781368	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	3-4	/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



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



Patient Name : Mr.JAWARHAR LAL GOGIA	Collected : 29/Mar/2024 08:59AM
Age/Gender : 49 Y 7 M 14 D/M	Received : 29/Mar/2024 11:25AM
UHID/MR No : CAOP.0000000106	Reported : 29/Mar/2024 12:50PM
Visit ID : CAOPOPV120	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 781368	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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 \*\*\***




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



<b>Patient Name</b>	: Mr. Jawarhar Lal Gogia	<b>Age/Gender</b>	: 49 Y/M
<b>UHID/MR No.</b>	: CAOP.0000000106	<b>OP Visit No</b>	: CAOPOPV120
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 30-03-2024 09:30
<b>LRN#</b>	: RAD2285933	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 781368		

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**DEPARTMENT OF RADIOLOGY**

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**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. KAWAL DEEP DHAM**  
**MBBS, DMRD**  
Radiology





<b>Patient Name</b>	: Mr. Jawarhar Lal Gogia	<b>Age/Gender</b>	: 49 Y/M
<b>UHID/MR No.</b>	: CAOP.0000000106	<b>OP Visit No</b>	: CAOPOPV120
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-03-2024 16:30
<b>LRN#</b>	: RAD2285933	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 781368		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver is normal in size and shows diffuse increase in echotexture suggestive of Grade I fatty infiltration.** No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

**Gall bladder** does not show any evidence of cholecystitis or cholelithiasis.

**CBD** is not dilated.

**Portal vein** is normal in caliber.

**Both kidneys** are of normal size (RK 10.5x5.1cm, LK 11.6x5.5cm), shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

**Spleen** is normal in size and echotexture.

**Pancreas** does not show any pathology.

No free fluid seen in the peritoneal cavity.

**Urinary bladder** is distended and shows no mural or intraluminal pathology.

**Prostate** is normal in size and shape. No focal lesion is seen.

*Please correlate clinically*

**Dr. KAWAL DEEP DHAM**  
MBBS, DMRD  
Radiology

**Eye Checkup**

**NAME:-** MR. JAWAHAR Lal Gogia

**Age:-** 49

**Date:** 29/3/24

**SELF / CORPORATE:-**

	Right Eye	Left Eye
Distant Vision	-1.00 / -2.75 x 85°	-3.00 x 110°
Near vision	B. E +1.00 ADD	B. E +1.00 ADD
Color vision	OK	OK
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Signature



**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

## CERTIFICATE OF MEDICAL FITNESS

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

Mr. Jawahar Lal Agrawal 30/12/24

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
It Wit Restrictions Recommendations	
<p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Physician consultation for fatty liver and</u></p> <p>2. <u>lifestyle modifications for high BP. suggest</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> <p>Unfit</p>	

Height: 159.3 cm  
 Weight: 87.94  
 Blood Pressure: 115/83 mm

D. Dadheech  
 Dr. Dipri Dadheech  
 Medical Officer

This certificate is not meant for medico-legal purposes

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29/03/24

Mr. Jawad Khan Qadri

Height: 159.3 C	Weight: 87.9 kg	BMI: <del>26.6</del> 26.6	Waist Circum:
Temp:	Pulse: 80/m	Resp: 20/m	B.P: 115/83

General Examination / Allergies  
History

NOT a K/CLi - HTN / DM  
NO Allergies /  
NO addictions.

Clinical Diagnosis & Management Plan

Adv  
- Diet modification

D. Dadhech

Dr. Dipri Dadhech

Follow up date:

Doctor Signature



# APOLLO DENTAL



NAME: - Mrs. Jawahar Lal Gogia  
AGE: - 49  
GENDER: - male

Pt. Comes for Dental regular check up.

M/H -

D/H -

O/E - Rootstamp  $\frac{6}{5,6}$  8

Calculus ++, Stain ++

Grms  $\frac{5/1}{7}$

Adv - Scaling, Extraction with

$\frac{6/8}{5/6}$

RCT  $\frac{5/1}{7}$

Replantation  $\frac{5/8}{7}$

OPG (Digital X-ray)

Dr. Ishita Agrawal

  
Signature: -

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[www.apolloclinic.com](http://www.apolloclinic.com)

Mr. Jawahar Lal Gogia  
M 49 years.

ENT: (N) AD  
Normal



TM (N) (N)  
Perc + +  
 Weber ← →

Chest: clear

Ad  
NO medication

Damp  
29.3.2024

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

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

Apollo Spectra Hospitals  
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