

यूनियन बैंक Union Bank
of India



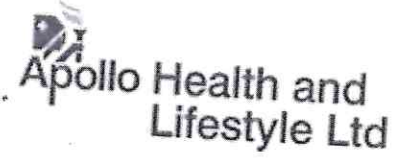
नाम : श्री निवास जायसवाल
Name : Shri Niwas Jaiswal
इसवी सं. / Employee No. : 758987
जन्म तिथि / Birth Date : 22-02-1978
रक्त ग्रुप / Blood Group : A+ve

हस्ताक्षर / Signature
क्षेत्रीय कार्यालय दिल्ली (उत्तर)
Place of Issue : RO Delhi (North)
कार्ड जारी की तारीख : 04/दिसंबर/२०१९
Date of Issue : 05-11-2019

आरीकर्म अधिकारी / Issuing Authority

FO Cradle

From: noreply@apolloclinics.info
Sent: 21 March 2024 18:33
To: sonu11105@gmail.com
Cc: fo.indira@apollocradle.com
Subject: Your appointment is confirmed



Dear SHRI NIWAS JAISWAL,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at Apollo Cradle & Children's Hospital Indirapuram clinic on 2024-03-23 at 08:00-08:30.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - GHAZIABAD
GHAZIABAD,, GHAZIABAD,, Uttar
Pradesh, - 0

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

40-50 Male

Shri/Smt./Kum. JAISWAL,SHRI NIWAS

P.F. No. 758987

Designation : HEAD CASHIER II CUM CLERK

Checkup for Financial Year 2023-2024 **Approved Charges Rs. 3500.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

MER- MEDICAL EXAMINATION REPORT



Date of Examination	23/3/24		
NAME:	Mri- Shrinivas Jayswal		
UHID:	14310		
AGE/ Gender	46y1m	BMI:	32.4 kg/m ²
HEIGHT(cm)	150 163 CM	WEIGHT (kg)	86 kg.
TEMP:	96.8 F	PULSE:	80 b/m
B.P:	150/80	RESP:	20 b/m
ECG:	Normal		
X Ray:	Normal		
Vision Checkup	Attained		
Present Ailments	No		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Fit		
Pathology Finding	None Significant		
Dr. SHAILENDRA KUMAR, (Physician) M.B.B.S. Regd. No. DMC-12232 Apollo Cradle and Children's Hospital NH-1, Shakti Khand-2, Indirapuram, Ghaziabad; Uttar Pradesh-201014			

Signature with Stamp of Medical Examiner

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh – 201014.
 Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.
 Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

Male
Years 46 y.
Req. No. :

Diagnosis Information:
Sinus Rhythm
Normal ECG

HR : 80 bpm
P : 86 ms
PR : 120 ms
QRS : 91 ms
QT/QTcBz : 355/410 ms
P/QRS/T : 30/43/47 °
RV5/SV1 : 0.809/0.702 mV

Report Confirmed by:



Vision (To be checked by eye specialist):

General Eye examination: Mr. Shri. Nishant Jain wal
UHID RIND.14310

		Rt	Lt	Colour Vision (Pls V Mark Applicable)
Visual Acuity	Distance	G/6	G/6	Normal Colour vision
	Near	N.P.	N.P.	Total colour deficiency
Corrected Vision	Distance			Partial Colour Deficiency
	Near			If partial - pl. mention
Power of lens.	Spherical			
	Cylindrical			
	Axis			

Add: +1.00 DS (BE)

	Yes	No
Squint		<input checked="" type="checkbox"/>
Nystagmus Night		<input checked="" type="checkbox"/>
Blindness		<input checked="" type="checkbox"/>
Any other eye disease		<input checked="" type="checkbox"/>

If yes pl. give details _____

(Signature)

Signature of Ophthalmologist

NAMRATA MAHESHWARI
D.Orthopt, B.Opt, C.C.L.P., F.C.L.I.
Consultant Optometrist
Contact Lens & Pediatric Specialist

Address: NH-1, Shakti Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh 201014

Ph No: +91 88106 85179, 1860 500 4424

Patient Name : Mr. SHRI NIWAS JAISWAL

Age/Gender : 46 Y/M

UHID/MR No. : RIND.0000014310

OP Visit No : RINDOPV9116

Sample Collected on :

Reported on : 26-03-2024 17:32

LRN# : RAD2279216

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : EMP ID 758987

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name : Mr.SHRI NIWAS JAISWAL
Age/Gender : 46 Y 1 M 1 D/M
UHID/MR No : RIND.0000014310
Visit ID : RINDOPV9116
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : EMP ID 758987

Collected : 23/Mar/2024 10:43AM
Received : 23/Mar/2024 04:39PM
Reported : 23/Mar/2024 05:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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



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

SIN No:BED240080268



Patient Name	: Mr.SHRI NIWAS JAISWAL	Collected	: 23/Mar/2024 10:43AM
Age/Gender	: 46 Y 1 M 1 D/M	Received	: 23/Mar/2024 04:39PM
UHID/MR No	: RIND.0000014310	Reported	: 23/Mar/2024 05:58PM
Visit ID	: RINDOPV9116	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 758987		

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	14.1	g/dL	13-17	Spectrophotometer
PCV	40.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.35	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93	fL	83-101	Calculated
MCH	32.3	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53	%	40-80	Electrical Impedence
LYMPHOCYTES	40	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3392	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2560	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	64	Cells/cu.mm	20-500	Calculated
MONOCYTES	384	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.33		0.78- 3.53	Calculated
PLATELET COUNT	112000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



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



Patient Name : Mr.SHRI NIWAS JAISWAL	Collected : 23/Mar/2024 10:43AM
Age/Gender : 46 Y 1 M 1 D/M	Received : 23/Mar/2024 04:39PM
UHID/MR No : RIND.0000014310	Reported : 24/Mar/2024 01:36PM
Visit ID : RINDOPV9116	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 758987	

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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




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

SIN No: BED240080268

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient Name	: Mr.SHRI NIWAS JAISWAL	Collected	: 23/Mar/2024 10:43AM
Age/Gender	: 46 Y 1 M 1 D/M	Received	: 23/Mar/2024 07:33PM
UHID/MR No	: RIND.0000014310	Reported	: 23/Mar/2024 09:46PM
Visit ID	: RINDOPV9116	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 758987		

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	94	mg/dL	70-100	GOD - POD

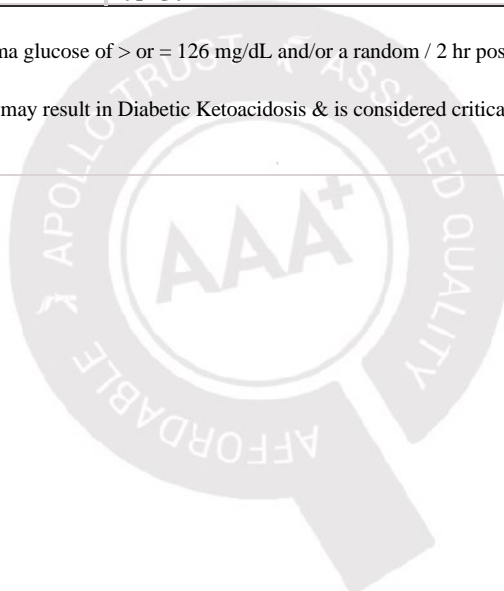
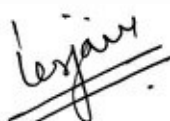
Comment:

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.

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



Patient Name	: Mr.SHRI NIWAS JAISWAL	Collected	: 23/Mar/2024 07:48PM
Age/Gender	: 46 Y 1 M 1 D/M	Received	: 23/Mar/2024 11:07PM
UHID/MR No	: RIND.0000014310	Reported	: 24/Mar/2024 12:35AM
Visit ID	: RINDOPV9116	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 758987		

DEPARTMENT OF BIOCHEMISTRY

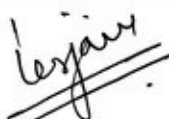
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	145	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.

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

SIN No: PLP1436830

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient Name : Mr.SHRI NIWAS JAISWAL	Collected : 23/Mar/2024 10:43AM
Age/Gender : 46 Y 1 M 1 D/M	Received : 23/Mar/2024 03:40PM
UHID/MR No : RIND.0000014310	Reported : 23/Mar/2024 07:21PM
Visit ID : RINDOPV9116	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 758987	

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)

Page 6 of 13



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

SIN No:EDT240036888



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



Patient Name : Mr.SHRI NIWAS JAISWAL	Collected : 23/Mar/2024 10:43AM
Age/Gender : 46 Y 1 M 1 D/M	Received : 23/Mar/2024 02:59PM
UHID/MR No : RIND.0000014310	Reported : 23/Mar/2024 06:17PM
Visit ID : RINDOPV9116	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 758987	

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	234	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	87	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	181	mg/dL	<130	Calculated
LDL CHOLESTEROL	163.93	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.39	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.45		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

Kindly correlate clinically.

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.

Page 7 of 13



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



SIN No:SE04673401

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

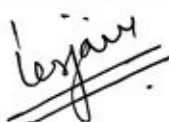
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

Patient Name	: Mr.SHRI NIWAS JAISWAL	Collected	: 23/Mar/2024 10:43AM
Age/Gender	: 46 Y 1 M 1 D/M	Received	: 23/Mar/2024 02:59PM
UHID/MR No	: RIND.0000014310	Reported	: 23/Mar/2024 06:17PM
Visit ID	: RINDOPV9116	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 758987		

DEPARTMENT OF BIOCHEMISTRY

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

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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



SIN No: SE04673401

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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Patient Name : Mr.SHRI NIWAS JAISWAL	Collected : 23/Mar/2024 10:43AM
Age/Gender : 46 Y 1 M 1 D/M	Received : 23/Mar/2024 02:59PM
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Visit ID : RINDOPV9116	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.46	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45.48	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.2	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	68.74	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	5.88	g/dL	6.3-8.2	Biuret
ALBUMIN	4.31	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	1.57	g/dL	2.0-3.5	Calculated
A/G RATIO	2.75		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.



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



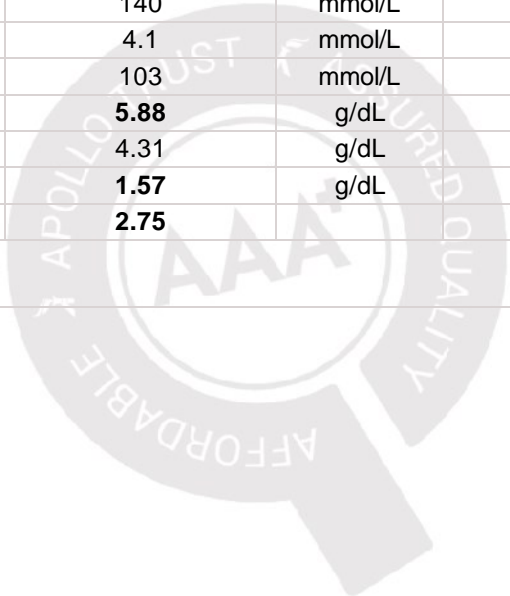
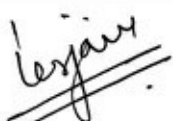
Patient Name	: Mr.SHRI NIWAS JAISWAL	Collected	: 23/Mar/2024 10:43AM
Age/Gender	: 46 Y 1 M 1 D/M	Received	: 23/Mar/2024 02:59PM
UHID/MR No	: RIND.0000014310	Reported	: 23/Mar/2024 08:10PM
Visit ID	: RINDOPV9116	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 758987		

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	0.91	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	16.98	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.99	mg/dL	3.5-7.2	Uricase
CALCIUM	10.15	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.91	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	5.88	g/dL	6.3-8.2	Biuret
ALBUMIN	4.31	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	1.57	g/dL	2.0-3.5	Calculated
A/G RATIO	2.75		0.9-2.0	Calculated

Kindly correlate clinically.

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



Patient Name	: Mr.SHRI NIWAS JAISWAL	Collected	: 23/Mar/2024 10:43AM
Age/Gender	: 46 Y 1 M 1 D/M	Received	: 23/Mar/2024 02:59PM
UHID/MR No	: RIND.0000014310	Reported	: 23/Mar/2024 06:17PM
Visit ID	: RINDOPV9116	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 758987		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.80	U/L	15-73	Glycylglycine Nitoranalide




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

SIN No: SE04673401

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient Name	: Mr.SHRI NIWAS JAISWAL	Collected	: 23/Mar/2024 10:43AM
Age/Gender	: 46 Y 1 M 1 D/M	Received	: 23/Mar/2024 03:37PM
UHID/MR No	: RIND.0000014310	Reported	: 23/Mar/2024 05:28PM
Visit ID	: RINDOPV9116	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 758987		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.39	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.46	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.530	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
SIN No: SPL24053923



Patient Name : Mr.SHRI NIWAS JAISWAL	Collected : 23/Mar/2024 10:43AM
Age/Gender : 46 Y 1 M 1 D/M	Received : 23/Mar/2024 11:44PM
UHID/MR No : RIND.0000014310	Reported : 24/Mar/2024 06:45AM
Visit ID : RINDOPV9116	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 758987	

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	1.020		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Page 13 of 13



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

SIN No: UR2314589

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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