

Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 12:59PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240087286



Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 12:59PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.7	g/dL	13-17	Spectrophotometer
PCV	40.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.98	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>81</b>	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2679	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1692	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	47	Cells/cu.mm	20-500	Calculated
MONOCYTES	282	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	211000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>29</b>	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs are normocytic normochromic.

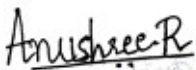
WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

Page 2 of 14



Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240087286



**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru

Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 12:59PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240087286



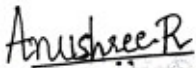
Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
 Received : 29/Mar/2024 10:39AM  
 Reported : 29/Mar/2024 12:59PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist

SIN No:BED240087286



Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
 Received : 29/Mar/2024 10:39AM  
 Reported : 29/Mar/2024 11:45AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	GOD - POD

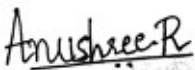
**Comment:**

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. Anushree R  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist

SIN No:PLF02136957



Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 12:49PM  
 Received : 29/Mar/2024 01:19PM  
 Reported : 29/Mar/2024 01:37PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

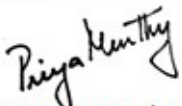
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	104	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 Priya Murthy  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist

SIN No:PLP1440039







Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 04:29PM  
Reported : 29/Mar/2024 05:34PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated


**Comment:**

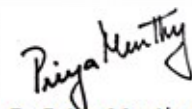
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)

  
Govinda Raju N L  
MSc, MPhil, (Phd)  
Consultant Biochemist

  
Dr Priya Murthy  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



SIN No:EDT240040504

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru

Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 11:45AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	117	mg/dL	<150	
HDL CHOLESTEROL	<b>39</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	96.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.08		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.12</b>		<0.11	Calculated

Result Rechecked

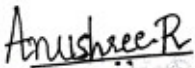
**Comment:**

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.



Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:SE04680691



Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 11:45AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

- 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).

*Anushree R*

Dr. Anushree R  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:SE04680691



Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 11:45AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	85.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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:**

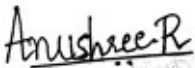
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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. Anushree R  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:SE04680691



Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 11:45AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.93	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	20.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.20</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated
Result Rechecked				

*Anushree R*

Dr. Anushree R  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:SE04680691



Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 11:45AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

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

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04680691





Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 01:21PM  
Reported : 29/Mar/2024 02:34PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.7	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.045	µIU/mL	0.34-5.60	CLIA

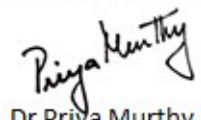
**Comment:**

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

  
Govinda Raju N L  
MSc, MPhil, (Phd)  
Consultant Biochemist

  
Dr Priya Murthy  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



SIN No: SPL24059135

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru



Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 11:51AM  
Reported : 29/Mar/2024 12:13PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

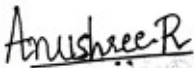
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<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	1.015		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	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY

\*\*\* End Of Report \*\*\*

Page 14 of 14



Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2320122



**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel,  
Koramangala, Bengaluru

यूनियन बैंक Union Bank  
of India



नाम : मनु कोशिक

Name : MANU KAUSHIK

कर्मचारी क्र./Employee No. : 561329

जन्म तिथि/Birth Date : 04.08.1988

रक्त ग्रुप/Blood Group : B+

हस्ताक्षर/Signature : *Manu*

स्थान/Place : Regional Office Lucknow

जारी करने की तारीख/Date : 01.01.2021

जारीकर्ता प्राधिकारी/ Issuing Authority

From: vaibhav@apollospectra.com  
Subject: FW: Required Health Check Appointment Apollo Spectra - Koramangala  
To: 'ApolloSpectraHospital' <lo.km@apollospectra.com>

n: vaibhav@apollospectra.com  
E: 28 March 2024 14:45  
To: Manu Kaushik <manukaushik@gmail.com>  
Subject: FW: Required Health Check Appointment Apollo Spectra - Koramangala

you please see if we can accommodate him tomorrow.  
discussed. Please note the following health checkup booking.

Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDE R	EMAIL	CONTRACT NO	Appointment Date	Appointment Time	CLINIC NAME	CLINIC STATE	CLINIC CITY	Booking Status	Status	Remarks
ARCOFEM/mediwheel 11/MALE/FEMALE	ARCOFEM - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOIE46 02	MANU KAUSHIK	35	year Male	manukaushik@gmail.com	913013203	28/03/2024	9:00 AM	Apollo Spectra - Koramangala	Bangalore	Karnataka	If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	Booking Pending	

so check if the agreement is active.

and  
hav Yadav

n: Aman Kumar <aman.k@apohiti.com>  
E: 28 March 2024 14:29  
To: Rajnish Sachdeva <rajnish.sachdeva@apohiti.com>; Vaibhav <vaibhav@apollospectra.com>  
Subject: FW: Required Appointment Apollo Spectra - Koramangala

for to our conversation please initiate this booking and let Rajnish know about this.  
to you !!

n: kumar  
Corporate Sales  
to Health and Lifestyle limited  
Naka Regional office  
M 999935094  
aman.k@apohiti.com

n: Rajnish Sachdeva <rajnish.sachdeva@apohiti.com>  
E: Thursday, March 28, 2024 2:49:07 PM  
To: Aman Kumar <aman.k@apohiti.com>; vaibhav@apollospectra.com  
Subject: FW: Required Appointment Apollo Spectra - Koramangala

r: Aman  
discussed. Please help in getting this appointment scheduled.  
is  
isn  
from my phone

n forwarded message:  
From: "Mediwell - New Delhi" <med@mediwell.in>  
Date: 28 March 2024 at 12:27:16 PM IST  
To: Rajnish Sachdeva <rajnish.sachdeva@apohiti.com>; deepak c <deepak.c@apohiti.com>  
Subject: Required Appointment Apollo Spectra - Koramangala

Dear Team  
As discussed. Please note the following health checkup booking.

S No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDE R	EMAIL	CONTRACT NO	Appointment Date	Appointment Time	CLINIC NAME	CLINIC STATE	CLINIC CITY	Booking Status	Status	Remarks
11	ARCOFEM/mediwheel 11/MALE/FEMALE	ARCOFEM - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOIE46 02	MANU KAUSHIK	35	year Male	manukaushik@gmail.com	913013203	28/03/2024	9:00 AM	Apollo Spectra - Koramangala	Bangalore	Karnataka	If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	Booking Pending	

Thanks & Regards  
Lav Gupta  
Mediwell  
The Mediwell  
Arcofem Health Care Ltd. | F-703 A, Lado Sarai, Mehrauli | New Delhi - 110 029  
M: 8800465156 Email: [av@mediwell.in](mailto:av@mediwell.in) | Web: [www.mediwell.in](http://www.mediwell.in)

561328

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

## Employee Request for Health Checkup at Tie-up Centre/Clinic

Employee Id 561329

Name KAUSHIK,MANU

Date of Birth

04/08/1988

Gender Male

Designation Senior Manager

Grade SCALE 3 OFFICER

Department RD - LUCKNOW

Location ZAO LUCKNOW

I wish to undergo

Health Checkup at

M/S Mediwheel

under tie up arrangement with our bank for the Financial Year

2023-2024

The health checkup charges payable to above Centre as per bank's agreement with them is Rs.

2200.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

\*\*As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Submit

Date of Request 22/03/2024

Status of the application Sanctioned

Approve

Decline

Approved by:

375811

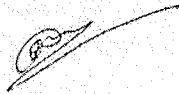
Date 22/03/2024

Remarks, if declined

Approved

Approver Name SAXENA,ANURADHA

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



Date : 29-03-24  
MRNO : 197036  
Name : Mr. Manu Kaushik  
Age / Gender : 35y/m.  
Mobile No :

Department :  
Consultant : DV-RAVI  
Reg. No : KMC106,43 0  
Qualification :  
Consultation Timing :

Pulse : 70 B/m	B.P. : 127/81 mmHg	Resp : 20 B/m	Temp : 97.2°F
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies  
History

Mix acid - 8.2

Su  
- Mix acid  
after 1 month.

Clinical Diagnosis & Management Plan

- Avoid non Veg.
- Brisk walking 30 min. daily

Pu

Follow up date:

Doctor Signature



# OPHTHAL REPORT

NAME: Manu Kaushik  
AGE: 35 GENDER: MALE / FEMALE

## RIGHT EYE

	SPH	CYL	AXIS	VA
DV		Plano		6/6
NV		—————		NC

## LEFT EYE

	SPH	CYL	AXIS	VA
DV		Plano		6/6
NV		—————		NC

REMARK: blue black lens

DATE: 29/08/24

chs  
OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

Pt. Name: MR. MANU KAUSHIK	Age/Sex: 35 Y/ M
Ref By: H C	Date: 29-03-2023

**X-RAY CHEST PA VIEW**

Both the lung parenchyma appears normal.  
Heart and mediastinum are unremarkable  
Trachea and main stem bronchi are unremarkable.  
Pulmonary vasculature is normal.  
Both the cardiophrenic and costophrenic angles are clear.  
Soft tissues and bony thorax are unremarkable.

---

**IMPRESSION: NORMAL STUDY.**

---

Please correlate clinically.

Thanks for reference.



**Dr. ABID HUSSAIN**  
**CONSULTANT RADIOLOGIST**

ID: 197036

29-03-2024 11:48:39

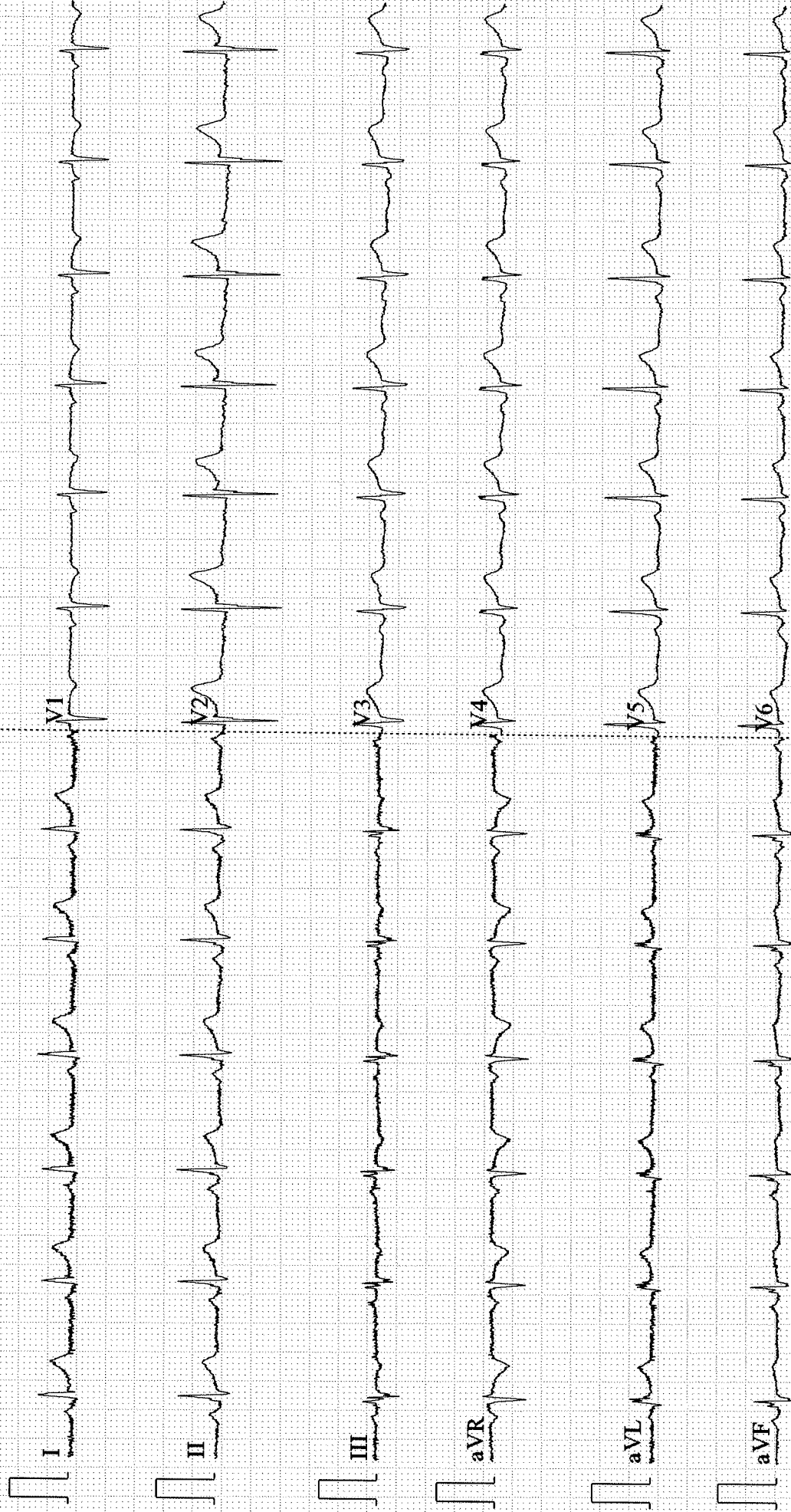
Mr Manu Kaushik  
Male 35Years  
Req. No. :

HR : 77 bpm  
P : 99 ms  
PR : 142 ms  
QRS : 82 ms  
QT/QTcBz : 349/397 ms  
P/QRS/T : 44/18/20 °  
RV5/SV1 : 0.943/0.646 mV

Diagnosis Information:  
Sinus Rhythm  
Larged PtfV1

BP - 120/86 mmHg

Report Confirmed by:





Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:39AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 12:59PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



### DEPARTMENT OF HAEMATOLOGY

#### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

Page 1 of 13

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240087286





Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:44AM  
 Received : 29/Mar/2024 10:39AM  
 Reported : 29/Mar/2024 12:59PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.7	g/dL	13-17	Spectrophotometer
PCV	40.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.98	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>81</b>	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2679	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1692	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	47	Cells/cu.mm	20-500	Calculated
MONOCYTES	282	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	211000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>29</b>	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

*Anushree R*

Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



STN No:BED240087286





Mr. Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 12:59PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240087286





Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:14AM  
 Received : 29/Mar/2024 10:39AM  
 Reported : 29/Mar/2024 12:59PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

*Anushree R*

Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist

SIN No:BED240087286





Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:14 AM  
 Received : 29/Mar/2024 10:39 AM  
 Reported : 29/Mar/2024 11:45 AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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.

*Anushree R*

Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



SIN No:PLF02136957



Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 12:49PM  
 Received : 29/Mar/2024 01:19PM  
 Reported : 29/Mar/2024 01:37PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

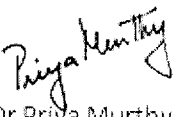
**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	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 Priya Murthy  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



SIN No:PLP1440039



Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:14 AM  
 Received : 29/Mar/2024 10:39 AM  
 Reported : 29/Mar/2024 11:45 AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	117	mg/dL	<150	
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	96.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.08		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<0.11	Calculated

Result Rechecked

**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.

*Anushree R*

Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



SIN No:SE04680691



Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:44 AM  
Received : 29/Mar/2024 10:39 AM  
Reported : 29/Mar/2024 11:45 AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

- 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).

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04680691



Mr. MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329

Collected : 29/Mar/2024 10:14AM  
 Received : 29/Mar/2024 10:39AM  
 Reported : 29/Mar/2024 11:45AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	85.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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.

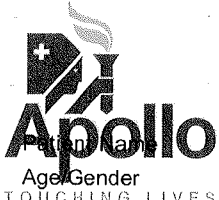
- 3. Synthetic function impairment:**
- Albumin- Liver disease reduces albumin levels.
  - Correlation with PT (Prothrombin Time) helps.

*Anushree R*

Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist







Mr. MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:14AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 11:45AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.93	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	20.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.20</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated

Result Rechecked

*Anushree R*

Dr. Anushree R  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04680691





Patient Name : Mr.MANU KAUSHIK  
Age/Gender : 35 Y 7 M 25 D/M  
UHID/MR No : SKOR.0000197036  
Visit ID : SKOROPV286010  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:44AM  
Received : 29/Mar/2024 10:39AM  
Reported : 29/Mar/2024 11:45AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

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

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04680691





Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:14 AM  
 Received : 29/Mar/2024 01:21 PM  
 Reported : 29/Mar/2024 02:34 PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.7	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	11.5	µg/dL	5.48-14.28	CLIA
Thyroid Stimulating Hormone (TSH)	2.045	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

Govinda Raju N L  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

Dr Priya Murthy  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist



SIN No: SPL24059135



Patient Name : Mr.MANU KAUSHIK  
 Age/Gender : 35 Y 7 M 25 D/M  
 UHID/MR No : SKOR.0000197036  
 Visit ID : SKOROPV286010  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 561329



Collected : 29/Mar/2024 10:11AM  
 Received : 29/Mar/2024 11:51AM  
 Reported : 29/Mar/2024 12:13PM  
 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
<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	1.015		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	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY

\*\*\* End Of Report \*\*\*

Result/s to Follow:  
 HBA1C (GLYCATED HEMOGLOBIN)

*Anushree R*

Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist

SIN No:UR2320122

