

Patient Name	: Mr.DEVESH MISHRA	Collected	: 09/Apr/2024 09:14AM
Age/Gender	: 39 Y 7 M 24 D/M	Received	: 09/Apr/2024 04:09PM
UHID/MR No	: CAUN.0000142202	Reported	: 09/Apr/2024 05:13PM
Visit ID	: CAUNOPV169569	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4900		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240097563

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.5	g/dL	13-17	Spectrophotometer
PCV	45.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.1	fL	83-101	Calculated
MCH	<b>32.4</b>	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,470	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	40	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>48.2</b>	%	20-40	Electrical Impedance
EOSINOPHILS	5.5	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2188	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2636.54	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	300.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	300.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.83		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	309000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	9	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's are Normocytic Normochromic**

**WBC's are normal in number and morphology**



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**DEPARTMENT OF HAEMATOLOGY**

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

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**No hemoparasite seen.**



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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE

**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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	125	mg/dL	70-140	HEXOKINASE

**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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

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

**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
  - HbF >25%
  - Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>271</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>259</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>52</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>219</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>167.41</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>51.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.24</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.34</b>		<0.11	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 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.

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**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).



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Certificate No: MC-5697

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27.92	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	59.45	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.96	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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 > 1In 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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**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	<b>0.69</b>	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>14.68</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.05	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.63	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.48</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.44	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.5	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.96	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	36.68	U/L	<55	IFCC



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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)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.870	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/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

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

Page 14 of 14



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2327797

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



**Patient Name** : Mr. DEVESH MISHRA

**Age/Gender** : 39 Y/M

**UHID/MR No.** : CAUN.0000142202

**OP Visit No** : CAUNOPV169569

**Sample Collected on** :

**Reported on** : 10-04-2024 14:00

**LRN#** : RAD2296701

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4900

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

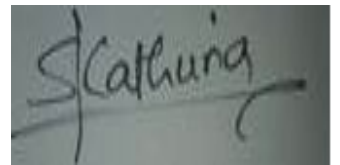
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

**COMMENT:** No significant abnormality seen.

Please correlate clinically.



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS, DMRE, RADIOLOGY**  
Radiology

Date : 09-04-2024  
MR NO : CAUN.0000142202

Department : GENERAL  
Doctor :

Name : Mr. DEVESH MISHRA

Registration No :

Age/ Gender : 39 Y / Male

Qualification :

Consultation Timing: 09:07

Height	172
Weight	73
BP	120/76
Pulse	76
Waist	87
Hip	93
BMI	
Consultation with Report	



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नाम : देवेश मिश्रा

Name : Devesh Mishra

कर्मचारी क्र. / Employee No. : 539745

जन्म तिथि / Birth Date : 16-08-1984

रक्त ग्रुप / Blood Group : A +ve

*Devesh*

जारी करने का स्थान हस्ताक्षर / Signature  
Place of Issue : FGMO, Ahmedabad (Guj.)

जारी करने की तारीख  
Date of Issue : 01-07-2018

*[Signature]*

जारीकर्ता प्राधिकारी / Issuing Authority

## Aundh Apolloclinic

---

**From:** noreply@apolloclinics.info  
**Sent:** 05 April 2024 02:20 PM  
**To:** devesh.dsdh@gmail.com  
**Cc:** Aundh Apolloclinic; Niraj B; Syamsunder M  
**Subject:** Your appointment is confirmed



**Dear DEVESH MISHRA,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-04-08** at **08:00-08:15**.

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

"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:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.