

Patient Name : Mrs.AMITA SUMAN	Collected : 09/Mar/2024 09:41AM <i>Expertise. Empowering you.</i>
Age/Gender : 52 Y 11 M 1 D/F	Received : 09/Mar/2024 10:16AM
UHID/MR No : CAOP.0000000008	Reported : 09/Mar/2024 11:28AM
Visit ID : CAOPOPV9	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse Gulshan 622781	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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




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

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.5</b>	g/dL	12-15	Spectrophotometer
PCV	<b>35.80</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>77</b>	fL	83-101	Calculated
MCH	<b>24.7</b>	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.9</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5166	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2460	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	246	Cells/cu.mm	20-500	Calculated
MONOCYTES	328	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.1		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	224000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




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Patient Name : Mrs.AMITA SUMAN	Collected : 09/Mar/2024 09:41AM
Age/Gender : 52 Y 11 M 1 D/F	Received : 09/Mar/2024 10:31AM
UHID/MR No : CAOP.0000000008	Reported : 09/Mar/2024 10:50AM
Visit ID : CAOPOPV9	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	219	mg/dL	70-100	GOD - POD

Please correlate clinically.

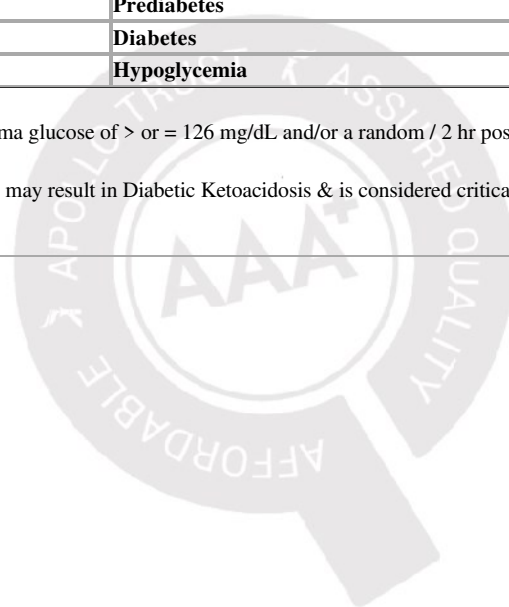
**Comment:**


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.



  
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Patient Name : Mrs.AMITA SUMAN	Collected : 09/Mar/2024 09:41AM
Age/Gender : 52 Y 11 M 1 D/F	Received : 09/Mar/2024 03:48PM
UHID/MR No : CAOP.0000000008	Reported : 09/Mar/2024 08:40PM
Visit ID : CAOPOPV9	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	229	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



**Dr Nidhi Sachdev**  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



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





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	170	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	105	mg/dL	<150	
HDL CHOLESTEROL	67	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.54		0-4.97	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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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)	20	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	70.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:


**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

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

  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.52	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>5.70</b>	mg/dL	3.0-5.5	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated
Please correlate clinically.				



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	16-73	Glycylglycine Kinetic method




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UHID/MR No : CAOP.0000000008	Reported : 09/Mar/2024 07:50PM
Visit ID : CAOPOPV9	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.57	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.25	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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M.B.B.S,MD(Pathology)  
Consultant Pathologist



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



Patient Name : Mrs.AMITA SUMAN	Collected : 09/Mar/2024 09:41AM
Age/Gender : 52 Y 11 M 1 D/F	Received : 09/Mar/2024 10:29AM
UHID/MR No : CAOP.0000000008	Reported : 09/Mar/2024 10:37AM
Visit ID : CAOPOPV9	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	1.025		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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



Patient Name : Mrs.AMITA SUMAN	Collected : 09/Mar/2024 01:46PM
Age/Gender : 52 Y 11 M 1 D/F	Received : 09/Mar/2024 10:41PM
UHID/MR No : CAOP.0000000008	Reported : 11/Mar/2024 06:52PM
Visit ID : CAOPOPV9	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse Gulshan 622781	

**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	L-335-24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Smear shows sheets of superficial and intermediate squamous cells.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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




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

**Apollo Health and Lifestyle Limited**

SIN No: CS076062

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

Registered Office

(CIN-U85110TG2000PLC115819)

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

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

T: 040 44442424

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Amrita Kumar 52yr/F on 11/3/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none"> <li>1. <u>RIv With Nephrologist for Renal Cortical cyst</u></li> <li>2. <u>Strict diabetic diet and regular sugar monitoring</u></li> <li>3. <u>Exercise and continue with medications as advised</u></li> </ol> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>6 months</u></p> <p><del>Currently Unfit.</del></p>	
<ul style="list-style-type: none"> <li>• Review after _____ recommended</li> <li>• Unfit</li> <li>• _____</li> </ul>	

Height : 151.8 cm  
 Weight : 74.8 kg  
 Blood Pressure : 152/78 mmHg

*D. D. Dadheech*

Dr. Dipri Dadheech  
 Medical Officer  
 The Apollo Clinic, Uppal

*This certificate is not meant for medico-legal purposes*





<b>Patient Name</b>	: Mrs. Amita Suman	<b>Age/Gender</b>	: 52 Y/F
<b>UHID/MR No.</b>	: CAOP.0000000008	<b>OP Visit No</b>	: CAOPOPV9
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 14-03-2024 12:44
<b>LRN#</b>	: RAD2261713	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: spouse Gulshan 622781		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

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

**CBD** is not dilated.

**Portal vein** is normal in caliber.

**Both kidneys** are of normal size (RK 10.1x 4.6cm, LK10.4x5.4 cm in length), shape and echopattern. No calculus, or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

**Renal cortical cyst of size 12mm is noted at mid pole of left kidney.**

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

**Pancreas** does not show any pathology.

No free fluid seen in the peritoneal cavity.

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

**Uterus** is anteverted, normal in size(5.6x3.8x4.1mm), shape and echopattern.

**Endometrium** echo is 8mm thick.

**Both the ovaries** appear normal in size, shape, and echopattern.

**Bilateral adnexae** are clear. No adnexal mass.

No free fluid or pelvic collection seen.

*Please correlate clinically.*

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

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

ID	Height	Age	Gender	Test Date / Time
0000000008	151.8cm	52	Female	09.03.2024. 11:54

## Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	28.5 (24.7~30.1)	28.5	36.5 (31.7~38.7)	38.7 (33.5~41.0)	74.8 (41.1~55.7)
Protein (kg)	7.5 (6.6~8.0)	non-osseous			
Minerals (kg)	2.67 (2.28~2.78)				
Body Fat Mass (kg)	36.1 (9.7~15.5)				

## Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %		
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %	20.7	
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		36.1

## Obesity Analysis

	Under	Normal	Over
BMI (kg/m <sup>2</sup> )	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		32.5
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0		48.3

## Segmental Lean Analysis

	Left	Right
Lean Mass (kg)	2.04kg	2.20kg
%	98.4%	106.3%
Evaluation	Normal	Normal
Lean Mass (kg)	18.6kg	18.1kg
%	100.5%	99.0%
Evaluation	Normal	Over
Lean Mass (kg)	5.67kg	5.70kg
%	87.3%	87.7%
Evaluation	Under	Under

## Segmental Fat Analysis

	Left	Right
Fat Mass (kg)	3.2kg	3.1kg
%	396.5%	382.1%
Evaluation	Over	Over
Fat Mass (kg)	18.1kg	18.1kg
%	397.0%	397.0%
Evaluation	Over	Over
Fat Mass (kg)	5.2kg	5.2kg
%	249.1%	252.1%
Evaluation	Over	Over

\* Segmental fat is estimated.

## Body Composition History

	Weight (kg)	SMM (kg)	PBF (%)
Recent	74.8	20.7	48.3
Total			

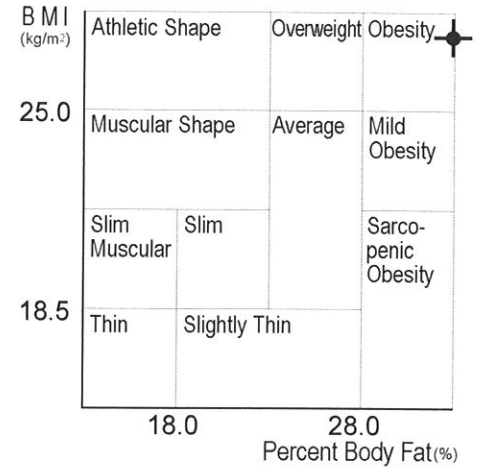
09.03.24. 11:54

## InBody Score

57 / 100 Points

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

## Body Type



## Weight Control

Target Weight	50.3 kg
Weight Control	- 24.5 kg
Fat Control	- 24.5 kg
Muscle Control	0.0 kg

## Obesity Evaluation

BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over

## Body Balance Evaluation

Upper	<input type="checkbox"/> Balanced <input checked="" type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Lower	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Upper-Lower	<input type="checkbox"/> Balanced <input checked="" type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced

## Research Parameters

Basal Metabolic Rate	1206 kcal ( 1490~1738 )
Waist-Hip Ratio	0.97 ( 0.75~0.85 )
Visceral Fat Level	19 ( 1~9 )
Obesity Degree	155 % ( 90~110 )
Bone Mineral Content	2.21 kg ( 1.88~2.30 )
SMI	6.8 kg/m <sup>2</sup>
Recommended calorie intake	1513 kcal

## Impedance

	RA	LA	TR	RL	LL
Z <sub>(Ω)</sub> 5 kHz	348.3	375.3	24.7	256.6	254.4
50 kHz	313.7	342.9	22.2	229.8	230.4
250 kHz	284.9	314.6	19.6	209.7	210.6

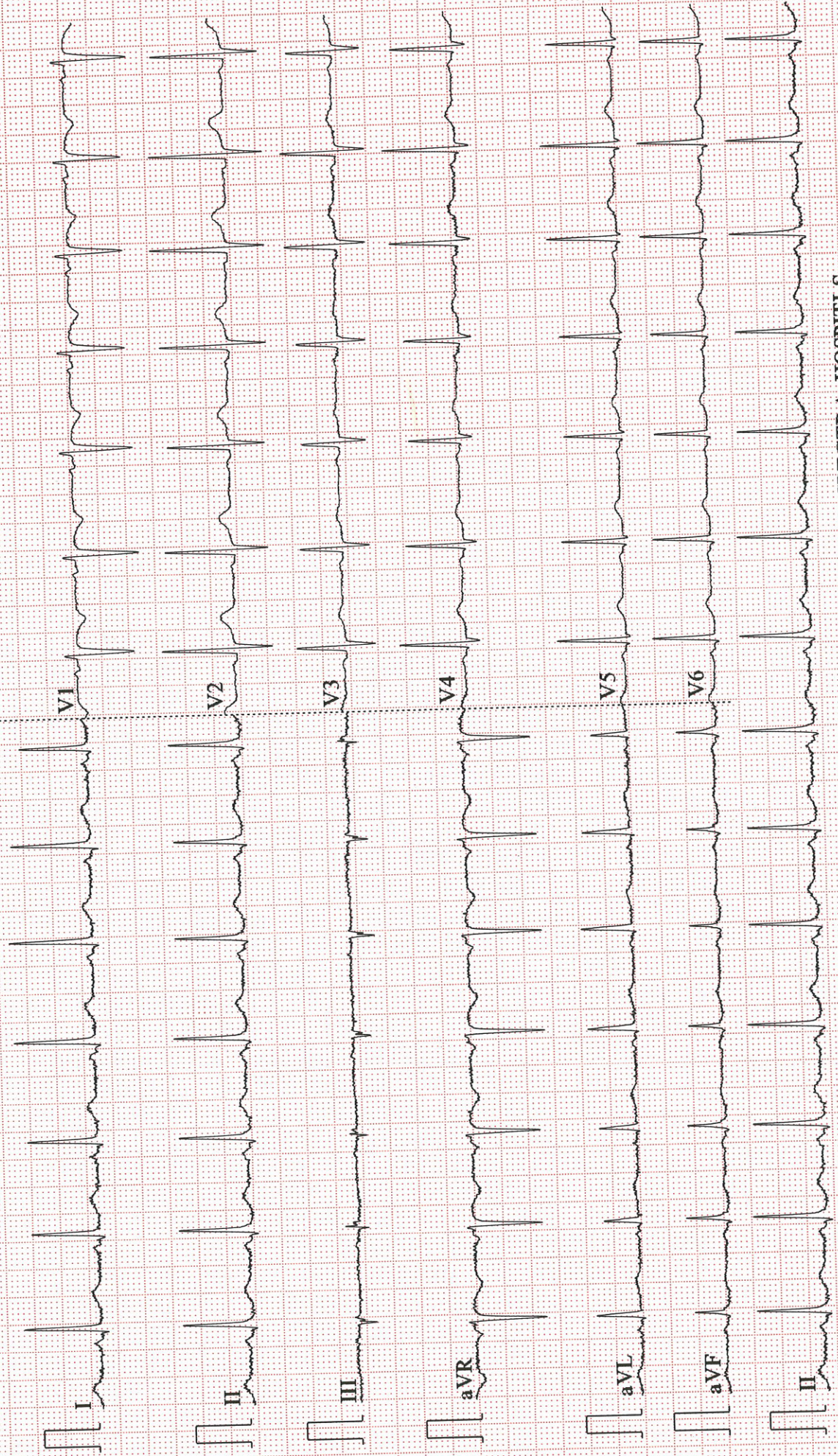


ID: 0000000008  
MRS AMITA SUMAN52  
Female 52Years  
Req. No. :

09-03-2024 12:05:51 PM  
HR : 85 bpm  
P : 93 ms  
PR : 132 ms  
QRS : 84 ms  
QT/QTcBz : 369/440 ms  
P/QRS/T : 46/20/18 °  
RV5/SV1 : 1.167/1.030 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:





# Apollo One

## Eye Checkup

NAME:- MRS. AMITA SUMAN

Age:- 52

Date: 9/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	+1.00 x 70'	+1.00 x 80'
Near vision	+2.25 N.V	+2.25 N.V
Color vision	OK	OK
Fundus examination	/	/
Intraocular pressure	/	/
Slit lamp exam	/	/



Signature

**Dr. Sanjiv Dang**

MBBS, MS (ENT)  
Ear, Nose & Throat Consultant  
DMC Regn. No. 9555  
Timing : 5.30 pm - 8.30 pm  
E : sanjivdang.mamc@gmail.com

For appointment please contact :  
011-40043300-07, 8448702877

Ms Anita Suman  
f 52 years.

L : ENT: Normal  
R : ENT: Normal



TM  
Rinne +  
Weber ←→  
Chest: clear

Adv

No medication.

Suman  
9.3.2024

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

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

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

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

**Registered Address**

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



9/03/24

Amika Suman 52 year

Pt w/ decayed teeth in lower right back region of jaw

M/N: - Diabetic since 17yrs

D/N: - RT done 4 yrs ago

O/E: - Decayed  $\frac{18}{8}$

Adv: Extraction  $\frac{18}{8}$  + LA. 4m

B.P - 152/78

PR - 92/HR

SpO2 - 94%

Hight - 151.8

Wt - 74.8 kg

Diabetic on OHA +  
insulin since 17yrs

BMI - ↑

explained abdomen  
& exercise.

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**यूनियन बँक ऑफ इंडिया**  
Union Bank of India



नाम : गुल्शन कुमार

Name : Gulshan Kumar

कर्मचारी नं./ Employee No. : 622781

जन्म तिथि/ Birth Date : 27-12-1966

रक्त ग्रुप/ Blood Group : O+ve

हस्ताक्षर / Signature

जारी करने का स्थान : क्षेत्रीय कार्यालय दिल्ली (केंद्र)

Place of issue : Ro Delhi (Central)

जारी करने की तिथि : 08/10/2020

Date of issue : 08/10/2020

जारी करने की शक्ति / Issuing Authority

Patient Name	: Mr.GULSHAN KUMAR	Collected	: 09/Mar/2024 09:29AM
Age/Gender	: 57 Y 2 M 13 D/M	Received	: 09/Mar/2024 10:16AM
UHID/MR No	: CAOP.0000000007	Reported	: 09/Mar/2024 11:02AM
Visit ID	: CAOPOPV8	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 622781		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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




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

Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 09:29AM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 622781	

**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>	13.9	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	67	%	40-80	Electrical Impedence
LYMPHOCYTES	25	%	20-40	Electrical Impedence
EOSINOPHILS	03	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4422	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1650	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	198	Cells/cu.mm	20-500	Calculated
MONOCYTES	330	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.68		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	235000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	06	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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



Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 09:29AM
Age/Gender : 57 Y 2 M 13 D/M	Received : 09/Mar/2024 10:16AM
UHID/MR No : CAOP.0000000007	Reported : 09/Mar/2024 11:36AM
Visit ID : CAOPOPV8	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 622781	

**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	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




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



Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 12:13PM
Age/Gender : 57 Y 2 M 13 D/M	Received : 09/Mar/2024 01:39PM
UHID/MR No : CAOP.0000000007	Reported : 09/Mar/2024 02:09PM
Visit ID : CAOPOPV8	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 622781	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>151</b>	mg/dL	70-100	GOD - POD

Please correlate with clinical and fasting details and other relevant investigations

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

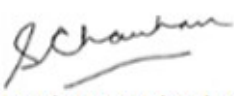
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>195</b>	mg/dL	70-140	GOD - POD

Please correlate clinically.

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



Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 09:29AM
Age/Gender : 57 Y 2 M 13 D/M	Received : 09/Mar/2024 03:48PM
UHID/MR No : CAOP.0000000007	Reported : 09/Mar/2024 08:46PM
Visit ID : CAOPOPV8	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 622781	

**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	8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	183	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



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



Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 09:29AM
Age/Gender : 57 Y 2 M 13 D/M	Received : 09/Mar/2024 11:19AM
UHID/MR No : CAOP.0000000007	Reported : 09/Mar/2024 12:13PM
Visit ID : CAOPOPV8	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 622781	

**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	148	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>222</b>	mg/dL	<150	
HDL CHOLESTEROL	<b>32</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	71.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>44.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.63		0-4.97	Calculated


Please 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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.

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



Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 09:29AM
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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	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	41.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**


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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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



Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 09:29AM
Age/Gender : 57 Y 2 M 13 D/M	Received : 09/Mar/2024 11:19AM
UHID/MR No : CAOP.0000000007	Reported : 09/Mar/2024 12:13PM
Visit ID : CAOPOPV8	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 622781	

**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	0.72	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>16.90</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>7.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>96</b>	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated
Please correlate clinically.				



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





Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 09:29AM
Age/Gender : 57 Y 2 M 13 D/M	Received : 09/Mar/2024 11:19AM
UHID/MR No : CAOP.0000000007	Reported : 09/Mar/2024 12:13PM
Visit ID : CAOPOPV8	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 622781	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>15.00</b>	U/L	16-73	Glycylglycine Kinetic method

Please correlate clinically.




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

**Apollo Health and Lifestyle Limited**

SIN No: SE04655505

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

**Registered Office**

(CIN-U85110TG2000PLC115819)  
Regd. Office: 7-1-617/A, 615 and 616, IMPERIAL TOWERS 7th Floor, Ameerpet  
Hyderabad, Telangana State 500038  
Email ID: [customer.care@apollodiagnosics.in](mailto:customer.care@apollodiagnosics.in)  
T: 040 44442424

Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 09:29AM
Age/Gender : 57 Y 2 M 13 D/M	Received : 09/Mar/2024 03:42PM
UHID/MR No : CAOP.000000007	Reported : 09/Mar/2024 07:50PM
Visit ID : CAOPOPV8	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 622781	

**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)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.14	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.110	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 Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



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



Patient Name : Mr.GULSHAN KUMAR	Collected : 09/Mar/2024 09:29AM
Age/Gender : 57 Y 2 M 13 D/M	Received : 09/Mar/2024 10:16AM
UHID/MR No : CAOP.0000000007	Reported : 09/Mar/2024 10:37AM
Visit ID : CAOPOPV8	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 622781	

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	1.025		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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/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 \*\*\*



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







<b>Patient Name</b>	: Mr. GULSHAN KUMAR	<b>Age/Gender</b>	: 57 Y/M
<b>UHID/MR No.</b>	: CAOP.0000000007	<b>OP Visit No</b>	: CAOPOPV8
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 14-03-2024 15:55
<b>LRN#</b>	: RAD2261485	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 622781		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both the lung fields' show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

**Please correlate clinically and with lab. Investigations**

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

# Apollo One

## Eye Checkup

NAME:- MR. GUSHAN KUMAR

Age:- 57

Date: 9/3/2024

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	-0.50 sph	-1.00/-0.50 x 90°
Near vision	Add +1.00	Add +1.00
Color vision	OK	OK
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Signature



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Gulshan Kumar 57y/M on 11/03/24

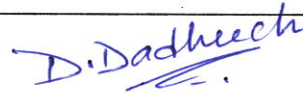
After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none"> <li>1. <u>Strict diabetic diet and proper medications</u></li> <li>2. <u>Regular exercise</u></li> <li>3. <u>To start medications for dyslipidemia</u></li> </ol> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>3 months / R/V for starting medications for dyslipidemia.</u></p> <p><del>Currently Unfit.</del></p>	
<ul style="list-style-type: none"> <li>• Review after _____ recommended</li> <li>• Unfit</li> <li>•</li> </ul>	

Height : 166 cm

Weight : 72.9 kg

Blood Pressure : 116/74 mmHg

  
**APOLLO HEALTH AND LIFESTYLE LTD.**  
 Dr. Dipankar Dadheech  
 Medical Officer, No. 34, Metro Pillar No. 77  
 The Apollo Clinic, Uppal  
 New Delhi-110005

*This certificate is not meant for medico-legal purposes*



=====

**NAME: GULSHAN KUMAR**  
**DATE: 09.03.2024**  
**REF. BY:- HEALTH CHECKUP**

=====

**AGE :57Y /SEX/M**  
**MR. NO:- CAOP.0000000007**  
**S.NO. :- 195**

=====

**X-RAY CHEST PA VIEW**

Both the lung fields' show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

**Please correlate clinically and with lab. Investigations**



**DR. KAWAL DEEP DHAM**  
**CONSULTANT RADIOLOGIST**

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

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**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

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

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

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

**Registered Address**

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

ID	Height	Age	Gender	Test Date / Time
0000000007	166cm	57	Male	09.03.2024. 11:20

**!** Check impedance.

## Body Composition Analysis

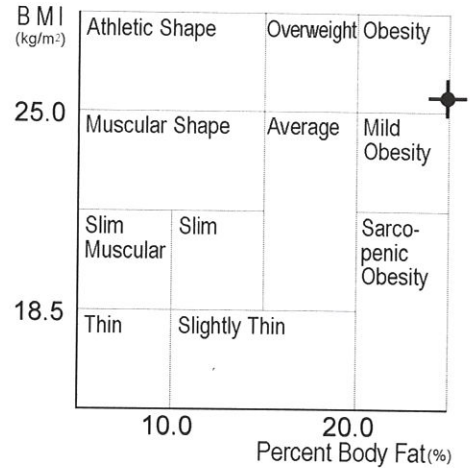
	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	32.9 (34.1~41.7)	32.9	43.4 (43.7~53.5)	45.7 (46.4~56.7)	72.9 (51.5~69.7)
Protein (kg)	9.8 (9.2~11.2)				
Minerals (kg)	2.95 (3.15~3.85)	non-osseous			
Body Fat Mass (kg)	27.2 (7.3~14.6)				

## InBody Score

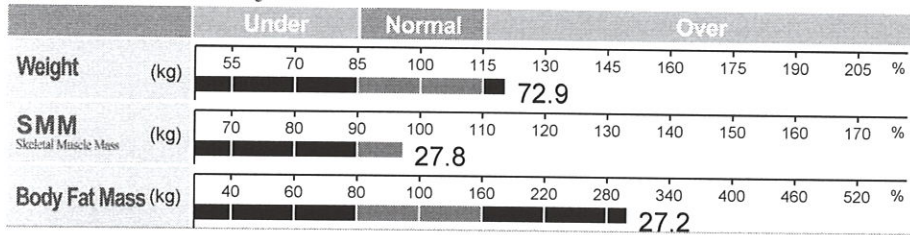
**56**/100 Points

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

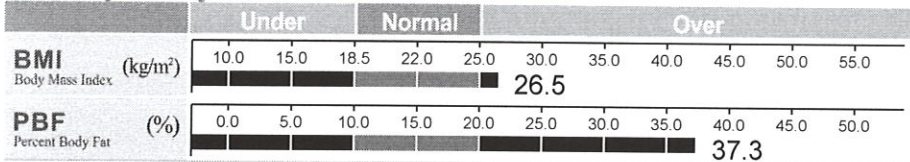
## Body Type



## Muscle-Fat Analysis



## Obesity Analysis



## Weight Control

Target Weight 60.7 kg  
 Weight Control - 12.2 kg  
 Fat Control - 18.1 kg  
 Muscle Control + 5.9 kg

## Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over  
 PBF  Normal  Slightly Over  Over

## Body Balance Evaluation

Upper  Balanced  Slightly Unbalanced  Extremely Unbalanced  
 Lower  Balanced  Slightly Unbalanced  Extremely Unbalanced  
 Upper-Lower  Balanced  Slightly Unbalanced  Extremely Unbalanced

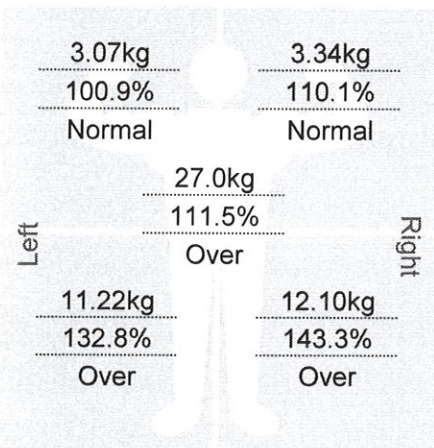
## Research Parameters

Basal Metabolic Rate 1357 kcal ( 1575~1842 )  
 Waist-Hip Ratio 0.82 ( 0.80~0.90 )  
 Visceral Fat Level 6 ( 1~9 )  
 Obesity Degree 120 % ( 90~110 )  
 Bone Mineral Content 2.35 kg ( 2.60~3.18 )  
 SMI 10.8 kg/m<sup>2</sup>  
 Recommended calorie intake 1900 kcal

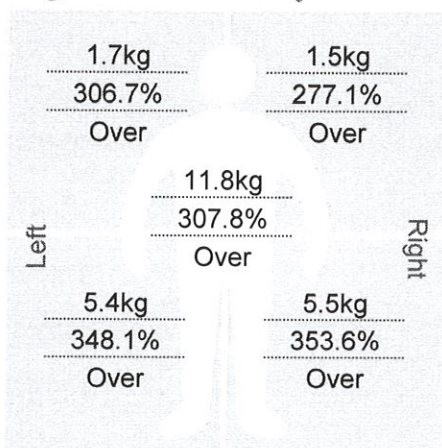
## Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	314.7	346.9	76.9	266.6	291.5
50 kHz	278.5	310.0	134.0	188.7	238.3
250 kHz	238.3	269.8	78.8	146.8	166.3

## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

	09.03.24 11:20
Weight (kg)	72.9
SMM (kg)	27.8
PBF (%)	37.3

Recent  Total



ID: 000000007

GULSHAN KUMAR55

Male 57Years

Req. No. :

09-03-2024 11:34:37 AM

HR : 77 bpm

P : 102 ms

PR : 124 ms

QRS : 89 ms

QT/QTcBz : 356/405 ms

P/QRS/T : 54/71/97 °

RV5/SV1 : 1.357/0.349 mV

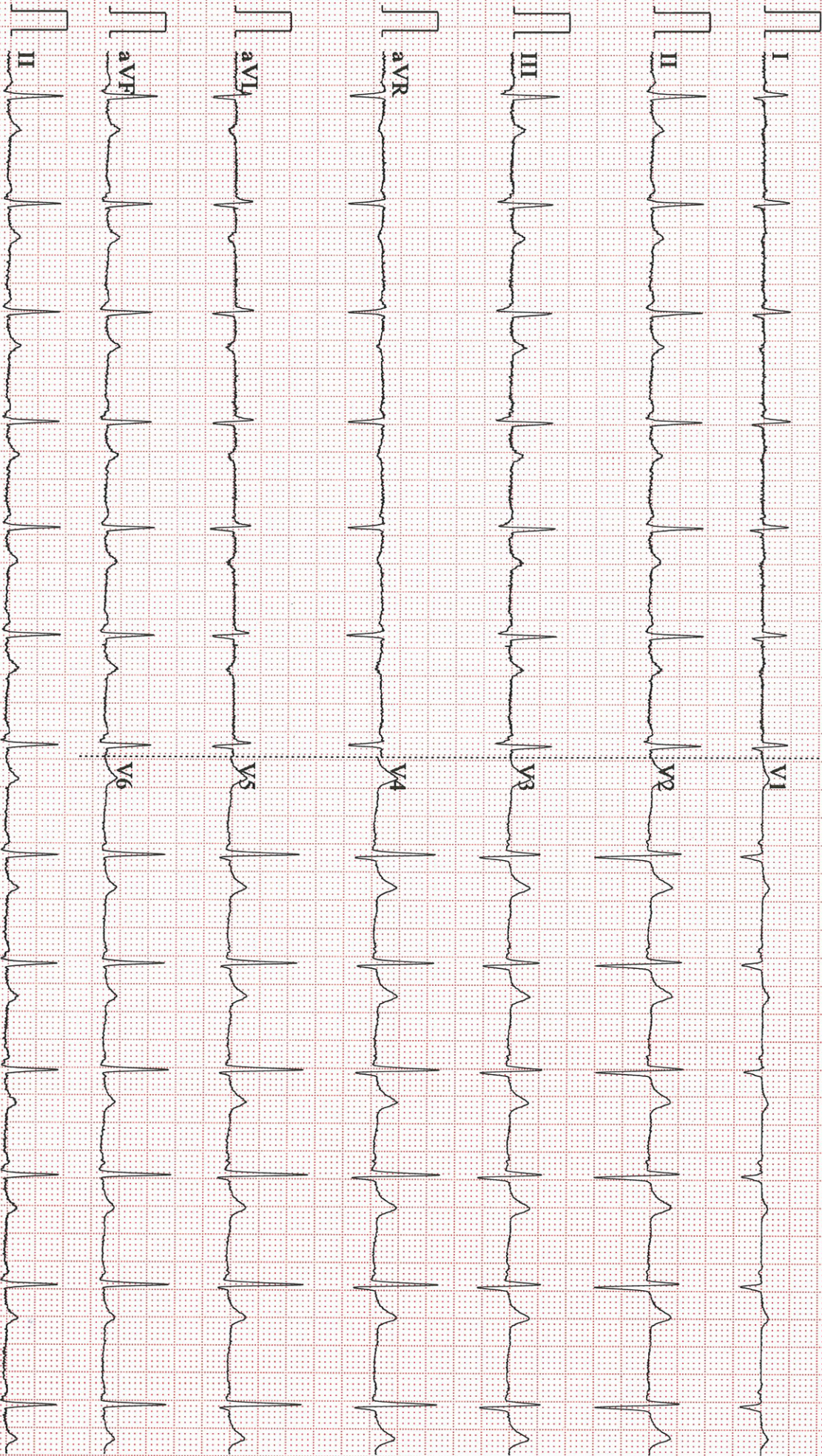
Diagnosis Information:

Sinus Rhythm

QS Wave in lead V1

T Wave Abnormality(I-a-VL)

Report Confirmed by:



0.67~45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r V2.23 SEMIP V1.92 APOLLO SPECTRA HOSPITALS

MICRO MED

15-0-00



**Health Check up Booking Request(UBOIES4064), Beneficiary Code-170840**

Wellness : Mediwheel : New Delhi &lt;wellness@mediwheel.in&gt;

Mon 04-03-2024 14:42

To:gulshanano@gmail.com &lt;gulshanano@gmail.com&gt;

Cc:Customer Care :Mediwheel : New Delhi &lt;customercare@mediwheel.in&gt;



011-41195959

Dear GULSHAN KUMAR,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

[View Booking Details](#)

**User Package Name** : MediWheel Full Body Health Checkup Male 50 To 60 For Self and Spouse

**Name of Diagnostic/Hospital** : Apollo Spectra - Karol Bagh

**Address of Diagnostic/Hospital-** : 3, Pusa Road, Metro Pillar No-77, Karol Bagh, New Delhi - 110005

**Appointment Date** : 09-03-2024

**Preferred Time** : 8:00am

Member Information		
Booked Member Name	Age	Gender
GULSHAN KUMAR	57 year	Male
AMITA SUMAN	52 year	Female

**Tests included in this Package**

- Bmi Check
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- Eye Check-up consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile



Health checkup at tie-up Ctr

HealthCheckup Authorisation letter



Union Bank of India  
CENTRAL OFFICE  
111100

To,  
The Chief Medical Officer

M/S Mediwheel  
[https://mediwheel.in/signup011-41196959\(A brand name of Arcotel Healthcare Ltd\)](https://mediwheel.in/signup011-41196959(A brand name of Arcotel Healthcare Ltd)),  
Mumbai400021

Tie-up arrangement for Health Checkup under Health Checkup 50-60 Male

Shri/Smt./Kum. KUMAR,GULSHAN

P.F. No. 622781 Designation : Manager

Checkup for Financial Year 2023-2024 Approved Charges Rs. 4000.00

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,

Yours Faithfully

  
(Signature of the Employee)

  
BRANCH MANAGER/SENIOR MANAGER

PS : Status of the application - Sanctioned



यूनियन बैंक  
Union Bank  
Of India

सदस्यता संख्या : १२३४५६७८९०  
१२३४५६७८९०  
१२३४५६७८९०



नाम : गुलशन कुमार  
Name : Gulshan Kumar  
कर्मचारी क्र. / Employee No. : 622781  
जन्म तिथि / Birth Date : 27-12-1966  
रक्त ग्रुप / Blood Group : O+ve

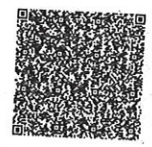
हस्ताक्षर / Signature  
जारी करने का स्थान : क्षेत्रीय कार्यालय दिल्ली ( मध्य )  
Place of Issue : Ro Delhi (Central)  
जारी करने की तारीख : ०८/अक्टूबर/२०२०  
Date of Issue : 08-10-2020  
जारीकर्ता प्राधिकारी / Issuing Authority



भारत सरकार  
Government of India



गुलशन कुमार  
Gulshan Kumar  
जन्म तिथि/DOB: 27/12/1966  
पुरुष/ MALE



4725 4677 7851

मेरा आधार, मेरी पहचान