

Patient Name	: Mr.ARBIND KUMAR	Collected	: 29/Mar/2024 08:32AM
Age/Gender	: 55 Y 2 M 10 D/M	Received	: 29/Mar/2024 11:02AM
UHID/MR No	: CAOP.000000104	Reported	: 29/Mar/2024 12:25PM
Visit ID	: CAOPPV118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 659699		

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

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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	13-17	Spectrophotometer
PCV	37.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.35	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedence
LYMPHOCYTES	30	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4680	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2160	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	144	Cells/cu.mm	20-500	Calculated
MONOCYTES	216	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.17		0.78- 3.53	Calculated
PLATELET COUNT	204000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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UHID/MR No : CAOP.0000000104	Reported : 29/Mar/2024 02:22PM
Visit ID : CAOPOPV118	Status : Final Report
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




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Patient Name : Mr.ARBIND KUMAR	Collected : 29/Mar/2024 11:54AM
Age/Gender : 55 Y 2 M 10 D/M	Received : 29/Mar/2024 03:18PM
UHID/MR No : CAOP.0000000104	Reported : 29/Mar/2024 03:48PM
Visit ID : CAOPOPV118	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 659699	

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	121	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 > 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)	335	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.


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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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)



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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	135	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	238	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	99	mg/dL	<130	Calculated
LDL CHOLESTEROL	51.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	47.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.46		<0.11	Calculated


Comment:

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

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

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse


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DEPARTMENT OF BIOCHEMISTRY

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


cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).




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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
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)	24	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	84.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:


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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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


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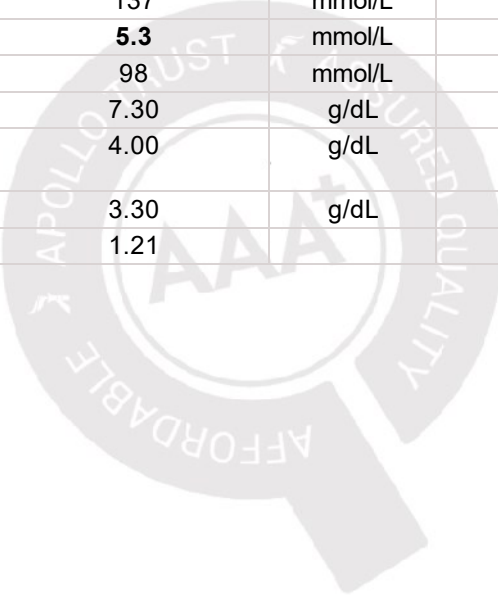


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	17.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	5.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated




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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	16-73	Glycylglycine Kinetic method




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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.34	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.04	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.670	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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Visit ID : CAOPOPV118	Status : Final Report
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



Dr. Shivangi Chauhan
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Consultant Pathologist



Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 11:02AM
UHID/MR No : CAOP.000000105	Reported : 29/Mar/2024 12:25PM
Visit ID : CAOPPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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




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Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 11:02AM
UHID/MR No : CAOP.0000000105	Reported : 29/Mar/2024 12:25PM
Visit ID : CAOPOPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	12-15	Spectrophotometer
PCV	39.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	32.2	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2420	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1760	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	88	Cells/cu.mm	20-500	Calculated
MONOCYTES	132	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	208000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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UHID/MR No : CAOP.0000000105	Reported : 29/Mar/2024 02:22PM
Visit ID : CAOPOPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




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

Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 10:23AM
UHID/MR No : CAOP.000000105	Reported : 29/Mar/2024 10:42AM
Visit ID : CAOPPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

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	110	mg/dL	70-100	GOD - POD

Please correlate with clinical and fasting details and other relevant investigations

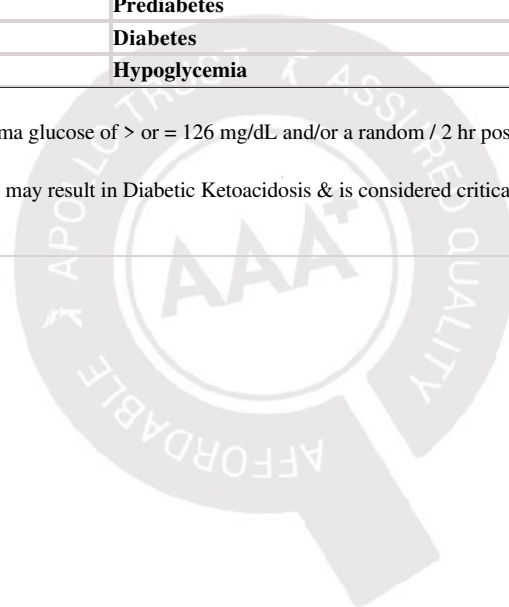
Comment:


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.




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



Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 11:25AM
UHID/MR No : CAOP.000000105	Reported : 29/Mar/2024 01:47PM
Visit ID : CAOPPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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. Tanish Mandal
M.B.B.S, M.D(Pathology)
 Consultant Pathologist



Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 10:42AM
UHID/MR No : CAOP.000000105	Reported : 29/Mar/2024 12:04PM
Visit ID : CAOPPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	241	mg/dL	<150	
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	48.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.07		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.41		<0.11	Calculated


Comment:

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

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

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse


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



Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM <i>Expertise. Empowering you.</i>
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 10:42AM
UHID/MR No : CAOP.000000105	Reported : 29/Mar/2024 12:04PM
Visit ID : CAOPPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF BIOCHEMISTRY

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


cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).




Dr. Shivangi Chauhan
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UHID/MR No : CAOP.000000105	Reported : 29/Mar/2024 12:04PM
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	92.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.70	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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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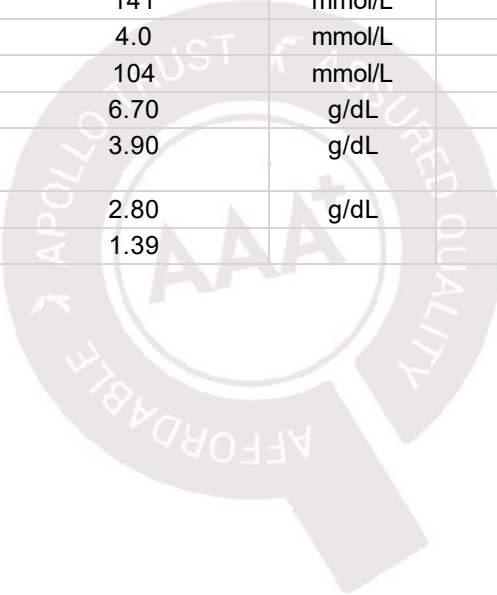


Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 10:42AM
UHID/MR No : CAOP.0000000105	Reported : 29/Mar/2024 12:04PM
Visit ID : CAOPPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	3.0-5.5	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	6.70	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated




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



Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 10:42AM
UHID/MR No : CAOP.0000000105	Reported : 29/Mar/2024 12:04PM
Visit ID : CAOPOPV119	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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	16-73	Glycylglycine Kinetic method




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Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 11:22AM
UHID/MR No : CAOP.000000105	Reported : 29/Mar/2024 12:34PM
Visit ID : CAOPPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.730	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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



Patient Name : Mrs.PINKI	Collected : 29/Mar/2024 08:47AM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 11:25AM
UHID/MR No : CAOP.0000000105	Reported : 29/Mar/2024 12:50PM
Visit ID : CAOPOPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/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.PINKI	Collected : 29/Mar/2024 12:16PM
Age/Gender : 46 Y 0 M 28 D/F	Received : 29/Mar/2024 04:50PM
UHID/MR No : CAOP.0000000105	Reported : 01/Apr/2024 03:07PM
Visit ID : CAOPOPV119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : spouse- 659699	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	L-462-24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Smear shows sheets of superficial and intermediate squamous cells.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	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: CS078139

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

T: 040 44442424

CERTIFICATE OF MEDICAL FITNESS

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

Mrs. Pinki on 30/3/24

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
It Wit Restrictions Recommendations	
<p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Gynecological Consultation for Ovarian Cyst</u></p> <p>2. <u>Physician Consultation for high triglycerides level.</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
Current Unfit.	
Review after _____ recommended	
Unfit	

Height: 156.9 cm
 Weight: 63.6 kg
 Blood Pressure: 118/84 mmHg

Dr. Dadhech
 Dr. Diphi Dadhech
 Medical Officer

This certificate is not meant for medico-legal purposes

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
 Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
 New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
 Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited
 7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
 Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

Eye Checkup

NAME: - Mrs RASHI NAMDEO

Age: - 28

Date:

SELF / CORPORATE: -

	Right Eye	Left Eye
Distant Vision	-2.00 SPH	-2.00 SPH
Near vision	6/6	6/6
Color vision	OK	OK
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Signature



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Registered Office: Apollo Health and Lifestyle Limited
 7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
 Ameerpet, Hyderabad-500038, U85110TG2000PLC115819



Patient Name	: Mrs. PINKI	Age/Gender	: 46 Y/F
UHID/MR No.	: CAOP.0000000105	OP Visit No	: CAOPOPV119
Sample Collected on	:	Reported on	: 29-03-2024 16:39
LRN#	: RAD2285787	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: spouse- 659699		

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 post op.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK **9.6 X4.5cm**, LK **8.9 X 3.7cm** in length), shape and echo pattern. No calculus, growth or hydro nephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.

Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

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

Uterus is anteverted, normal in size (**5.7 X 3.3 cm**), shape and echo pattern.

Endometrium echo is **8mm** thick.

A simple cyst of size 36x30mm is noted in left ovary, right ovary is normal.

Bilateral adnexa are clear. No adnexal mass.

No free fluid or pelvic collection seen.

Please correlate clinically.

Dr. KAWAL DEEP DHAM
MBBS, DMRD
Radiology

NAME: - Mrs. Pinki
AGE: - 46
GENDER: - Female

pt. Comes for regular dental checkup

M/H - Nil
D/H - Nil

O/C - Caries 7
8
Calculus, stain +
Adv. Scaling + Restoration 8.7

Dr. Ishita Agrawal

Ishita
Signature: -

29/03/24

Mrs. Pinki
46yrs | F

Height : 156.9C	Weight : 63.6kg	BMI : 25.9	Waist Circum :
Temp :	Pulse : 81/min	Resp : 20/min	B.P : 118/84

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Not a k/clo - I2 DM / HTN

Adv

- Life style modification.

D. Dadhech

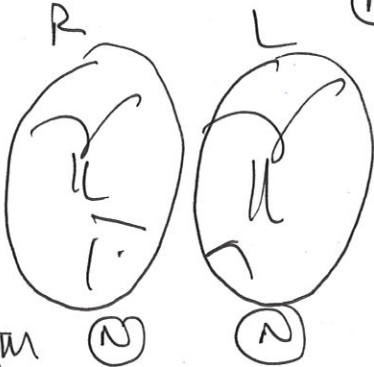
Dr- Diphi Dadhech

Follow up date:

Doctor Signature

Mrs. Pinki
66 years

ENT: (N/A)
(Normal)



mm
Rue →
Weber ↔
Chest: clear

Ad
No medication

Siddharth
29.3.2024

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.

ID 0000000105	Height 156.9cm	Age 46	Gender Female	Test Date / Time 29.03.2024. 09:32
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Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	28.3 (26.4~32.2)	28.3	36.3 (33.8~41.4)	38.5 (35.8~43.8)	63.8 (43.9~59.5)
Protein (kg)	7.5 (7.0~8.6)	non-ossious			
Minerals (kg)	2.66 (2.44~2.98)				
Body Fat Mass (kg)	25.3 (10.3~16.5)				

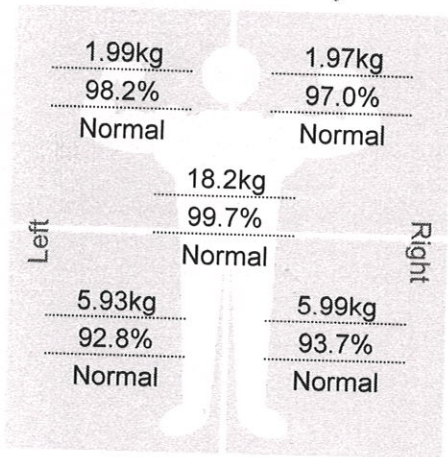
Muscle-Fat Analysis

	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 %	20.8	
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		25.3

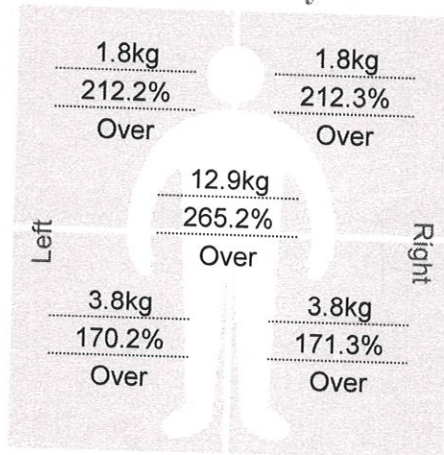
Obesity Analysis

	Under	Normal	Over
BMI (kg/m ²)	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		25.9
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0		39.6

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

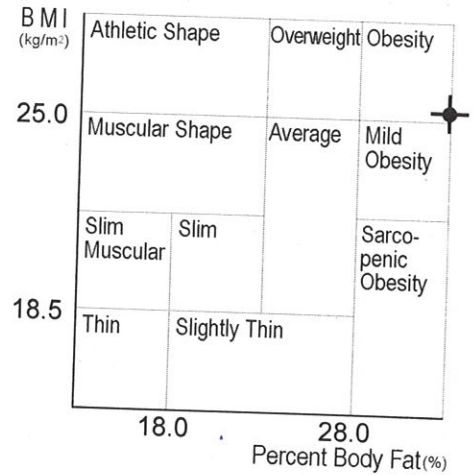
	Weight (kg)	SMM (kg)	PBF (%)
Recent	63.8	20.8	39.6
Total			

InBody Score

65/100 Points

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

Body Type



Weight Control

Target Weight	51.7 kg
Weight Control	- 12.1 kg
Fat Control	- 13.4 kg
Muscle Control	+ 1.3 kg

Obesity Evaluation

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

Body Balance Evaluation

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

Research Parameters

Basal Metabolic Rate	1202 kcal (1325~1537)
Waist-Hip Ratio	0.93 (0.75~0.85)
Visceral Fat Level	13 (1~9)
Obesity Degree	123 % (90~110)
Bone Mineral Content	2.23 kg (2.01~2.45)
SMI	6.5 kg/m ²
Recommended calorie intake	1481 kcal

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	413.6	407.4	30.1	303.5	307.3
50 kHz	374.5	370.5	26.6	272.8	277.4
250 kHz	337.5	334.4	23.4	243.8	248.1



भारत सरकार



पिंकी
PINKI
जन्म तिथि/DOB: 01/03/1978
महिला/ FEMALE



9677 1517 0473

आधार - आम आदमी का अधिकार



पति/आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारतीय विशिष्ट पहचान प्राधिकरण

आरजेड 686/16 एफ/एफ, नियर केला गोदाम,
राजनगर-1 पालम कॉलोनी, पालम विलेज स.ओ, साउथ
वेस्ट देहली,
देहली - 110045

Address:
RZ 686/16F/F, NEAR KELA GODOUN,
RAJNAGAR-1 PALAM COLONY, Palam
Village S.O, South West Delhi,
Delhi - 110045



1947
1800 300 1947

help@uldal.gov.in

www
www.uldal.gov.in

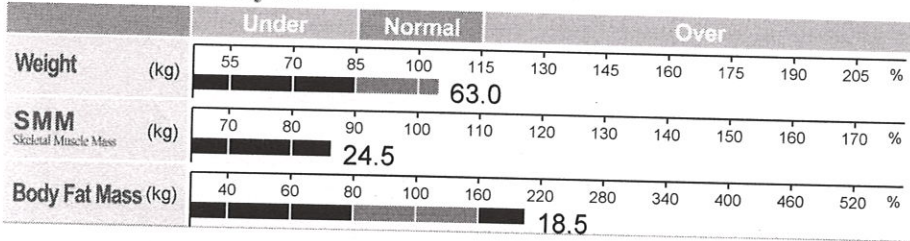
P.O. Box No. 1947,
Bengaluru-560 001

ID 0000000104	Height 165.3cm	Age 55	Gender Male	Test Date / Time 29.03.2024. 09:00
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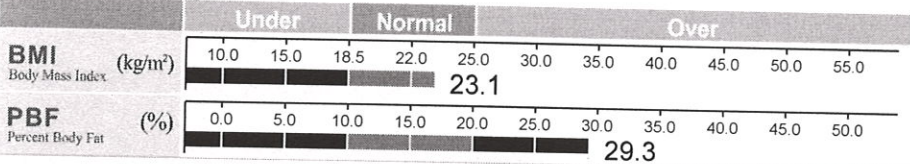
Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	32.8 (33.8~41.4)	32.8	42.1 (43.4~53.0)	44.5 (46.0~56.2)	63.0 (51.1~69.1)
Protein (kg)	8.8 (9.1~11.1)	non-osseous			
Minerals (kg)	2.94 (3.12~3.82)				
Body Fat Mass (kg)	18.5 (7.2~14.4)				

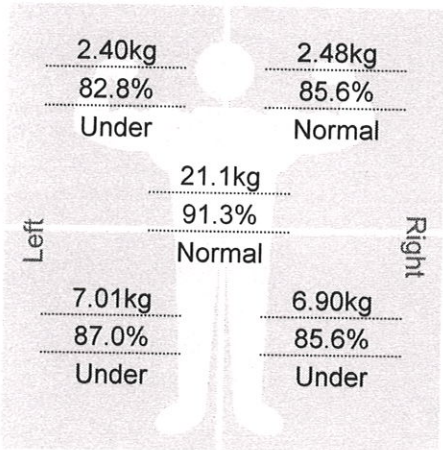
Muscle-Fat Analysis



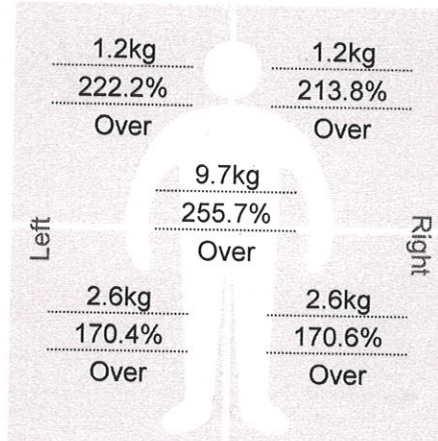
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

	29.03.24. 09:00
Weight (kg)	63.0
SMM (kg)	24.5
PBF (%)	29.3

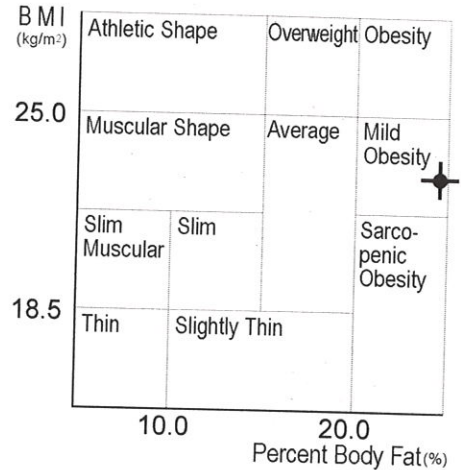
Recent Total

InBody Score

64/100 Points

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

Body Type



Weight Control

Target Weight	60.1 kg
Weight Control	- 2.9 kg
Fat Control	- 9.5 kg
Muscle Control	+ 6.6 kg

Obesity Evaluation

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

Body Balance Evaluation

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

Research Parameters

Basal Metabolic Rate	1332 kcal	(1411~1642)
Waist-Hip Ratio	0.94	(0.80~0.90)
Visceral Fat Level	8	(1~9)
Obesity Degree	105 %	(90~110)
Bone Mineral Content	2.42 kg	(2.57~3.15)
SMI	6.9 kg/m ²	
Recommended calorie intake	1741 kcal	

Impedance

	RA	LA	TR	RL	LL
Z ₁ (Ω) 5 kHz	355.0	366.5	33.3	313.7	299.1
50 kHz	322.7	335.6	28.1	285.2	273.9
250 kHz	288.7	301.7	23.9	255.9	246.0



Patient Name	: Mr. Arbind Kumar	Age/Gender	: 55 Y/M
UHID/MR No.	: CAOP.0000000104	OP Visit No	: CAOPOPV118
Sample Collected on	:	Reported on	: 30-03-2024 09:30
LRN#	: RAD2285721	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 659699		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. KAWAL DEEP DHAM
MBBS, DMRD
Radiology

Eye Checkup

NAME: - MR ARSIND Kumar

Age: - 55

Date: 29/3/24

SELF / CORPORATE: -

	Right Eye	Left Eye
Distant Vision	+0.75 x 150	+0.25 SPH
Near vision	Add +1.25	Add 1.25
Color vision	OK	OK
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Signature



Apollo One (Unit of Apollo Health and Lifestyle Ltd)

Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860-500 7788
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited

7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

CERTIFICATE OF MEDICAL FITNESS

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

Mr. Arbind Kumar on 30/8/24

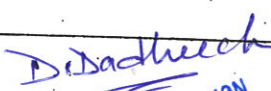
After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<p>Medically Fit</p> <p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Physicians consultation for hyperuricemia</u></p> <p>2. <u>high B1. Sugar levels.</u></p> <p>3.....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<p>Current Unfit.</p> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<p>Unfit</p>	<input type="checkbox"/>

Height: 165.3cm

Weight: 63.4kg

Blood Pressure: 125/84mm


Dr. Sachin
 Medical Officer

This certificate is not meant for medico-legal purposes

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
 Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
 New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
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 7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
 Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

www.apolloclinic.com

29/03/24

Mr. Arbind Kumar

Height : 165.3 C	Weight : 63.4 kg	BMI : 23.1	Waist Circum :
Temp :	Pulse : 73 / min	Resp : 20 / min	B.P : 125 / 84

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

W/C/O - T2DM / HTN

on Med. for Sam

10 yr / 24 yr

Adv

- Diet Modification
- Proton pump

D. Dadhech

Dr. Diphi Dadhech

Follow up date:

Doctor Signature

Patient Name	: Mr. Arbind Kumar	Age	: 55 Y/M
UHID	: CAOP.0000000104	OP Visit No	: CAOPOPV118
Reported By:	: Dr. RAJNI SHARMA	Conducted Date	: 29-03-2024 15:39
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 66beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. RAJNI SHARMA