

Patient Name : Mrs.REEMA THAKUR	Collected : 29/Mar/2024 09:44AM
Age/Gender : 50 Y 11 M 20 D/F	Received : 29/Mar/2024 12:55PM
UHID/MR No : CMAR.0000345220	Reported : 29/Mar/2024 03:53PM
Visit ID : CMAROPV792550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7975817050	

DEPARTMENT OF HAEMATOLOGY

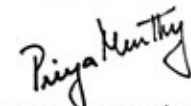
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.19	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.3	fL	83-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.1	%	40-80	Electrical Impedence
LYMPHOCYTES	28.8	%	20-40	Electrical Impedence
EOSINOPHILS	3.4	%	1-6	Electrical Impedence
MONOCYTES	5.3	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3353.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1555.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	183.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	286.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.16		0.78- 3.53	Calculated
PLATELET COUNT	175000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	32	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 14



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Consultant Pathologist



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SIN No:BED240087103

This test has been performed at Apollo Health & Lifestyle Ltd. BANGALORE Laboratory

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

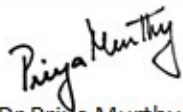
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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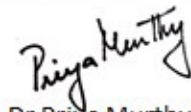
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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	92	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ 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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

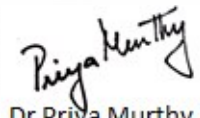
Comment:

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

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

Page 4 of 14


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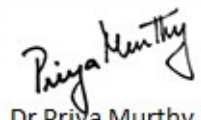
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UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	197	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	153	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<0.11	Calculated

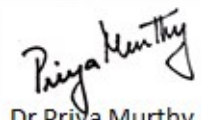
Comment:

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:


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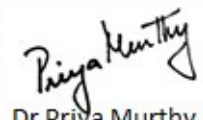
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention 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 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	147.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.73	g/dL	6.6-8.3	Biuret
ALBUMIN	3.55	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.18	g/dL	2.0-3.5	Calculated
A/G RATIO	1.12		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:


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

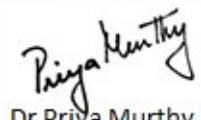
2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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


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


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



SIN No:SE04680503

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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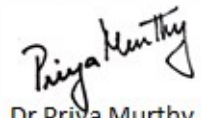
Patient Name : Mrs.REEMA THAKUR	Collected : 29/Mar/2024 09:44AM
Age/Gender : 50 Y 11 M 20 D/F	Received : 29/Mar/2024 01:04PM
UHID/MR No : CMAR.0000345220	Reported : 29/Mar/2024 02:59PM
Visit ID : CMAROPV792550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7975817050	

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	0.56	mg/dL	0.51-0.95	Jaffe's, Method
UREA	10.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.01	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.73	g/dL	6.6-8.3	Biuret
ALBUMIN	3.55	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.18	g/dL	2.0-3.5	Calculated
A/G RATIO	1.12		0.9-2.0	Calculated


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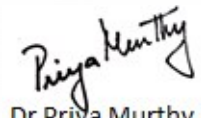
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<38	IFCC


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Patient Name : Mrs.REEMA THAKUR	Collected : 29/Mar/2024 09:44AM
Age/Gender : 50 Y 11 M 20 D/F	Received : 29/Mar/2024 01:03PM
UHID/MR No : CMAR.0000345220	Reported : 29/Mar/2024 02:40PM
Visit ID : CMAROPV792550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7975817050	

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)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.954	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


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



SIN No: SPL24058983

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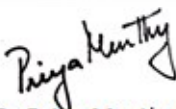
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Age/Gender : 50 Y 11 M 20 D/F	Received : 29/Mar/2024 01:03PM
UHID/MR No : CMAR.0000345220	Reported : 29/Mar/2024 02:40PM
Visit ID : CMAROPV792550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7975817050	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--


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 MSc, MPhil, (Phd)
 Consultant Biochemist


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



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Patient Name : Mrs.REEMA THAKUR	Collected : 29/Mar/2024 09:44AM
Age/Gender : 50 Y 11 M 20 D/F	Received : 29/Mar/2024 12:44PM
UHID/MR No : CMAR.0000345220	Reported : 29/Mar/2024 03:17PM
Visit ID : CMAROPV792550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7975817050	

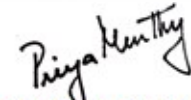
DEPARTMENT OF CLINICAL PATHOLOGY

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	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/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



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UR2319963

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

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Patient Name : Mrs.REEMA THAKUR	Collected : 29/Mar/2024 07:44PM
Age/Gender : 50 Y 11 M 20 D/F	Received : 31/Mar/2024 11:11AM
UHID/MR No : CMAR.0000345220	Reported : 02/Apr/2024 05:18PM
Visit ID : CMAROPV792550	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7975817050	

DEPARTMENT OF CYTOLOGY

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

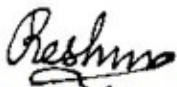
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	8064/24
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	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy.
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 *****

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No:CS078276

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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Page 14 of 14
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COLLEGE of AMERICAN PATHOLOGISTS



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Date : 29-03-2024

Department : GENERAL

MR NO : CMAR.0000345220

Doctor :

Name : Mrs. REEMA THAKUR

Registration No :

Age/ Gender : 50 Y / Female

Qualification :

Consultation Timing: 09:14

Height : 153 Cm.	Weight : 80.2 kg.	BMI :	Waist Circum :
Temp :	Pulse : 72 b/min.	Resp :	B.P : 140/80 mmHg

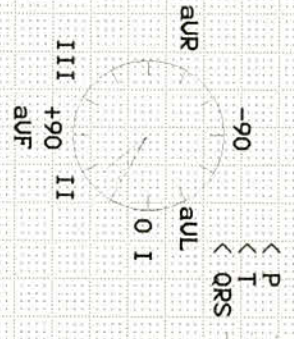
General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

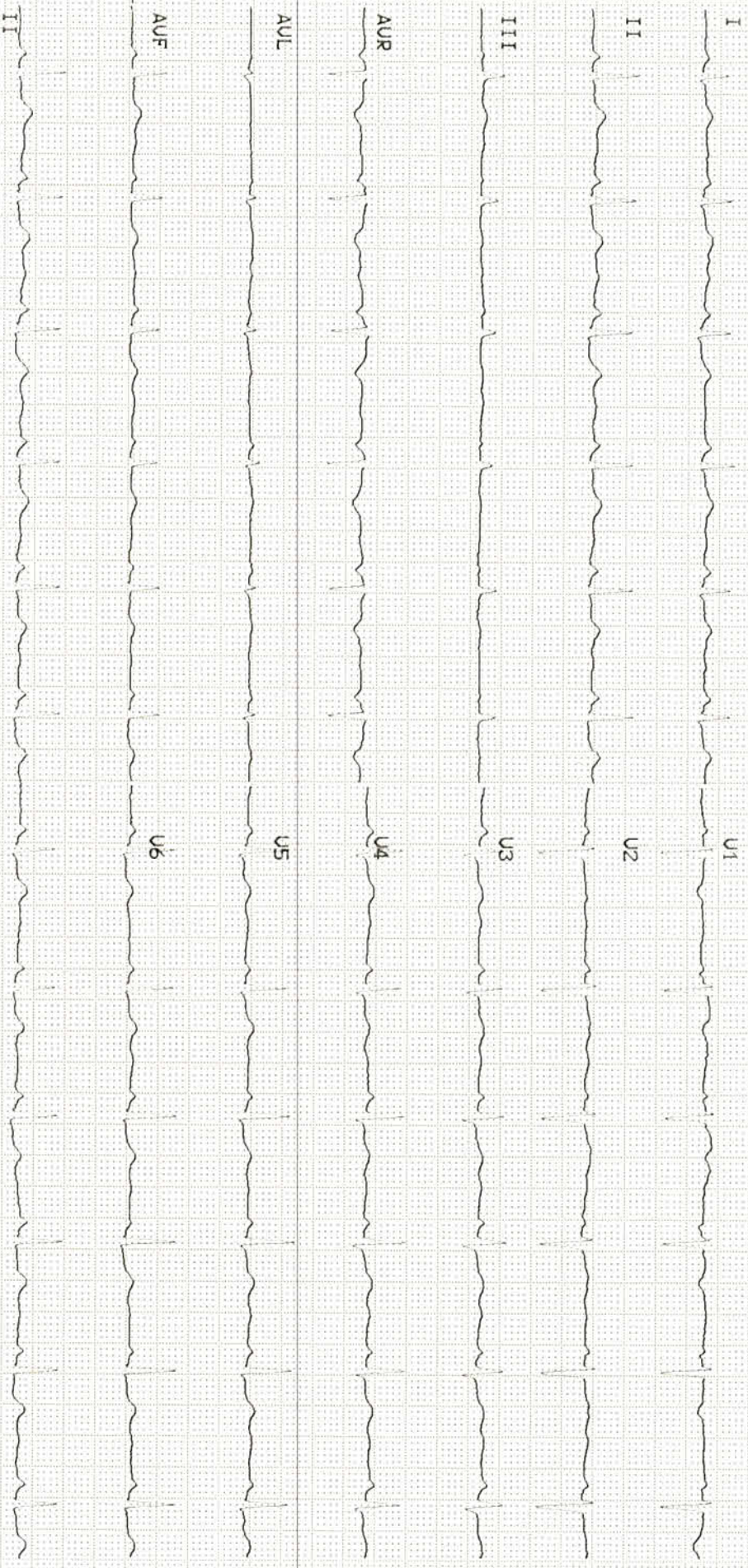
Doctor Signature

Measurement Results:
QRS : 92 ms
QT/QTcB : 394 / 431 ms
PR : 122 ms
P : 98 ms
RR/PP : 834 / 835 ms
P/QRS/T : 35 / 50 / 30 degrees
QT/QTcBD : 56 / 61 ms
Sokolow : 1.4 mV
NK : 10



Interpretation:
Low QRS amplitudes
probably abnormal ECG

Unconfirmed report.



Patient Name	: Mrs. REEMA THAKUR	Age/Gender	: 50 Y/F
UHID/MR No.	: CMAR.0000345220	OP Visit No	: CMAROPV792550
Sample Collected on	:	Reported on	: 29-03-2024 15:37
LRN#	: RAD2286139	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 7975817050		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (13.4cm), shape and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.7cm and parenchymal thickness measures 1.4cm.

Left kidney measures 11.4cm and parenchymal thickness measures 1.5cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 9.5x5.2x2.8cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 10.4mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.5x1.7cm.

Left ovary measures 3.2x1.5cm.

No free fluid is seen.

Visualized bowel loops appears normal.

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

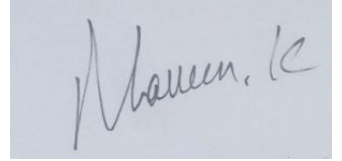
Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4.Printing mistakes should immediately be brought to notice for correction.
- 5.This is USG Abdomen screening.

Patient Name : Mrs. REEMA THAKUR

Age/Gender : 50 Y/F



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology



Dear ,REEMATHAKUR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **MARATHAHALLI** clinic on **2024-03-29** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]

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

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

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

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: THE APOLLO CLINIC,#673/A,VARTHUR MAIN ROAD,NEAR KUNDANAHALII SIGNAL,OPP.SHRIRAM SAMRUDDHI APTS,WHITEFIELD,BANGALORE-.

Contact No: (080) 43351444 - 45/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic


Union Bank
 of India

Name : SHYAM KISHOR THAKUR
 Employee No. : 155312
 Date of Birth : 18.03.1975
 Blood Group: A++

Signatures
 Digitally signed by Shyam Kishor Thakur
 DN: cn=Shyam Kishor Thakur, o=Union Bank
 of India, email=shyam.kishor.thakur@unionbankofindia.com


Government of India

Grade: Assistant
 Posts: Revenue Inspector
 Year of Birth: 1973
 Sex: Female

7978 9666 7257



ಅಧಿಕಾರಿ - ಶ್ರೀನಿವಾಸಾನಂದ್ ಅವರಿಗೆ

Patient Name : Mr.SHYAM KISHORE THAKUR	Collected : 29/Mar/2024 09:32AM
Age/Gender : 48 Y 0 M 19 D/M	Received : 29/Mar/2024 12:56PM
UHID/MR No : CMAR.0000345219	Reported : 29/Mar/2024 04:02PM
Visit ID : CMAROPV792547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795312	

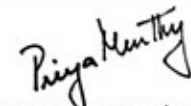
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	43.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.5	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,640	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.8	%	40-80	Electrical Impedance
LYMPHOCYTES	18.6	%	20-40	Electrical Impedance
EOSINOPHILS	8.8	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4302.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1235.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	584.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	504.64	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.48		0.78- 3.53	Calculated
PLATELET COUNT	145000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:BED240087011

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mr.SHYAM KISHORE THAKUR
Age/Gender : 48 Y 0 M 19 D/M
UHID/MR No : CMAR.0000345219
Visit ID : CMAROPV792547
Ref Doctor : Dr.SELF
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DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

WBCs: are normal in total number with mild increase in eosinophils.

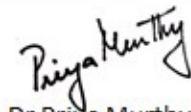
PLATELETS: appear mildly reduced in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA.



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



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Age/Gender : 48 Y 0 M 19 D/M	Received : 29/Mar/2024 12:56PM
UHID/MR No : CMAR.0000345219	Reported : 29/Mar/2024 05:16PM
Visit ID : CMAROPV792547	Status : Final Report
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Emp/Auth/TPA ID : 795312	

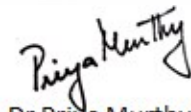
DEPARTMENT OF HAEMATOLOGY

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

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



Dr. Vidya Aniket Gore
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Patient Name : Mr.SHYAM KISHORE THAKUR	Collected : 29/Mar/2024 09:32AM
Age/Gender : 48 Y 0 M 19 D/M	Received : 29/Mar/2024 04:30PM
UHID/MR No : CMAR.0000345219	Reported : 29/Mar/2024 05:58PM
Visit ID : CMAROPV792547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795312	

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	102	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ 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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	157	mg/dL	70-140	HEXOKINASE


Comment:

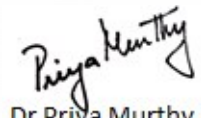
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

Page 4 of 14


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


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



SIN No:EDT240040336

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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DEPARTMENT OF BIOCHEMISTRY

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

HBA1C, GLYCATED HEMOGLOBIN	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL	Calculated


Comment:

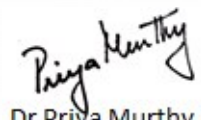
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

Note: Dietary preparation or fasting is not required.

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


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


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



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Age/Gender : 48 Y 0 M 19 D/M	Received : 29/Mar/2024 01:14PM
UHID/MR No : CMAR.0000345219	Reported : 29/Mar/2024 02:44PM
Visit ID : CMAROPV792547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795312	

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	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.99		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<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:


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


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



SIN No:SE04680405

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
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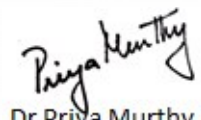
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DEPARTMENT OF BIOCHEMISTRY

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

- 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 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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Patient Name : Mr.SHYAM KISHORE THAKUR	Collected : 29/Mar/2024 09:32AM
Age/Gender : 48 Y 0 M 19 D/M	Received : 29/Mar/2024 01:14PM
UHID/MR No : CMAR.0000345219	Reported : 29/Mar/2024 02:44PM
Visit ID : CMAROPV792547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795312	

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	1.16	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.97	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	58.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.08	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.58	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated

Comment:

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

Common patterns seen:


1. Hepatocellular Injury:

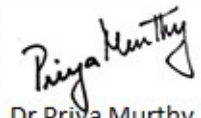
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

2. Cholestatic Pattern:

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

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


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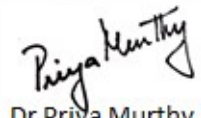
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DEPARTMENT OF BIOCHEMISTRY

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	0.85	mg/dL	0.67-1.17	Jaffe's, Method
UREA	14.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.27	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.08	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.58	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated


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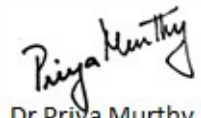
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	36.00	U/L	<55	IFCC


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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.883	µIU/mL	0.34-5.60	CLIA

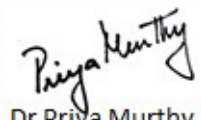
Comment:

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


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SIN No: SPL24058905

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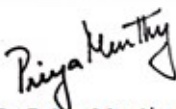
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--


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Patient Name : Mr.SHYAM KISHORE THAKUR	Collected : 29/Mar/2024 09:32AM
Age/Gender : 48 Y 0 M 19 D/M	Received : 29/Mar/2024 12:44PM
UHID/MR No : CMAR.0000345219	Reported : 29/Mar/2024 03:17PM
Visit ID : CMAROPV792547	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

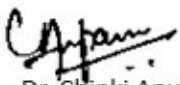
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

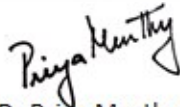
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Result/s to Follow:

Page 13 of 14



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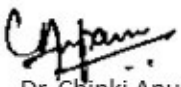
Patient Name	: Mr.SHYAM KISHORE THAKUR	Collected	: 29/Mar/2024 09:32AM
Age/Gender	: 48 Y 0 M 19 D/M	Received	: 29/Mar/2024 12:44PM
UHID/MR No	: CMAR.0000345219	Reported	: 29/Mar/2024 03:17PM
Visit ID	: CMAROPV792547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 795312		

DEPARTMENT OF CLINICAL PATHOLOGY

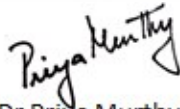
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

PERIPHERAL SMEAR

Page 14 of 14



Dr. Chinki Anupam
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



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



SIN No:UR2319875

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
www.apolloclinic.com

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Shyam Kishore on 29/3/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</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>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 29-03-2024

Department : GENERAL

MR NO : CMAR.0000345219

Doctor :

Name : Mr. SHYAM KISHORE THAKUR

Registration No :

Age/ Gender : 48 Y / Male

Qualification :

Consultation Timing: 09:08

Height : 176cm.	Weight : 91kg	BMI :	Waist Circum :
Temp :	Pulse : 77b/m.	Resp :	B.P : 125/70 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

GE MAC1200 ST S KISHORE T 00345219, APOLLO
Male, 48 Years (10.03.1976)

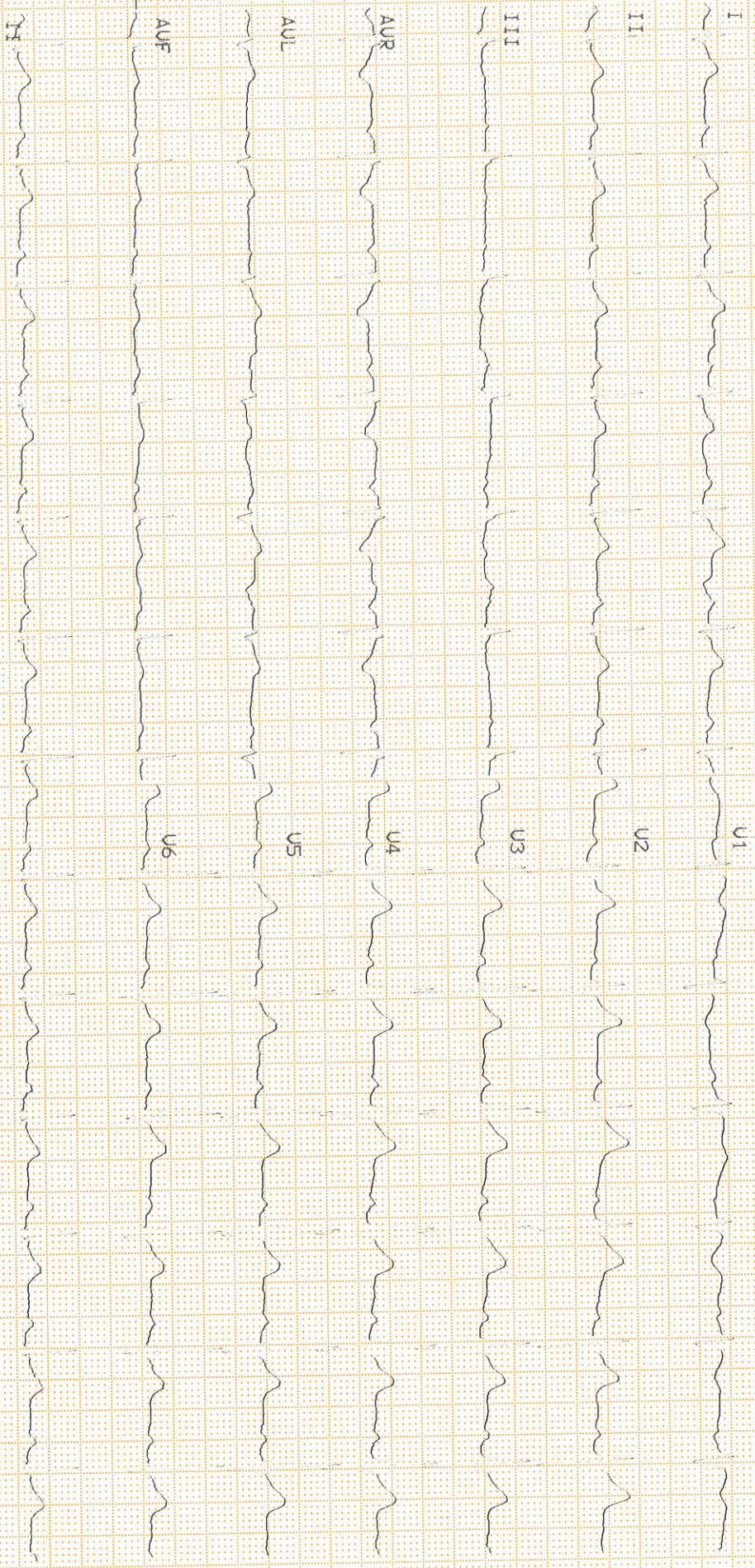
HR 78 bpm

Measurement Results:
QRS : 108 ms
QT/QTcB : 372 / 425 ms
PR : 168 ms
P : 116 ms
RR/PP : 766 / 760 ms
P/QRS/T : 40 / 60 / 35 degrees
QTd/QTcBd : 56 / 64 ms
Sokolow NK : 1 6 mV 11

< P
< T
< QRS
aUR
aUL
0 I
III +90
II

Interpretation:
suspected right ventr. hypertrophy
probably abnormal ECG

Unconfirmed report.



25 Mar 2008 09:59:02 AM 25mm/s 10mm/mV ADS 50Hz 0.08 2015 4713 AutoScale V6 2 112 11

DEPARTMENT OF OPHTHALMOLOGY

Employee Name: <i>Shyam Kiran Reddy</i>	Date: <i>29/05/24</i>
Employee No:	Sex: <i>M</i>
Age: <i>48</i>	Systemic illness:

Examination	RE	LE
Anterior Segment	Normal/Abnormal	Normal/Abnormal
Vision Distance	<i>6/9</i>	<i>6/9</i>
Near vision	<i>N/B</i>	<i>N/B</i>
Colour (Ishihara)	Normal/Abnormal	Normal/Abnormal
Refractive Error	Present/Absent	Present/Absent
New Glass power	<i>+0.75 SPL</i>	<i>+0.75 SPL ← 6/6</i>
Add Power	<i>+1.50</i>	<i>+1.50 — N/A</i>
Glass If any	To Continue / Change	To Continue / Change
IOP (mm of Hg)	Normal/Abnormal	Normal/Abnormal
Posterior Segment	Normal/Abnormal	Normal/Abnormal
Impression	Normal/Refractive Error/Presbyopic BE/Others	

Advice/Comments	<i>- cont with same glasses</i>
-----------------	---------------------------------

[Signature]

Signature of Consultant & Optometrist

Date : 29-03-2024

MR NO : CMAR.0000345219

Name : Mr. SHYAM KISHORE THAKUR

Age/ Gender : 48 Y / Male

Department : GENERAL

Doctor :

Registration No :

Qualification :

Consultation Timing: 09:08

Height : 176cm.	Weight : 91kg	BMI :	Waist Circum :
Temp :	Pulse : 77b/m.	Resp :	B.P : 125/70 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

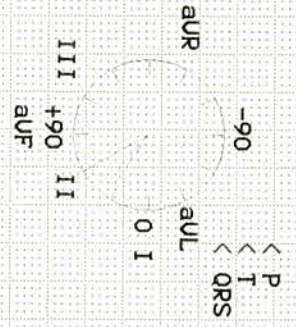
Follow up date:

Doctor Signature

GE MAC1200 ST S KISHORE, T 00345219, APOLLO
Male, 48 Years (10.03.1976)

HR 78 bpm

Measurement Results:
QRS : 108 ms
QT/QTcB : 372 / 425 ms
PR : 168 ms
P : 116 ms
RR/PP : 766 / 760 ms
P/QRS/T : 40 / 60 / 35 degrees
QTd/QTcBd : 56 / 64 ms
Sokolow : 1.6 mV
NK : 11



Interpretation:
suspected right ventr. hypertrophy
probably abnormal ECG

Unconfirmed report.

29. MAR. 2024 09:59:02 AM 25mm/s 10mm/mV AGS 50HZ 0.05-20Hz 6-FLIP AUTOMATIC V6.2 M121 (1)

Patient Name : Mr. SHYAM KISHORE THAKUR

Age/Gender : 48 Y/M

UHID/MR No. : CMAR.0000345219

OP Visit No : CMAROPV792547

Sample Collected on :

Reported on : 29-03-2024 18:27

LRN# : RAD2286101

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 795312

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

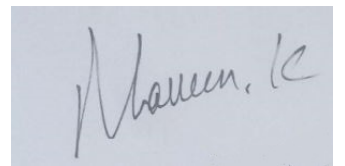
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

यूनियन बैंक Union Bank
of India of India



नाम : श्याम किशोर ठाकुर
Name : SHYAM KISHOR THAKUR
कर्मचारी क्र / Employee No. : 795312
जन्म तिथि / Date of Birth : 10.03.1976
रक्त समूह / Blood Group: A+ve

हस्ताक्षर / Signature

कार्यालय / Office : क्षेत्रीय कार्यालय, बंगलुरु पूर्व
Region / Office : RO Bangalore East
कार्यालय की तारीख / Office Date
Date of issue : 16.02.2021

भारत सरकार Government of India

Shyam Kishore Thakur
DOB: 10/03/1976
MALE

3338 7779 1946

मेरा आधार, मेरी पहचान