

Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:11PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 01:40PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240048624

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.57	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.2	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.6	%	40-80	Electrical Impedance
LYMPHOCYTES	28.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5174.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2368.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	621.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	58.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.18		0.78- 3.53	Calculated
PLATELET COUNT	216000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

Page 2 of 15



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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Visit ID : CTNAOPV194228	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLF02112505

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Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 02:11PM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 04:02PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 05:23PM
Visit ID : CTNAOPV194228	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1423736

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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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M.D.(Biochemistry)



SIN No:EDT240021896

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	180	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	110	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04640508

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.93	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.76	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	78	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	58.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04640508

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Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:37PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 02:37PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



DR. R. SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:37PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 02:35PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	40.00	U/L	<55	IFCC



DR.R.SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:44PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 03:46PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.899	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.762	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. R. SRIVATSAN
M.D.(Biochemistry)



SIN No: SPL24032090

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Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:44PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 03:46PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24032090

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Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:08AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 04:14PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 06:00PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:UR2290707

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Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 04:14PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 04:36PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



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

SIN No:UF010772

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Patient Name	: Mr. M Banerjee	Age/Gender	: 37 Y/M
UHID/MR No.	: CTNA.0000204290	OP Visit No	: CTNAOPV194228
Sample Collected on	:	Reported on	: 26-02-2024 13:42
LRN#	: RAD2247153	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 63754		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows increase in echogenicity suggestive of fatty changes.

Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.

Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 8.1 cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Aorta and IVC appear normal.

Right kidney measures 9.7 x 3.9 cms.

Left kidney measures 10.1 x 4.7 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

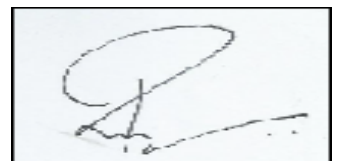
Prostate measures 3.9 x 3.4 x 3.2 cms (volume 22 cc) and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour. Both iliac fossae appear normal.

IMPRESSION:

Fatty Liver (Grade I).





Patient Name : Mr. M Banerjee

Age/Gender : 37 Y/M

Dr. A R RAGHUL
MBBS MD Radiodiagnosis
Radiology

Patient Name	: Mr. M Banerjee	Age/Gender	: 37 Y/M
UHID/MR No.	: CTNA.0000204290	OP Visit No	: CTNAOPV194228
Sample Collected on	:	Reported on	: 26-02-2024 13:07
LRN#	: RAD2247153	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 63754		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

Normal study.



Dr. RASHEED ARAFATH HIDAYATHULLAH
MBBS, DNB (RD)
Radiology

ORAL EXAMINATION FORM



Date: 24/2/24

Patient ID: 204290 MHC

Patient Name: M. Bonejee Age: 37 Sex: Male Female

Chief Complaint: Spurred teeth

Medical History: NO

Drug Allergy: NO

Medication currently taken by the Guest: NO

Initial Screenign Findings: S7+, C7+

Dental Caries: NO

Missing Teeth:

Impacted Teeth: NO

Attrition / Abrasion:

Bleeding: Cause - I

Pockets / Recession:

Calculus / Stains: S7+ Cat

Mobility:

Restored Teeth: 6/6

Non - restorable Teeth for extraction / Root Stumps:

Malocclusion: NO

Others: NO

Advice :-

Act Scaling

Doctor Name & Signature :

[Signature]
[Signature]

APOLLO MEDICAL CENTER
Door No 114, Sarabanasam Street, T.Nagar,
Chennai - 600017.
Ph No 044-24341086 / 24335315 / 16/18/19

Name	Mr. M. Banerjee	Date	24/02/24
Age	37/y	UHID No.	CTNA.0000204290
Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	6/60	6/60
DV-BCVA :	6/60 TPn 6/6	6/60 TPn 4/6
NEAR VISION :	N6	N6
ANTERIOR SEGMENT :	ND	ND
IOP :	Ⓜ	Ⓜ
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	Ⓜ	Ⓜ
FUNDUS :		
IMPRESSION :		
ADVICE :	continues your glasses	

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

no specific ENT complaints

HE: Ear
Nose
Throat } NAD

APOLLO MEDICAL CENTRE
Door No 11/4, Sivaprakasam Street, T.Nagar,
Chennai - 600017.
Ph No 044-24341066 / 24335315 / 16/18/19

S Meenakshi

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Physical Examination			
Name <input checked="" type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss		MAINAK BANERJEE	
Age / Gender		37	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
			DATE OF CHECK UP 24 Feb 2024
HEIGHT	171		Cms
WEIGHT	86.9		Kgs
BLOOD PRESSURE (if above 140/90 need 3 readings)	1)	130/80	
	2)		
	3)		mm/Hg
BMI		29.7	
WAIST		100	
HIP		103	
WAIST HIP RATIO		0.97	Min
RESPIRATORY RATE		18	Min
PULSE		86	
CHEST	INSPIRATION	Ins:	Cms
	EXPIRATION	Exp:	Cms

OPHTHAL EXAMINATION					COLOUR VISION		
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT	
WITHOUT GLASS							
WITH GLASS							
REMARKS IF ANY							

APOLLO MEDICAL CENTRE
Floor No 11/14, Sivaprakasam Street, 1st Floor
Chennai - 600017.
Ph No 044-24341086 / 24335315 / 16/18/19

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TAMILNADU

Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. M. BANERJEE 37/m on 26/2/24

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

<ul style="list-style-type: none"> • Medically Fit 	Tick
<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> <ol style="list-style-type: none"> 1. HBA1c - 6.2% , TG - 180 LDL - 110 , fatty liver 2. uric acid - 8.5 - low fat low purine 3. - 40 minutes brisk walking everyday 4. T-ZEBUTAR 40 1-0-0 x 3 months <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after <u>3 months</u> & <u>serum uric acid levels</u></p>	✓
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after</p> <p>.....recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. Anusha
ANUSHA SRIDHAR
Medical Officer, Family Medicine
MBBS, DNB
The Apollo Clinic (Location)
Reg. No. 106286

This certificate is not meant for medico-legal purposes

Name: Mr. M Banerjee
Age/Gender: 37 Y/M
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. REKHA SANJAY

MR No: CTNA.0000204290
Visit ID: CTNAOPV194228
Visit Date: 24-02-2024 09:44
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. M Banerjee
Age/Gender: 37 Y/M
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANUSHA SRIDHAR

MR No: CTNA.0000204290
Visit ID: CTNAOPV194228
Visit Date: 24-02-2024 09:44
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. M Banerjee
Age/Gender: 37 Y/M
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VASANTHI SACHIDHANAND

MR No: CTNA.0000204290
Visit ID: CTNAOPV194228
Visit Date: 24-02-2024 09:44
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. M Banerjee
Age/Gender: 37 Y/M
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MEENAKSHI S

MR No: CTNA.0000204290
Visit ID: CTNAOPV194228
Visit Date: 24-02-2024 09:44
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:40	Beats/min	130/80 mmHg	Rate/min	F	171 cms	86.9 Kgs	%	%	Years	29.72	cms	cms	cms		AHLL04091

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

Vitals

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Established Patient: No

Vitals

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24-02-2024 15:40	Beats/min	130/80 mmHg	Rate/min	F	171 cms	86.9 Kgs	%	%	Years	29.72	cms	cms	cms		AHLL04091

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Mon 2/12/2024 5:06 PM

To:Mainak.Banerjee@bankofbaroda.com <Mainak.Banerjee@bankofbaroda.com>

Cc:Tnagar Apolloclinic <tnagar@apolloclinic.com>;Sreetharan V <sreetharan.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear **MR. BANERJEE MAINAK,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **T NAGAR clinic** on **2024-02-24** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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 MEDICAL CENTRE, 11/4 SIVA PRAKASAM STREET
PONDYBAZZAR T-NAGAR-600017.**

Contact No: (044) 24341066/24335315 - 16 - 18 - 19 .

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

HR 80 bpm

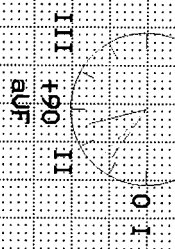
AGE: 37
Male

Measurement Results:

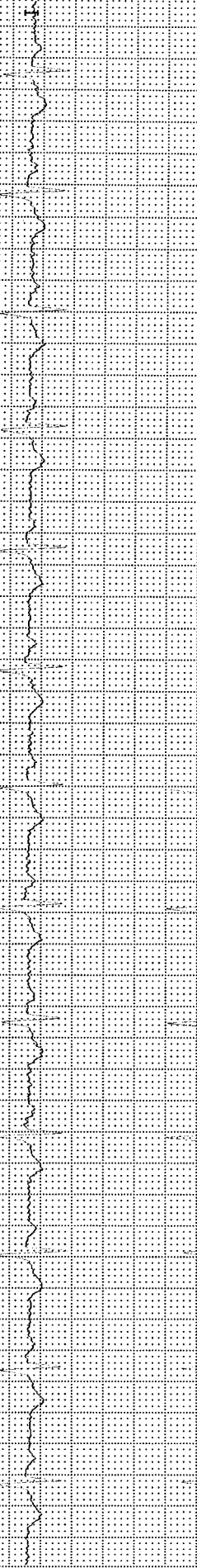
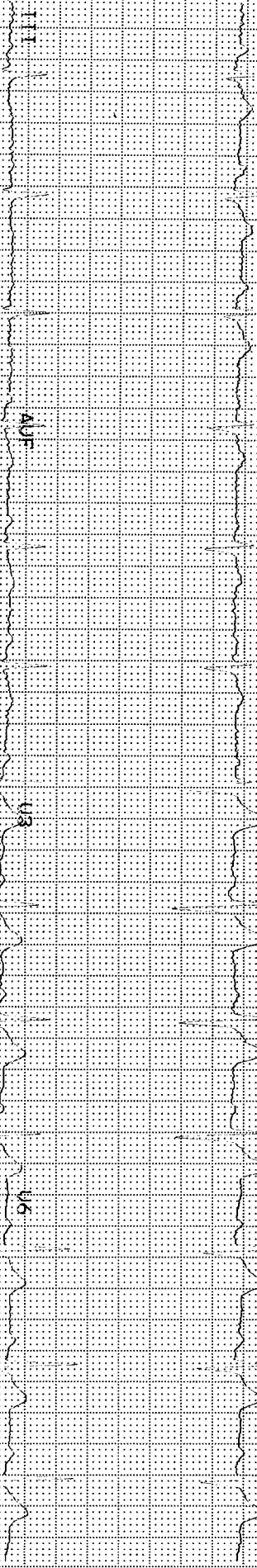
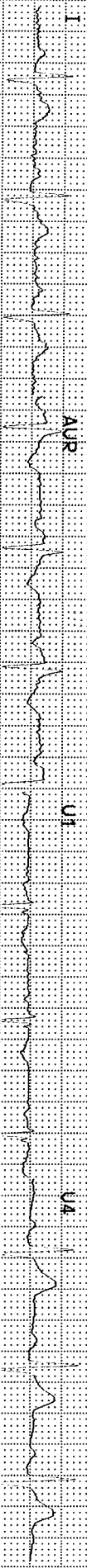
QRS	100 ms
QT/QTcB	358 / 412 ms
PR	164 ms
P	104 ms
RR/PP	746 / 750 ms
P/ORS/T	44 / 75 / 36 degrees

< P
< T
< QRS

Interpretation:
12SL - Interpretation:
Normal sinus rhythm ✓
Normal ECG



Unconfirmed report.



Patient Name	: Mr. M Banerjee	Age	: 37 Y/M
UHID	: CTNA.0000204290	OP Visit No	: CTNAOPV194228
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 24-02-2024 12:22
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.1 CM
LA (es)	3.1 CM
LVID (ed)	3.8 CM
LVID (es)	2.3 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	68.00%
%FD	38.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

Patient Name	: Mr. M Banerjee	Age	: 37 Y/M
UHID	: CTNA.0000204290	OP Visit No	: CTNAOPV194228
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 24-02-2024 12:22
Referred By	: SELF		

DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.8m/sec A: 0.6m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.7m/sec

VELOCITY ACROSS THE AV UPTO 1.2m/sec

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITIES

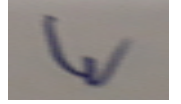
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

NORMAL LEFT VENTRICULAR IN SIZE

NO : PE/PAH

DONE BY
NIRMALA

Patient Name : Mr. M Banerjee Age : 37 Y/M
UHID : CTNA.0000204290 OP Visit No : CTNAOPV194228
Conducted By: : Dr. KIRUBAKARAN . Conducted Date : 24-02-2024 12:22
Referred By : SELF



Dr.KIRUBAKARAN.

Patient Name	: Mr. M Banerjee	Age	: 37 Y/M
UHID	: CTNA.0000204290	OP Visit No	: CTNAOPV194228
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 24-02-2024 12:22
Referred By	: SELF		

Patient Name	: Mr. M Banerjee	Age	: 37 Y/M
UHID	: CTNA.0000204290	OP Visit No	: CTNAOPV194228
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 24-02-2024 12:22
Referred By	: SELF		

Patient Name	: Mr. M Banerjee	Age	: 37 Y/M
UHID	: CTNA.0000204290	OP Visit No	: CTNAOPV194228
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 24-02-2024 12:22
Referred By	: SELF		

Patient Name : Mr. M Banerjee Age : 37 Y/M
UHID : CTNA.0000204290 OP Visit No : CTNAOPV194228
Reported By: : Dr. ARUNA BABBURI Conducted Date : 24-02-2024 15:59
Referred By : SELF

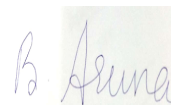
ECG REPORT

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG.

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



Dr. ARUNA BABBURI



MC-2439

Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:11PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 01:40PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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



SIN No:BED240048624

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



MC-2439

Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:11PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 01:40PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.57	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.2	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.6	%	40-80	Electrical Impedance
LYMPHOCYTES	28.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5174.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2368.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	621.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	58.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.18		0.78- 3.53	Calculated
PLATELET COUNT	216000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

Page 2 of 15

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



SIN No:BED240048624

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



MC-2439

Patient Name	: Mr.M BANERJEE	Collected	: 24/Feb/2024 10:09AM
Age/Gender	: 37 Y 2 M 23 D/M	Received	: 24/Feb/2024 12:11PM
UHID/MR No	: CTNA.0000204290	Reported	: 24/Feb/2024 01:40PM
Visit ID	: CTNAOPV194228	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 63754		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
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IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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



SIN No:BED240048624

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



MC-2439

Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:11PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 02:46PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

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



Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:29PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 12:58PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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:

1. 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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:PLF02112505

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 02:11PM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 04:02PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 05:23PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	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.



DR.R.SRIVATSAN
M.D.(Biochemistry)





MC-2439

Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:18PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 01:30PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

DR.R.SRIVATSAN
M.D.(Biochemistry)

Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:37PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 02:37PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	180	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	110	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR.R.SRIVATSAN
M.D.(Biochemistry)



Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:37PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 02:37PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.93	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.76	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	78	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	58.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



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Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:37PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 02:35PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	40.00	U/L	<55	IFCC



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M.D.(Biochemistry)





Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 12:44PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 03:46PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.899	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.762	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

1. 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.
2. 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.
3. 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.
4. 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.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24032090

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



MC-2439

Patient Name	: Mr.M BANERJEE	Collected	: 24/Feb/2024 10:09AM
Age/Gender	: 37 Y 2 M 23 D/M	Received	: 24/Feb/2024 12:44PM
UHID/MR No	: CTNA.0000204290	Reported	: 24/Feb/2024 03:46PM
Visit ID	: CTNAOPV194228	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 63754		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24032090

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:08AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 04:14PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 06:00PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:UR2290707

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.M BANERJEE	Collected : 24/Feb/2024 10:09AM
Age/Gender : 37 Y 2 M 23 D/M	Received : 24/Feb/2024 04:14PM
UHID/MR No : CTNA.0000204290	Reported : 24/Feb/2024 04:36PM
Visit ID : CTNAOPV194228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 63754	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



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

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SIN No:UF010772

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