

Fwd: Health Check up Booking Confirmed Request(bobE10940),Package Code-PKG10000367, Beneficiary Code-241047

d pakmode <dpakmode@gmail.com>

Sat 2/24/2024 9:33 AM

To:Hitechcity Apolloclinic <hitechcity@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Fri, 23 Feb 2024, 4:33 pm

Subject: Health Check up Booking Confirmed Request(bobE10940),Package Code-PKG10000367, Beneficiary Code-241047

To: <Dpakmode@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **Dulip Bhaurao Pakmode** ,

We are pleased to confirm your health checkup booking request with the following details.

- Booking Date** : 22-02-2024
- Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male
- Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40
- Name of Diagnostic/Hospital** : Apollo Medical Centre - Kondapur
- Address of Diagnostic/Hospital-** Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-Royal Restaurants , Kondapur - 500084
- City** : Hyderabad
- State** :
- Pincode** : 500084
- Appointment Date** : 24-02-2024
- Confirmation Status** : Booking Confirmed
- Preferred Time** : 09:00 am - 09:30 am
- Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. PAKMODE DULIP BHAURAO	47 year	Male

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or

- any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
 - Please bring all your medical prescriptions and previous health medical records with you.
 - Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team


You have received this mail because your e-mail ID is registered with This is a system-generated e-mail Arcofemi Healthcare Limited, please don't reply to this message.


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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)



नाम दुलिप भाऊराव पाकमोड
Name Dulip Bhaurao Pakmode
कर्मचारी कूट क्र.
E.C. No. 73805


जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION
2decho,ecg,optical pending(coming by next week)

Patient Name	: Mr. DULIP BHAURAO PAKMODE	Age/Gender	: 47 Y/M
UHID/MR No.	: CKON.0000427517	OP Visit No	: CKONOPV640060
Sample Collected on	:	Reported on	: 25-02-2024 12:02
LRN#	: RAD2247066	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 73805		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and mild increased in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended normal. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained.

Right kidney measures 97 x 39 mm. **Calculus of size 3 mm with cyst of size 26 x 21 mm is seen.**

Left kidney measures 102 x 49 mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is enlarged in size measures 35 x 45 x 38 mm, Volume--32mm. No evidence of necrosis/calcification seen.

IMPRESSION:-

****GRADE II-PROSTATOMEGALY.**

****RIGHT RENAL CALCULUS WITH CYST.**

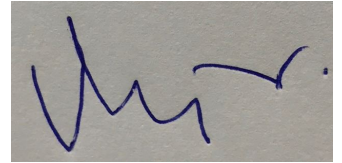
Patient Name : Mr. DULIP BHAURAO PAKMODE

Age/Gender : 47 Y/M

****MILD FATTY CHANGES IN LIVER.**

Suggest – clinical correlation.

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



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name : Mr. DULIP BHAURAO PAKMODE

Age/Gender : 47 Y/M

UHID/MR No. : CKON.0000427517

OP Visit No : CKONOPV640060

Sample Collected on :

Reported on : 25-02-2024 14:55

LRN# : RAD2247066

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 73805

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. PANKAJ HARKUT
MBBS, DMRD
Radiology

Patient Name : Mr.DULIP BHAURAO PAKMODE	Collected : 24/Feb/2024 09:38AM
Age/Gender : 47 Y 3 M 21 D/M	Received : 24/Feb/2024 10:22AM
UHID/MR No : CKON.0000427517	Reported : 24/Feb/2024 05:20PM
Visit ID : CKONOPV640060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73805	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.9	g/dL	13-17	Spectrophotometer
PCV	45.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.08	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3894	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2112	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	198	Cells/cu.mm	20-500	Calculated
MONOCYTES	396	Cells/cu.mm	200-1000	Calculated
Neutrophil Lymphocyte ratio (NLR)	1.84		0.78- 3.53	Calculated
PLATELET COUNT	261000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

Page 1 of 15



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.DULIP BHAURAO PAKMODE	Collected : 24/Feb/2024 09:38AM
Age/Gender : 47 Y 3 M 21 D/M	Received : 24/Feb/2024 10:22AM
UHID/MR No : CKON.0000427517	Reported : 24/Feb/2024 11:18AM
Visit ID : CKONOPV640060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73805	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	GOD - POD

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.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.DULIP BHAURAO PAKMODE	Collected : 24/Feb/2024 11:44AM
Age/Gender : 47 Y 3 M 21 D/M	Received : 24/Feb/2024 01:30PM
UHID/MR No : CKON.0000427517	Reported : 24/Feb/2024 02:37PM
Visit ID : CKONOPV640060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73805	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	114	mg/dL	70-140	GOD - POD

Comment:

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

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



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Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

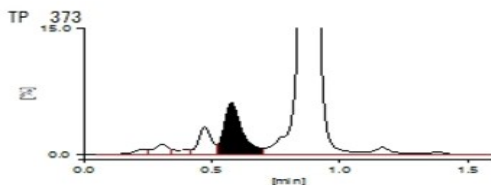
Chromatogram Report

HLC72368 V5.28.1 2024-02-24 12:51:47
 ID EDT240021695
 Sample No. 02240074 SL 0003 - 08
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.23	5.86
A1B	0.7	0.30	10.87
F	0.4	0.39	6.24
LA1C+	1.9	0.47	26.83
SA1C	6.2	0.58	71.08
A0	92.1	0.88	1335.41
H-V0			
H-V1			
H-V2			

Total Area 1456.29

HbA1c 6.2 % **IFCC 45 mmol/mol**
 HbA1 7.4 % HbF 0.4 %

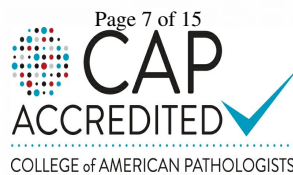


Maruthi...

Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha

Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



Patient Name : Mr.DULIP BHAURAO PAKMODE	Collected : 24/Feb/2024 09:38AM
Age/Gender : 47 Y 3 M 21 D/M	Received : 24/Feb/2024 03:57PM
UHID/MR No : CKON.0000427517	Reported : 24/Feb/2024 05:29PM
Visit ID : CKONOPV640060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73805	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	196	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	120	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	122	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.92		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. Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.DULIP BHAURAO PAKMODE	Collected : 24/Feb/2024 09:38AM
Age/Gender : 47 Y 3 M 21 D/M	Received : 24/Feb/2024 03:57PM
UHID/MR No : CKON.0000427517	Reported : 24/Feb/2024 04:40PM
Visit ID : CKONOPV640060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73805	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	74.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.50	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	15.60	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	7.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	132	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



Dr. Sukumar Sannidhi
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	15-73	Glycylglycine Nitoranalide




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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	1.58	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.74	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.530	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.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.DULIP BHAURAO PAKMODE	Collected : 24/Feb/2024 09:38AM
Age/Gender : 47 Y 3 M 21 D/M	Received : 24/Feb/2024 10:22AM
UHID/MR No : CKON.0000427517	Reported : 24/Feb/2024 12:25PM
Visit ID : CKONOPV640060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73805	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.220	ng/mL	0-4	CLIA



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Patient Name : Mr.DULIP BHAURAO PAKMODE	Collected : 24/Feb/2024 09:38AM
Age/Gender : 47 Y 3 M 21 D/M	Received : 24/Feb/2024 12:51PM
UHID/MR No : CKON.0000427517	Reported : 24/Feb/2024 02:02PM
Visit ID : CKONOPV640060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73805	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	4-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Patient Name : Mr.DULIP BHAURAO PAKMODE	Collected : 24/Feb/2024 09:38AM
Age/Gender : 47 Y 3 M 21 D/M	Received : 24/Feb/2024 12:51PM
UHID/MR No : CKON.0000427517	Reported : 24/Feb/2024 03:21PM
Visit ID : CKONOPV640060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73805	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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 ***

Result/s to Follow:
PERIPHERAL SMEAR



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MD(Path)
Consultant Pathologist

