

Name : Mr. Abhra Ghosh

Age: 37 Y

Sex: M

UHID:CBEL.0000243928



OP Number:CBEL0PV458269

Bill No :CBEL-OCR-125559

Date : 13.01.2024 09:02

 Address : bellandur
 : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
 Plan INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	EKG (1) ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION 09	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA (12) 1st floor	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN (14) 1st floor	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

25) Dental - 9

26) Dguitude - 12

28) physio - 19

DOB = 02/12/1986

BP = 115/84

P = 90

HT = 165

WT = 79.6

BMI = 29.2

NAME : Mr. Abhra Ghosh

AGE: 37 YRS

SEX : MALE

DATE : 13.01.2024

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER : Minimally distended.

PANCREAS : Obscured by bowel gas. However the visualised parts of the pancreas appear grossly normal. Para - aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size and echotexture. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 10.3 X 3.9 cms, LEFT KIDNEY : 9.8 X 5.1 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Moderately distended. No intraluminal calculi/mass lesion seen.

PROSTATE : Normal in size & echotexture.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : No sonologically detectable abnormality seen in the present study.


DR. RAMESH .G
CONSULTANT RADIOLOGIST

(The sonography finding should always be considered in correlation with the clinical and other investigation findings applicable). It is only a professional opinion . Not valid for medico-legal purpose) higher imaging techniques to be done, depending on the condition of the patient, If clinically needed.

NAME : Mr. Abhra Ghosh

AGE : 37 YRS

SEX : MALE

DATE : 13.01.2024

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X- ray



DR. RAMESH . G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, depending on the condition of the patient ,if clinically needed.



Apollo Clinic

Consent Form

Patient Name:..... Age:.....

UHID Number:..... Company Name:.....

Mr/Mrs/Ms. Abha Ghosh..... Employee of Acofemi.....

(Company) want to inform you that I am ~~not~~ interested in getting optical survey 20 eye

Test done which is a part of routine health check package.

Fitness by general physician

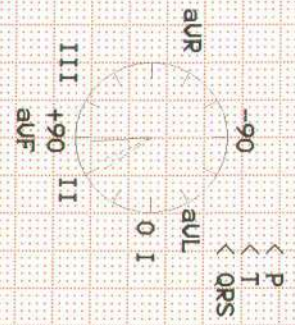
And I claim the above statement in my full consciousness.

Patient signature: Abha Ghosh..... Date: 13/01/24.....

GE MAC1200 ST ABHRA, GHOSH 000243928,
Male, 37 Years (02.12.1986)

HR 83 bpm

Measurement Results:
QRS : 94 ms
QT/QTcB : 348 / 411 ms
PR : 142 ms
P : 112 ms
RR/PP : 716 / 710 ms
P/QRS/T : 65 / 85 / 55 degrees
QTd/QTcBd : 20 / 24 ms
Sokolow NK : 1.7 mV
12

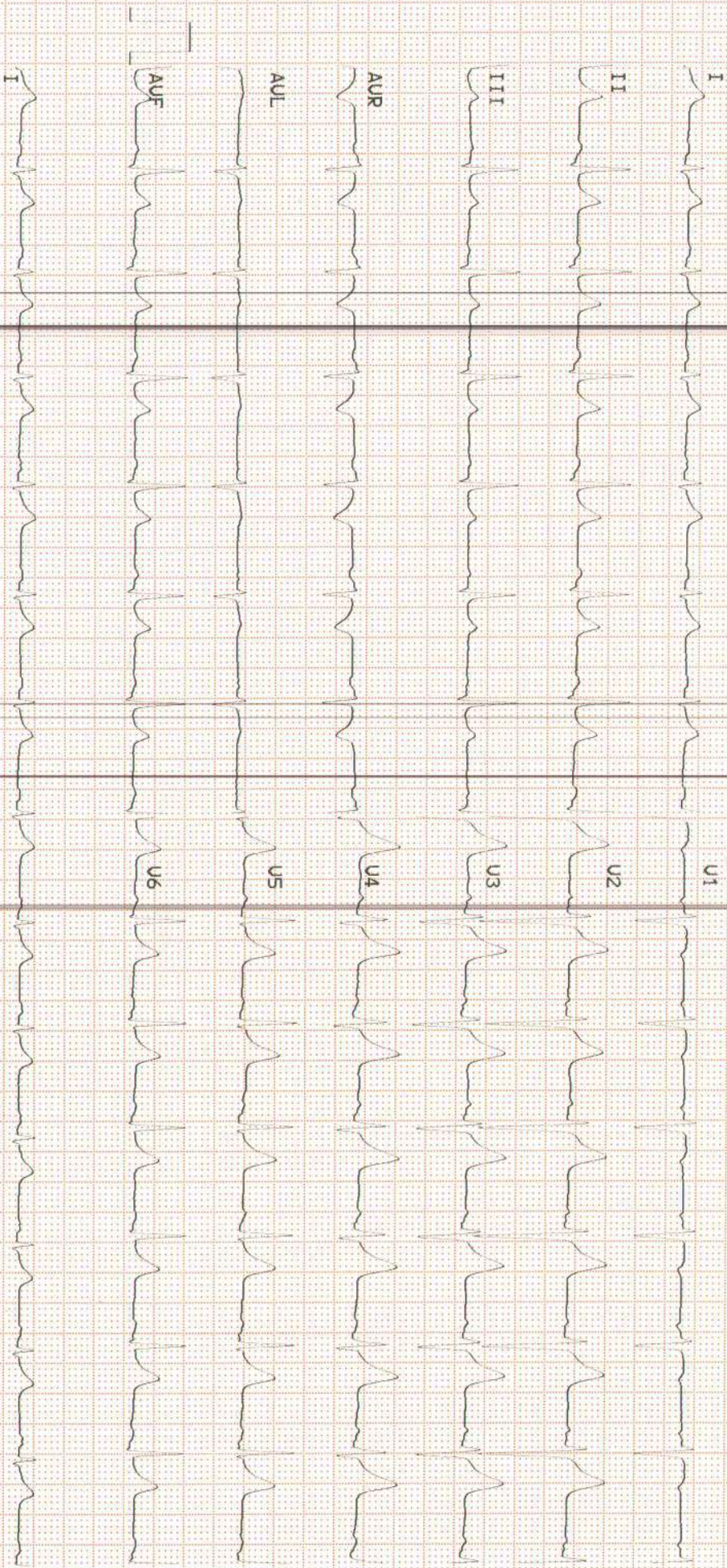


Interpretation:

Q wave (inferior)
borderline ECG

Handwritten signature

Unconfirmed report.



13 Jan. 2024 09:18:29 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 6 F1 Automatic U6 2 M121 (1)

Dental

Mr. Abhra Ghosh

To Pay Rs 3000/-

9353788049

37/M

13.01.24

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

CH
Health check

O/E
* CATT, St+++
* Spacing
* Ellis class 2 1/1

M/H
NRH

Rx plan
* scaling. (Rs 3000/-)
* Aesthetic filling 1/1

D/H
NRH

(Scaling done, Oral Hygiene
Instructions Given).

APOLLO CLINIC
BELLANDUR

ONE FOLLOW UP WITH SAME DOCTOR
FREE WITH IN 7 DAYS.

Dr. Amba S.

Follow up date:

Doctor Signature



MC-6146

Patient Name : Mr.ABHRA GHOSH
Age/Gender : 37 Y 1 M 11 D/M
UHID/MR No : CBEL.0000243928
Visit ID : CBELOPV458269
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 23m17145210081150s

Collected : 13/Jan/2024 09:49AM
Received : 13/Jan/2024 02:42PM
Reported : 13/Jan/2024 04:17PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	16.1	g/dL	13-17	Spectrophotometer
PCV	48.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.62	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.4	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,210	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	57.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4152.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2314.41	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	245.14	Cells/cu.mm	20-500	Calculated
MONOCYTES	454.23	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.26	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	208000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-15	Modified Westegren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

SIN No: BED240009556



MC-6146

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DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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



MC-8145

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UHID/MR No	: CBEL.0000243928	Reported	: 13/Jan/2024 05:54PM
Visit ID	: CBELOPV458269	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 23m17145210081150s		

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

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





MC-6146

Patient Name : Mr.ABHRA GHOSH	Collected : 13/Jan/2024 09:49AM
Age/Gender : 37 Y 1 M 11 D/M	Received : 13/Jan/2024 03:20PM
UHID/MR No : CBEL.0000243928	Reported : 13/Jan/2024 03:35PM
Visit ID : CBELOPV458269	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23m17145210081150s	

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	90	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	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	5.3	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN				



Shetty

DR. SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No:EDT240004078



MC-6146

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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL	Calculated
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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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR. SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST
SIN No: EDT240004078



MC-6146

Patient Name : Mr.ABHRA GHOSH	Collected : 13/Jan/2024 09:49AM
Age/Gender : 37 Y 1 M 11 D/M	Received : 13/Jan/2024 03:06PM
UHID/MR No : CBEL.0000243928	Reported : 13/Jan/2024 03:54PM
Visit ID : CBELOPV458269	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23m17145210081150s	

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	197	mg/dL	<200	CHO-POD
TRIGLYCERIDES	229	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	148	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.02		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

*Shetty*

DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04600105



MC-6146

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DEPARTMENT OF BIOCHEMISTRY

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

DR. SHIVARAJA SHETTY
M. B. B. S. M. D (Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: SE04600105





MC-6146

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	59	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	106.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.39	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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:

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DEPARTMENT OF BIOCHEMISTRY

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

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



DR.SHIVARAJA SHETTY
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MC-6145

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UHID/MR No : CBEL.0000243928
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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	1.00	mg/dL	0.67-1.17	Jaffe's, Method
UREA	19.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.72	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.07	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



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M.B.B.S, M.D (Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04600105



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Age/Gender	: 37 Y 1 M 11 D/M	Received	: 13/Jan/2024 03:06PM
UHID/MR No	: CBEL.0000243928	Reported	: 13/Jan/2024 03:51PM
Visit ID	: CBELOPV458269	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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	68.00	U/L	<55	IFCC

DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No:SE04600105





MC-6146

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Visit ID : CBELOPV458269	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23m17145210081150s	

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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.10	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.835	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



Shetty

DR. SHIVARAJA SHETTY
 M.B.B.S, M.D (Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No: SPL24006381



MC-8146

Patient Name	: Mr.ABHRA GHOSH	Collected	: 13/Jan/2024 09:49AM
Age/Gender	: 37 Y 1 M 11 D/M	Received	: 13/Jan/2024 03:08PM
UHID/MR No	: CBEL.0000243928	Reported	: 13/Jan/2024 06:04PM
Visit ID	: CBELOPV458269	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 23m17145210081150s		

DEPARTMENT OF IMMUNOLOGY

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



DR. SHIVARAJA SHETTY
M.B.B.S, M.D (Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: SPL24006381



MC-6146

Patient Name : Mr.ABHRA GHOSH
 Age/Gender : 37 Y 1 M 11 D/M
 UHID/MR No : CBEL.0000243928
 Visit ID : CBELOPV458269
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 23m17145210081150s

Collected : 13/Jan/2024 09:49AM
 Received : 13/Jan/2024 04:02PM
 Reported : 13/Jan/2024 04:48PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		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	2-3	/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

Page 14 of 15

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

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



SIN No:UR2262250



MC-6146

Patient Name	: Mr.ABHRA GHOSH	Collected	: 13/Jan/2024 09:49AM
Age/Gender	: 37 Y 1 M 11 D/M	Received	: 13/Jan/2024 04:02PM
UHID/MR No	: CBEL.0000243928	Reported	: 13/Jan/2024 04:43PM
Visit ID	: CBELOPV458269	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 23m17145210081150s		

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 ***

Result/s to Follow:
PERIPHERAL SMEAR

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

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



- ☰ Apollo
- 🏠 Home
- 📄 Reports
- 📅 Appointments
- 👤 OPD/IP Consultation
- ⚙️ Roster Configuration
- ⚙️ Settings

Healthbridge

BELLANDUR@APOLLOCLINIC.COM

Patient Details

Patient First Name	Patient Last Name	Patient Mobile Number
Abhra	Ghosh	9836723915
Patient E-mail ID	Date of Birth	Gender
saheli@bankofbaroda.com	01-01-1987	male
Client	Agreement Name	
ARCOFEMI HEALTHCARE LIMITED	(1) ARCOFEMI MEDIUM WHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	
Package Name	Visit Type	
(1) ARCOFEMI - MEDIUM WHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2024	in-clinic	

Order Confirmed

City	Order Date	Appointment Date	Slot Time
BELLANDUR	08-01-2024	13-01-2024	08:30-08:45

Net Amount: 2000
 Appointment ID: 324302

✕ CANCEL
📄 READ RECEIPT
🔄 UPDATE STATUS

Patient Name	: Mr. Abhra Ghosh	Age/Gender	: 37 Y/M
UHID/MR No.	: CBEL.0000243928	OP Visit No	: CBELOPV458269
Sample Collected on	:	Reported on	: 13-01-2024 19:50
LRN#	: RAD2207434	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 23m17145210081150s		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER :Minimally distended.

PANCREAS : Obscured by bowel gas.However the visualised parts of the pancreas appear grossly normal.Para – aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size and echotexture. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 10.3 X 3.9 cms, LEFT KIDNEY :9.8 X 5.1 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture.

No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Moderately distended. No intraluminal calculi/mass lesion seen.

PROSTATE : Normal in size & echotexture.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : **No sonologically detectable abnormality seen in the present study.**

DR. RAMESH .G

CONSULTANT RADIOLOGIST

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mr. Abhra Ghosh

Age/Gender : 37 Y/M

UHID/MR No. : CBEL.0000243928

OP Visit No : CBELOPV458269

Sample Collected on :

Reported on : 13-01-2024 19:47

LRN# : RAD2207434

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 23m17145210081150s

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X- ray

DR. RAMESH . G
CONSULTANT RADIOLOGIST

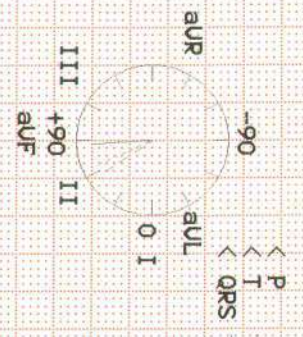
Dr. RAMESH G
MBBS DMRD
RADIOLOGY

GE MAC1200 ST ABHRA, GHOSH 000243928,
Male, 37 Years (02.12.1986)

HR 83 bpm

Measurement Results:

QRS	94	ms
QT/QTcB	348 / 411	ms
PR	142	ms
P	112	ms
RR/PP	716 / 710	ms
P/QRS/T	65 / 85 / 55	degrees
QT/QTcBD	20 / 24	ms
Sokolow NK	1.7	mV



low
S

Unconfirmed report.

