

Name : Mr. Abhishek

Age: 31 Y

UHID: SCHI.0000018714

Sex: M



Address : delhi

OP Number: SCHIOPV27194

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : SCHI-OCR-9736

Date : 09.03.2024 10:02

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	2 D ECHO ✓	
3	LIVER FUNCTION TEST (LFT) ✓	
4	GLUCOSE, FASTING ✓	
5	HEMOGRAM + PERIPHERAL SMEAR ✓	
6	DIET CONSULTATION after Report ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE (POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
12	DENTAL CONSULTATION X	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	
14	URINE GLUCOSE (FASTING) ✓	
15	HbA1c, GLYCATED HEMOGLOBIN ✓	
16	X-RAY CHEST PA ✓	
17	ENT CONSULTATION after Report ✓	
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 ✓	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Height: 167 CM  
 Weight: 97.8  
 B.P: 124/78  
 Pulse: 79/78  
 SP02: 97

Consultation Pending

## CERTIFICATE OF MEDICAL FITNESS

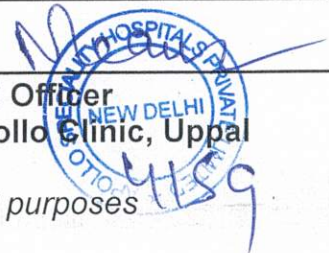
This is to certify that I have conducted the clinical examination

of Abhishek on 9/3

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

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"><li>• Currently Unfit.</li></ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	

Dr. \_\_\_\_\_  
Medical Officer  
The Apollo Clinic, Uppal



*This certificate is not meant for medico-legal purposes*

**PREVENTIVE HEALTH CARE SUMMARY**

NAME :- <b>Abhishek</b>	UHID No : <b>1874</b>
AGE / GENDER :- <b>31 y M</b>	RECEIPT No :-
PANEL : <b>A2 cofem1</b>	EXAMINED ON :- <b>9/3</b>

**Chief Complaints:**

**Past History:**

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

**Personal History:**

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

**Family History:**

**General Physical Examination:**

Height **167** : cms  
 Weight **97.8** : Kgs

Pulse **78/m** bpm  
 BP **124/78** mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Abhishek</u>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

USG - F-L III

Tcholesterol 210 (9/15)

BS A 103

HbA1C 7.4

Recommendation:

156

→ low fat / sugar free diet

→ Cap A Active 102 x 3 months

My vita D<sub>3</sub> 60 once a week

2-3 month

Dr. Navneet Kaur  
Consultant Physician



Review Reports



भारत सरकार  
Government of India



अभिषेक  
Abhishek  
जन्म तिथि/DOB: 28/07/1992  
पुरुष/ MALE



4540 0949 4815

VID: 9188 4971 0426 2207

मेरा आधार, मेरी पहचान

Client Name  
ARCOFEMI HEALTHCARE LIMITED

Patient Name  
MR. ABHISHEK

Patient Name : Mr. Abhishek Age : 31 Y/M  
 UHID : SCHI.0000018714 OP Visit No : SCHIOPV27194  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-03-2024 17:54  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal E>A **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg MVA \_\_\_\_\_cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_msec.  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_msec. Pred. RVSP=RAP+ \_\_\_\_\_mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.  
 Doppler **Normal**/Abnormal.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Pulmonary annulus \_\_\_\_\_mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_mmHg End diastolic gradient \_\_\_\_\_mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/3/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Aortic annulus \_\_\_\_\_mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements	Normal Values	Measurements	Normal values
Aorta	2.9 (2.0 - 3.7cm)	LA es	3.4 (1.9 - 4.0cm)
LV es	2.5 (2.2 - 4.0cm)	LV ed	4.3 (3.7 - 5.6cm)
IVS ed	0.9 (0.6 - 1.1cm)	PW (LV)	0.9 (0.6 - 1.1cm)
RV ed	(0.7 - 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	65% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical

**CHAMBERS :**

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced

Regional wall motion abnormality **Absent**

LA **Normal**/Enlarged/**Clear**/Thrombus

RA **Normal**/Enlarged/**Clear**/Thrombus

RV **Normal**/Enlarged/**Clear**/Thrombus

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048  
 Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
 Ph No: 040-4904 7777 | www.apollohl.com

## PERICARDIUM

### COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

*Dr. M K Gupta*

*Dr. M K Gupta*  
*M.B.B.S, MD, FIACM*  
*Senior Consultant Cardiologist*



<b>NAME :</b>	<b>ABHISHEK</b>	<b>AGE/SEX:</b>	<b>31</b>	<b>YRS./M</b>
<b>UHID :</b>	<b>18714</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>09.03.2024</b>	

**ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Prostate:** normal in size, weight 13.8 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

**IMPRESSION: FATTY CHANGES IN LIVER GRADE III**

**Please correlate clinically and with lab. Investigations.**



DR. MONICA CHHABRA  
Consultant Radiologist

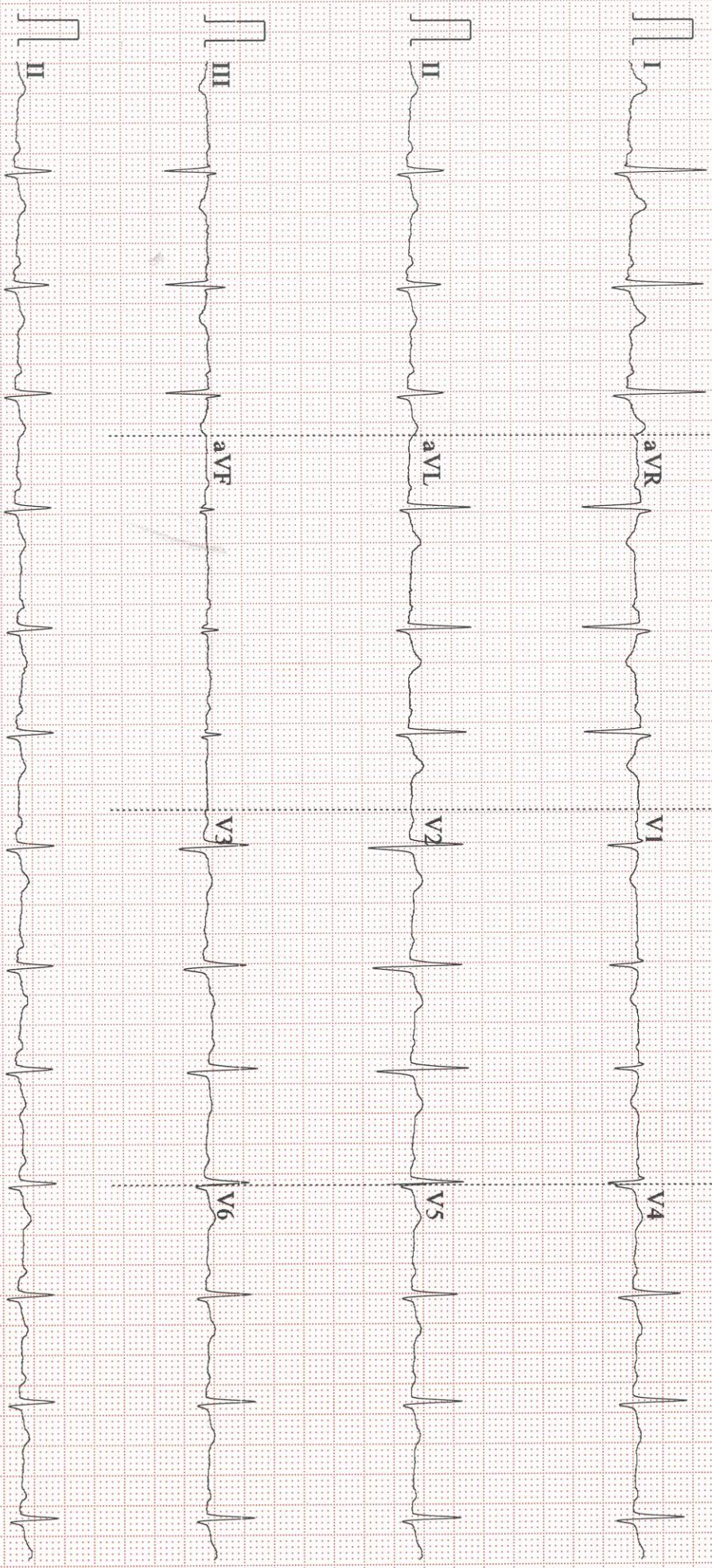
Dr. MONICA CHHABRA  
Consultant Radiologist  
DRC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

ID: 18714  
ABHISHEK  
Male 31Years  
Req. No. :

09-03-2024 11:59:16  
HR : 80 bpm  
P : 99 ms  
PR : 167 ms  
QRS : 88 ms  
QT/QTcBz : 358/413 ms  
P/QRS/T : 21/3/4 °  
RV5/SV1 : 0.803/0.457 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 4\*2.5s+1r V2.22 SEMIP V1.92 APOLLO SPECIALTY HOSPITALS

MICRO

112195

09/03/24

No. Abhinav 3104

LA (B) eye  
L (C) eye  
(Unaffected)

Go - No.

No. 2/1

NCIP 15 mm - 1

Indox - 1000 (B)  
SLE (C) (B)  
Color vision (B) normal

RA (B) no accept - 100  
L (C) no accept - 100

Adv. - Lubex Eye Drop SOS  
(B)



## Apollo Clinic

### CONSENT FORM

Patient Name: Abhishek Age: 31

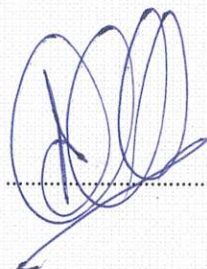
UHID Number: SCHT.0000618714 Company Name: Arcefun

I Mr/Mrs/Ms Abhishek Employee of Arcefun

(Company) Want to inform you that I am not interested in getting Dental Consent

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: 

Date: 2/3/24

## DIGITAL X-RAY REPORT

NAME: ABHISHEK	DATE: 09.03.2024
UHID NO : 18714	AGE: 31YRS/ SEX: M

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations



**DR. MONICA CHHABRA**  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Lielhi-110019

Patient Name	: Mr.ABHISHEK	Collected	: 09/Mar/2024 10:16AM
Age/Gender	: 31 Y 7 M 12 D/M	Received	: 09/Mar/2024 11:26AM
UHID/MR No	: SCHI.0000018714	Reported	: 09/Mar/2024 03:24PM
Visit ID	: SCHIOPV27194	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ryhxrtujyt		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

----



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240063352



Patient Name : Mr.ABHISHEK	Collected : 09/Mar/2024 10:16AM
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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>6.44</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>71.4</b>	fL	83-101	Calculated
MCH	<b>22.4</b>	pg	27-32	Calculated
MCHC	<b>31.4</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>18.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,930	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.4	%	40-80	Electrical Impedance
LYMPHOCYTES	32.8	%	20-40	Electrical Impedance
EOSINOPHILS	4.5	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5501.22	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3257.04</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	446.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	685.17	Cells/cu.mm	200-1000	Calculated
BASOPHILS	39.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	277000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	13	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

Page 2 of 13



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240063352



Patient Name	: Mr.ABHISHEK	Collected	: 09/Mar/2024 10:16AM
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**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA  
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240063352



Patient Name : Mr.ABHISHEK	Collected : 09/Mar/2024 10:16AM
Age/Gender : 31 Y 7 M 12 D/M	Received : 09/Mar/2024 02:03PM
UHID/MR No : SCHI.0000018714	Reported : 09/Mar/2024 06:47PM
Visit ID : SCHIOPV27194	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ryhxrtujyt	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>103</b>	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>156</b>	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	7.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	166	mg/dL		Calculated

**Comment:**

Page 5 of 13



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



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



SIN No:EDT240028872

Patient Name : Mr.ABHISHEK	Collected : 09/Mar/2024 10:16AM
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**DEPARTMENT OF BIOCHEMISTRY**

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

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)

Page 6 of 13



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



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



SIN No:EDT240028872

Patient Name : Mr.ABHISHEK	Collected : 09/Mar/2024 10:16AM
Age/Gender : 31 Y 7 M 12 D/M	Received : 09/Mar/2024 11:32AM
UHID/MR No : SCHI.0000018714	Reported : 09/Mar/2024 03:43PM
Visit ID : SCHIOPV27194	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ryhxrtyjt	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>210</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>167</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>30</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>180</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>146.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>33.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>7.00</b>		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

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

Page 7 of 13



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04655943



Patient Name : Mr.ABHISHEK	Collected : 09/Mar/2024 10:16AM
Age/Gender : 31 Y 7 M 12 D/M	Received : 09/Mar/2024 11:32AM
UHID/MR No : SCHI.0000018714	Reported : 09/Mar/2024 03:43PM
Visit ID : SCHIOPV27194	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ryhxrtujyt	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>82</b>	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	47.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	104.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

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



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Patient Name : Mr.ABHISHEK	Collected : 09/Mar/2024 10:16AM
Age/Gender : 31 Y 7 M 12 D/M	Received : 09/Mar/2024 05:33PM
UHID/MR No : SCHI.0000018714	Reported : 10/Mar/2024 08:28AM
Visit ID : SCHIOPV27194	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ryhxrtyjt	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.68	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>15.40</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>7.2</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.24	mg/dL	3.5-8.5	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.54	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100.1	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.61	g/dL	6.3-8.2	Biuret
ALBUMIN	4.37	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

Page 9 of 13



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



SIN No:BI18705515

Patient Name : Mr.ABHISHEK	Collected : 09/Mar/2024 10:16AM
Age/Gender : 31 Y 7 M 12 D/M	Received : 09/Mar/2024 11:32AM
UHID/MR No : SCHI.0000018714	Reported : 09/Mar/2024 07:12PM
Visit ID : SCHIOPV27194	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ryhxrtujyt	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>77.00</b>	U/L	15-73	Glycylglycine Nitoranalide



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.19	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.51	µIU/mL	0.25-5.0	ELFA

**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



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Patient Name : Mr.ABHISHEK	Collected : 09/Mar/2024 10:16AM
Age/Gender : 31 Y 7 M 12 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018714	Reported : 09/Mar/2024 07:16PM
Visit ID : SCHIOPV27194	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ryhxrtyjt	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 13



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Patient Name : Mr.ABHISHEK	Collected : 09/Mar/2024 10:16AM
Age/Gender : 31 Y 7 M 12 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018714	Reported : 09/Mar/2024 07:16PM
Visit ID : SCHIOPV27194	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ryhxrtojyt	

**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 \*\*\*



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SIN No:UF011083

