

Patient Name : Mr.SUDHIR KUMAR BARNWAL	Collected : 10/Aug/2024 09:16AM
Age/Gender : 48 Y 0 M 29 D/M	Received : 10/Aug/2024 10:46AM
UHID/MR No : CTNA.0000209024	Reported : 10/Aug/2024 01:35PM
Visit ID : CTNAOPV205426	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30886	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	41.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.33</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96.4	fL	83-101	Calculated
MCH	<b>32.5</b>	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.0	%	40-80	Electrical Impedance
LYMPHOCYTES	31.6	%	20-40	Electrical Impedance
EOSINOPHILS	<b>6.3</b>	%	1-6	Electrical Impedance
MONOCYTES	9.0	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3484	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2117.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	422.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	603	Cells/cu.mm	200-1000	Calculated
BASOPHILS	73.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
PLATELET COUNT	157500	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted, occasional round macrocytes noted.

Page 1 of 12



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



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SIN No: CTR240800752

Apollo Health and Lifestyle Limited

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

**WBC MORPHOLOGY** : Normal in number, morphology and distribution. No abnormal cells seen.

**PLATELETS** : Just adequate on smear, predominantly giant platelets noted.

**PARASITES** : No haemoparasites seen.

**NOTE/ COMMENT** : Please correlate clinically.



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
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
GLUCOSE, FASTING , NAF PLASMA	95	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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



DR. R. SRIVATSAN  
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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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	105	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>29</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	76	mg/dL	<130	Calculated
LDL CHOLESTEROL	58.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.62		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.12</b>		<0.11	Calculated

**Comment:**

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.31	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.23	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	96.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.81	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	<b>110</b>	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated



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**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)



Patient Name : Mr.SUDHIR KUMAR BARNWAL	Collected : 10/Aug/2024 09:16AM
Age/Gender : 48 Y 0 M 29 D/M	Received : 10/Aug/2024 12:15PM
UHID/MR No : CTNA.0000209024	Reported : 10/Aug/2024 02:08PM
Visit ID : CTNAOPV205426	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30886	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	13.00	U/L	<55	IFCC



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



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

SIN No: CTR240800751

**Apollo Health and Lifestyle Limited**

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

Address: Apollo Health and Lifestyle Limited, Ashok Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05



**APOLLO CLINICS NETWORK**

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Patient Name : Mr.SUDHIR KUMAR BARNWAL	Collected : 10/Aug/2024 09:16AM
Age/Gender : 48 Y 0 M 29 D/M	Received : 10/Aug/2024 11:27AM
UHID/MR No : CTNA.0000209024	Reported : 10/Aug/2024 01:10PM
Visit ID : CTNAOPV205426	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30886	

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.12	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.060	µIU/mL	0.34-5.60	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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



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



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SIN No: CTR240800754

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC1A5819)  
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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

Patient Name	: Mr.SUDHIR KUMAR BARNWAL	Collected	: 10/Aug/2024 09:16AM
Age/Gender	: 48 Y 0 M 29 D/M	Received	: 10/Aug/2024 11:27AM
UHID/MR No	: CTNA.0000209024	Reported	: 10/Aug/2024 01:10PM
Visit ID	: CTNAOPV205426	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30886		

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



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

**SIN No: CTR240800754**  
**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC1A5819)  
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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**APOLLO CLINICS NETWORK**

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Patient Name : Mr.SUDHIR KUMAR BARNWAL	Collected : 10/Aug/2024 09:16AM
Age/Gender : 48 Y 0 M 29 D/M	Received : 10/Aug/2024 11:27AM
UHID/MR No : CTNA.0000209024	Reported : 10/Aug/2024 11:57AM
Visit ID : CTNAOPV205426	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30886	

**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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.540	ng/mL	0-4	CLIA

**\*\*\* End Of Report \*\*\***

Result/s to Follow:

GLUCOSE (FASTING) - URINE, BLOOD GROUP ABO AND RH FACTOR, COMPLETE URINE EXAMINATION (CUE), GLUCOSE (POST PRANDIAL) - URINE, GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)



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



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

SIN No: CTR240800754

**Apollo Health and Lifestyle Limited**

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Patient Name	: Mr. SUDHIR KUMAR BARNWAL	Age	: 48Yrs 30Days
UHID	: CTNA.0000209024	OP Visit No.	: CTNAOPV205426
Printed On	: 10-08-2024 08:26 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E30886		

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### DEPARTMENT OF RADIOLOGY

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Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
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 10.8 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 9.2 cms.  
Left kidney measures 9.4 cms.

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

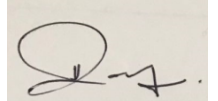
Prostate measures 4.1 x 3.2 x 2.8 cms ( volume 19 cc ) and shows normal echopattern.  
Seminal vesicles appear normal.  
Bladder is normal in contour. Both iliac fossae appear normal.

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**IMPRESSION:**

NORMAL STUDY.

---End Of The Report---



Dr.RASHEED HIDAYATHULLAH

MBBS, DNB (RD)

78271

Radiology

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Patient Name	: Mr. SUDHIR KUMAR BARNWAL	Age	: 48Yrs 30Days
UHID	: CTNA.0000209024	OP Visit No.	: CTNAOPV205426
Printed On	: 10-08-2024 07:13 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E30886		

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**DEPARTMENT OF CARDIOLOGY**

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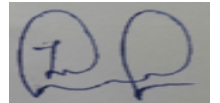
**ECG**

**Impression:**

**NORMAL SINUS RHYTHM**

**NORMAL ECG.**

---End Of The Report---



Dr.HARI K

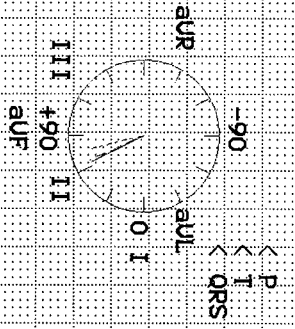
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Cardiology

APOLLO CLINIC

AGE: 48  
Measurement Results:  
QRS 92 ms  
QT/QTcB 378 / 389 ms  
PR 160 ms  
P 106 ms  
RR/PP 914 / 935 ms  
P/QRS/T 75 / 63 / 65 degrees



Interpretation:  
12SL - Interpretation:  
Normal sinus rhythm  
Early repolarization  
Normal ECG

*[Signature]*

Unconfirmed report.

