

Patient Name : Mr.ABHISHEK SHUKLA	Collected : 22/Oct/2024 08:56AM
Age/Gender : 37 Y 1 M 13 D/M	Received : 22/Oct/2024 11:02AM
UHID/MR No : SCHE.0000088905	Reported : 22/Oct/2024 01:20PM
Visit ID : SCHEOPV107181	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35568	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	95	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	72	%	40-80	Electrical Impedence
LYMPHOCYTES	23	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4536	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1449	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	126	Cells/cu.mm	20-500	Calculated
MONOCYTES	189	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.13		0.78- 3.53	Calculated
PLATELET COUNT	258000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS + WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				

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DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240240534



Patient Name : Mr.ABHISHEK SHUKLA
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DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240240534




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UHID/MR No : SCHE.0000088905	Reported : 22/Oct/2024 01:22PM
Visit ID : SCHEOPV107181	Status : Final Report
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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. Interval	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. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240240534



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Age/Gender : 37 Y 1 M 13 D/M	Received : 22/Oct/2024 11:02AM
UHID/MR No : SCHE.0000088905	Reported : 22/Oct/2024 11:34AM
Visit ID : SCHEOPV107181	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35568	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	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:

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:PLF02210220



Patient Name : Mr.ABHISHEK SHUKLA	Collected : 26/Oct/2024 12:01PM
Age/Gender : 37 Y 1 M 17 D/M	Received : 26/Oct/2024 01:47PM
UHID/MR No : SCHE.0000088905	Reported : 26/Oct/2024 02:05PM
Visit ID : SCHEOPV107181	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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.



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:PLP1487533



Patient Name	: Mr.ABHISHEK SHUKLA	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 37 Y 1 M 13 D/M	Received	: 22/Oct/2024 02:05PM
UHID/MR No	: SCHE.0000088905	Reported	: 22/Oct/2024 03:05PM
Visit ID	: SCHEOPV107181	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35568		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.

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.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist

SIN No:EDT240093198



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Emp/Auth/TPA ID : 22E35568	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	215	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	160	mg/dL	<150	
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	167	mg/dL	<130	Calculated
LDL CHOLESTEROL	135	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.16		<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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04837959



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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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	100.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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 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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DEPARTMENT OF BIOCHEMISTRY

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


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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. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	14.12	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04837959



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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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	16-73	Glycylglycine Kinetic method



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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. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.161	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 Treatment.
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

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Dr. Akanksha Kanad Vitkar
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: SPL24144386



Patient Name	: Mr.ABHISHEK SHUKLA	Collected	: 22/Oct/2024 08:56AM
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr. Akanksha Kanad Vitkar
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: SPL24144386



Patient Name : Mr.ABHISHEK SHUKLA	Collected : 22/Oct/2024 08:56AM
Age/Gender : 37 Y 1 M 13 D/M	Received : 22/Oct/2024 01:48PM
UHID/MR No : SCHE.0000088905	Reported : 22/Oct/2024 01:56PM
Visit ID : SCHEOPV107181	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35568	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		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	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

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DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2417362



Apollo Speciality Hospitals Private Limited

(Formerly known as Apollo Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka RajghatpattiChembars, Begunat, Hyderabad, Telangana - 500016

Address:

Regd. Company, Cap. Doctor Bld. Dept. Health Care, Gwalior, (Gwalior, Madhya Pradesh) Ph:022-354 4500

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DR. APARNA NAIK
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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2417362



Patient Name	: Mr. Abhishek Shukla	Age/Gender	: 37 Y/M
UHID/MR No.	: SCHE.0000088905	OP Visit No	: SCHEOPV107181
Sample Collected on	:	Reported on	: 26-10-2024 13:08
LRN#	: RAD2427926	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E35568		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and **shows increased echogenicity with loss of peri portal echogenicity**. No obvious mass seen. IHBR appear normal.

Gall Bladder : Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas: Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 9.5 x 4.8 cm.

LK : 10.6 x 5.0cm.

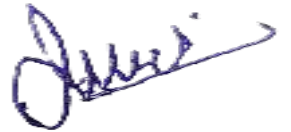
No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Prostate: appears normal in size and echotexture. (Volume- 16cc).

IMPRESSION: GRADE II FATTY LIVER



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name	: Mr. Abhishek Shukla	Age	: 37 Y M
UHID	: SCHE.0000088905	OP Visit No	: SCHEOPV107181
Reported on	: 26-10-2024 13:08	Printed on	: 26-10-2024 14:55
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Prostate: appears normal in size and echotexture. (Volume- 16cc).

IMPRESSION: GRADE II FATTY LIVER

Printed on:26-10-2024 13:08

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Customer Pending Tests

diet, post glucose , ent, ophthal, usg, dental test pending will come on 26th oct

Name : Mr. Abhishek Shukla

Age: 37 Y

UHID:SCHE.0000088905

Sex: M



Address : wadala mumbai

OP Number:SCHEOPV107181

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SCHE-OCR-25277

Date : 22.10.2024 08:48

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 - 9:40.	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION - 26th	
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 - 26th	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 26th	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION - 1:30 - 26th	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPTICAL BY GENERAL PHYSICIAN - 11:30 - 26th	
23	ULTRASOUND - WHOLE ABDOMEN - 12:00 - 26th	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
Visit ID : SCHEOPV107181
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E35568

Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 11:02AM
Reported : 22/Oct/2024 01:20PM
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. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	72	%	40-80	Electrical Impedance
LYMPHOCYTES	23	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4536	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1449	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	126	Cells/cu.mm	20-500	Calculated
MONOCYTES	189	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.13		0.78- 3.53	Calculated
PLATELET COUNT	258000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS +
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Page 1 of 14


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240240534

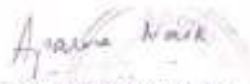


Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
Visit ID : SCHEOPV107181
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E35568

Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 11:02AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240240534

Page 2 of 14



Patient Name	: Mr.ABHISHEK SHUKLA	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 37 Y 1 M 13 D/M	Received	: 22/Oct/2024 11:02AM
UHID/MR No	: SCHE.0000088905	Reported	: 22/Oct/2024 01:22PM
Visit ID	: SCHEOPV107181	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Empi/Auth/TPA ID	: 22E35568		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	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

Page 3 of 14



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240240534



Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
Visit ID : SCHEOPV107181
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Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 11:02AM
Reported : 22/Oct/2024 11:34AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	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:

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:PLF02210220



Patient Name : Mr.ABHISHEK SHUKLA
 Age/Gender : 37 Y 1 M 13 D/M
 UHID/MR No : SCHE.0000088905
 Visit ID : SCHEOPV107181
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E35568

Collected : 22/Oct/2024 08:58AM
 Received : 22/Oct/2024 02:05PM
 Reported : 22/Oct/2024 03:05PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.

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.Sandip Kumar Banerjee
 M.B.B.S,M.D(PATHOLOGY),D.P.B
 Consultant Pathologist

SIN No:EDT240093198



Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
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DEPARTMENT OF BIOCHEMISTRY

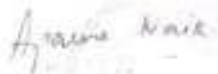
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	215	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	160	mg/dL	<150	
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	167	mg/dL	<130	Calculated
LDL CHOLESTEROL	135	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.16		<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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04837959



Patient Name : Mr.ABHISHEK SHUKLA
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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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	100.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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:

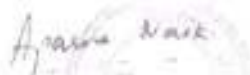
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate 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 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.

Page 7 of 14


DR. APARNA NAIK
MBBS DPE
CONSULTANT PATHOLOGIST

SIN No:SE04837959



Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04837959

Page 8 of 14




Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
Visit ID : SCHEOPV107181
Ref Doctor : Dr.SELF
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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. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	14.12	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04R37959



Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
Visit ID : SCHEOPV107181
Ref Doctor : Dr.SELF
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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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	16-73	Glycylglycine Kinetic method

Aparna Naik
DR. APARNA NAIK
MBBS DPE
CONSULTANT PATHOLOGIST

SIN No:SE04837959



Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
Visit ID : SCHEOPV107181
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E35568

Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 02:05PM
Reported : 22/Oct/2024 03:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.161	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 Treatment.
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

Page 11 of 14



Dr. Akanksha Kanad Viskar
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24144386



Patient Name	: Mr.ABHISHEK SHUKLA	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 37 Y 1 M 13 D/M	Received	: 22/Oct/2024 02:05PM
UHID/MR No	: SCHE.0000088905	Reported	: 22/Oct/2024 03:18PM
Visit ID	: SCHEOPV107181	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35568		

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr. Akanksha Kenad Vitkar
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: SPL24144386



Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
Visit ID : SCHEOPV107181
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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. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 13 of 14


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2417362



Patient Name : Mr.ABHISHEK SHUKLA
Age/Gender : 37 Y 1 M 13 D/M
UHID/MR No : SCHE.0000088905
Visit ID : SCHEOPV107181
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E35568

Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 01:48PM
Reported : 22/Oct/2024 01:56PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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



DR. APARNA NAIK
MBBS DPM
CONSULTANT PATHOLOGIST
SIN No:UR2417362

Page 14 of 14



Rate: 51 , SINUS RHYTHM
RR 1,180 , BASELINE WANDER IN LEAD(S) V1 V2 V3 V4 V5
PR 168
QRSD 86
QT 394
QTcB 363

Minor Bradycardia

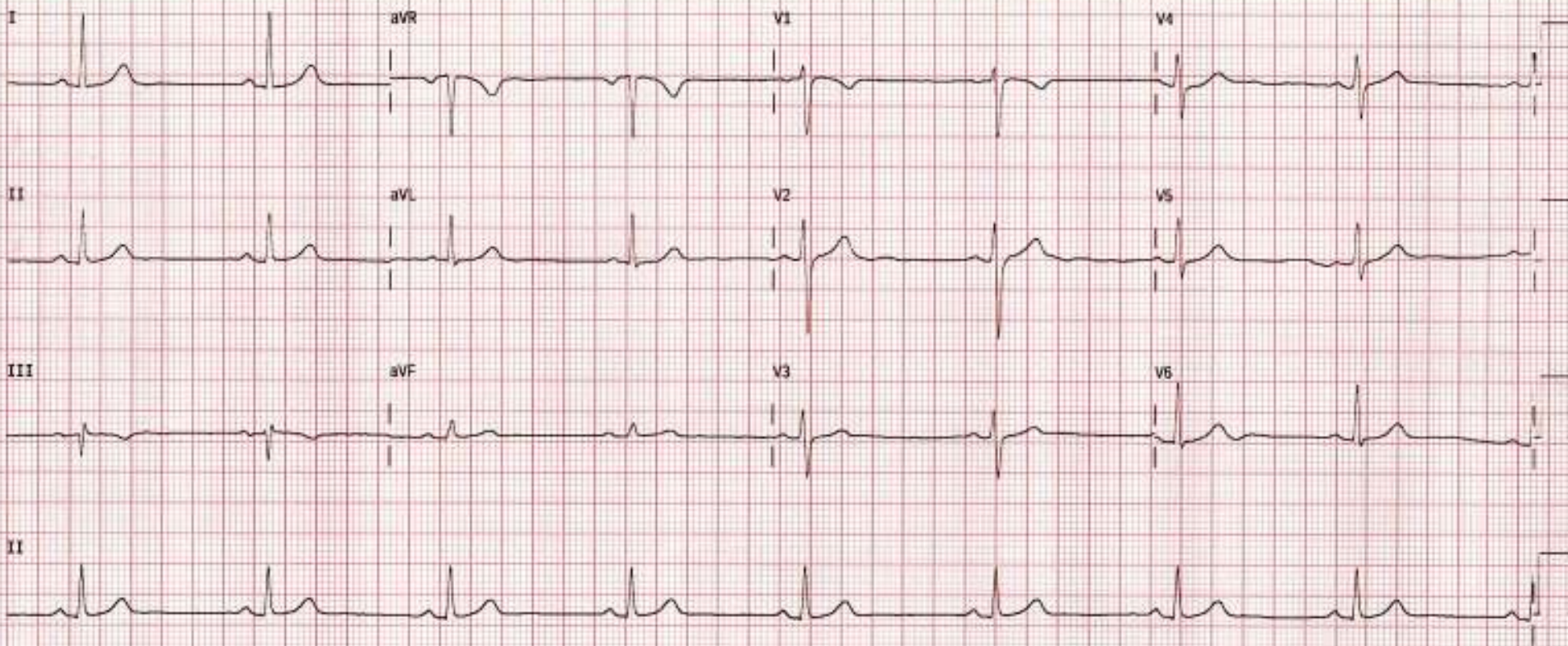
*MNL
Jan*



--AXIS--
P 32
QRS 20
T 13

- NORMAL ECG -

12 Leads; Standard Placement





Patient Name	: Mr. Abhishek Shukla	Age	: 37 Y M
UHID	: SCHE,0000088905	OP Visit No	: SCHEOPV107181
Reported on	: 22-10-2024 13:01	Printed on	: 22-10-2024 13:12
Adm/Consult Doctor	:	Ref Doctor	: SELF

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

Printed on:22-10-2024 13:01

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mr. Abhishek Shukla
Age / Sex : 37yrs / Male.
Ref Doctor : Health Check

Bill No : SCHE -OCR-25277
UHID NO : SCHE.0000088905
Report Date : 22/10/ 2024

2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 60%). E/O GRADE I DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm) : 28	LA (mm) : 27
IVSd (mm) : 8	LVIDd (mm) : 40
IVSs (mm) : 15	LVIDs (mm) : 28
LVPWd (mm) : 10	LVPWs (mm) : 15
EF(Teich)(mm) : 60%	

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)



OUT- PATIENT RECORD

Date: 22/10/24
 MRNO: 83905
 Name: Abhishek Shukla
 Age / Gender: 37 (M)
 Mobile No: _____

Department: **M.B.D.N.B.(General Medicine)**
 Consultant: **Dr. Amit Shobhavat**
 Reg. No: 2001/09/3124
 Qualification: F.C.C.M, Dip. Diabetology

Pulse: <u>70</u>	B.P: <u>120/170</u>	Resp: <u>16</u>	Temp: <u>97°F</u>
Weight: <u>85.3</u>	Height: <u>174</u>	BMI: <u>28.2</u>	Waist Circum: <u>96/102</u>

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Chest - 95/100
 SpO2 - 98%

No Coronary Artery Disease

No Surgical, Trauma

WHL R

Ru

WHL L

Physically fit

2 Diabetes: well

A F < 60%

Follow up date:

Doctor Signature



* Abhishek.

- Diet
- Post glucose
- ENT
- Optmal
- USG.
- Dental

Saturday 26/10/24

Abhishek
24/10/24



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

संलग्नक क्रम / Enrollment No. 201922274/02764

To
श्रीशिव शुक्ल
Ashish Shukla
S/O Anant Ram Shukla
D-88 Shakerpur
Vikas Marg
Shakar Pur Baramad
Shakarpur
Gandhi Nagar East Delhi
Delhi - 110082
8800729006
201922274/02764
135819123
ML3581912877T



आपका आधार क्रमांक / Your Aadhaar No. :

6426 5481 0460

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India
श्रीशिव शुक्ल
Ashish Shukla
www.भारत.गोव - DOB : 09/05/1987
लिंग / Male

6426 5481 0460



आधार - आम आदमी का अधिकार



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन प्रमाणीकरण द्वारा प्राप्त करें।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: अनंत राम शुक्ल, डी-88,
शकरपुर, विकास मार्ग, शकर पुर
बरामद, शकरपुर, पूर्वी दिल्ली, दिल्ली,
110082

Address:
S/O: Anant Ram Shukla, D-88,
Shakarpur, Vikas Marg, Shakar
Pur Baramad, Shakarpur, East
Delhi, Delhi, 110082

6426 5481 0460



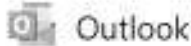
1947
1800 300 1347



help@uidai.gov.in



www.uidai.gov.in



Health Check up Booking Confirmed Request(22E35568),Package Code-, Beneficiary Code-321687

From Mediwheel <wellness@mediwheel.in>

Date Wed 10/16/2024 6:17 PM

To Abhishek Shukla <abhishek.shukla4@bankofbaroda.com>

Cc customercare@mediwheel.in <customercare@mediwheel.in>

यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें.
 I: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS.

011-41195959

Dear **MR. SHUKLA ABHISHEK,**

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

Name of Diagnostic/Hospital : Apollo Spectra - Chembur
Address of Diagnostic/Hospital- : Sunder Baug, Ujagar Compound,Opp. Deonar Bus Depot Main Gate, Off Sion Trombay Road, Deonar,Chembur - 400008
City : Mumbai
State : Maharashtra
Pincode : 400008
Appointment Date : 22-10-2024
Confirmation Status : Booking Confirmed
Preferred Time : 08:00 AM - 08:30 AM
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. SHUKLA ABHISHEK	37 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

Patient Name : Mr. Abhishek Shukla

Age/Gender : 37 Y/M

UHID/MR No. : SCHE.0000088905

OP Visit No : SCHEOPV107181

Sample Collected on :

Reported on : 22-10-2024 13:02

LRN# : RAD2427926

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E35568

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

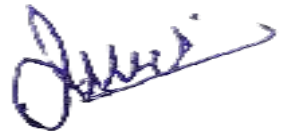
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Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology