



Patient Name	: Mr.SRIVASTAVA KUMAR	Collected	: 05/Feb/2024 08:44AM
Age/Gender	: 48 Y 9 M 15 D/M	Received	: 05/Feb/2024 01:00PM
UHID/MR No	: CBEL.0000244894	Reported	: 05/Feb/2024 03:39PM
Visit ID	: CBEL0PV461395	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 345176		

**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>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	Spectrophotometer
PCV	42.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.39</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97	fL	83-101	Calculated
MCH	<b>32.9</b>	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,630	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	24.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4176.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1637.61	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	271.83	Cells/cu.mm	20-500	Calculated
MONOCYTES	510.51	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.15	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	213000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>18</b>	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

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

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





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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

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

Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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Patient Name : Mr.SRIVASTAVA KUMAR	Collected : 05/Feb/2024 08:44AM
Age/Gender : 48 Y 9 M 15 D/M	Received : 05/Feb/2024 12:40PM
UHID/MR No : CBEL.0000244894	Reported : 05/Feb/2024 02:16PM
Visit ID : CBELOPV461395	Status : Final Report
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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	102	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	mg/dL	70-140	HEXOKINASE

**Comment:**

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC

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SIN No:EDT240012148





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ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- 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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**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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>164</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>152</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>119.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>32.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.53		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

  
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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	<b>1.42</b>	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.20</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	<b>1.22</b>	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.41	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’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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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.97	mg/dL	0.67-1.17	Jaffe's, Method
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.37</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.74	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)

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**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>	12.00	U/L	<55	IFCC

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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.08	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.470	µIU/mL	0.35-4.94	CMIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

**DR.SHIVARAJA SHETTY**  
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SIN No:SPL24018436





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**DEPARTMENT OF IMMUNOLOGY**

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

**DR.SHIVARAJA SHETTY**  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.304	ng/mL	<4	CMIA

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Consultant Pathologist

Dr. Priya Murthy  
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MC-6146

Patient Name : Mr.SRIVASTAVA KUMAR	Collected : 05/Feb/2024 08:44AM
Age/Gender : 48 Y 9 M 15 D/M	Received : 05/Feb/2024 06:28PM
UHID/MR No : CBEL.0000244894	Reported : 05/Feb/2024 07:21PM
Visit ID : CBELOPV461395	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR

Dr.Shobha Emmanuel  
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Consultant Pathologist

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



Dear **MR. SRIVASTAVA KUMAR ABHISHEK**,

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

**Booking Date** : 02-02-2024

**Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40

**Name of Diagnostic/Hospital** : Apollo Clinic

**Address of Diagnostic/Hospital-** Apollo Clinic, #74/1, Near Central mall, Bellandur ring road, Bellandur - 560103

**City** : Bangalore

**State** :

**Pincode** : 560103

**Appointment Date** : 05-02-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:00am

**Booking Status** : Booking Confirmed

**Member Information**

Booked Member Name	Age	Gender
MR. SRIVASTAVA KUMAR ABHISHEK	48 year	Male







DE MACI200 ST SRIUASTAVA, KUMAR 000244894,  
48 Years (28.03.1975)

Arrow CE

HR 61 bpm

Measurement Results:

QRS	110	ms
QT/QTcB	388 / 391	ms
PR	150	ms
P	94	ms
RR/PP	986 / 995	ms
P/QRS/T	60 / 55 / 50	degrees
QTd/QTcBd	50 / 50	ms
Sokolow	1.4	mV
NK	8	



Interpretation:

normal ECG

*Handwritten signature*

Unconfirmed report.



05.Feb.2024 09:14:13 AM 25mm/s 10mm/mV ADS 50Hz 0.08 20Hz 6.F1 Automatic U6.2 M12I (1)




Customer Pending Tests

Optical screening not done.

Fitness by GP once the reports are ready they will come for consultation.  
as per the package 2D ECHO test is there.

but patient having a option to do ECHO or TMT so they have done TMT

5

<b>Name</b> : Mr. SRIVASTAVA KUMAR	<b>Age</b> : 48 Y	<b>UHID</b> : CBEL.0000244894
<b>Address</b> : belladnur	<b>Sex</b> : M	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> : CBELOPV461395
		<b>Bill No</b> : CBEL-OCR-126424
		<b>Date</b> : 05.02.2024 08:33

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D ECHO <i>1 TMT ✓</i>	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA <i>12</i>	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION <i>19</i>	
11	FITNESS BY GENERAL PHYSICIAN	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL) ✓	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	OPHTHAL BY GENERAL PHYSICIAN	
21	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
22	ULTRASOUND - WHOLE ABDOMEN	
23	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
24	DENTAL CONSULTATION <i>- 09</i>	
25	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

26) physio - 19

27) Vitamin<sup>A</sup> & B<sub>12</sub> - 3050

28) TMT -

29) Ayurveda - 17

BP - 127/91 mmHg  
P - 72 bpm  
HT - 173.5  
wt - 89.3  
D.O.B. - 28/8/1975  
B.M.I. - 29.7 kg/m<sup>2</sup>



GE MAC1200 ST SRIJASTAVA, KUMAR 000214894,  
48 Years (28.03.1975)

Arrow CE

HR 61 bpm

Measurement Results:  
QRS 110 ms  
QT/QTcB 388 / 391 ms  
PR 150 ms  
P 94 ms  
RR/PP 986 / 995 ms  
P/ORS/T 60 / 55 / 50 degrees  
QTd/QTcBd: 50 / 50 ms  
Sokolow NK 1.4 mV  
R

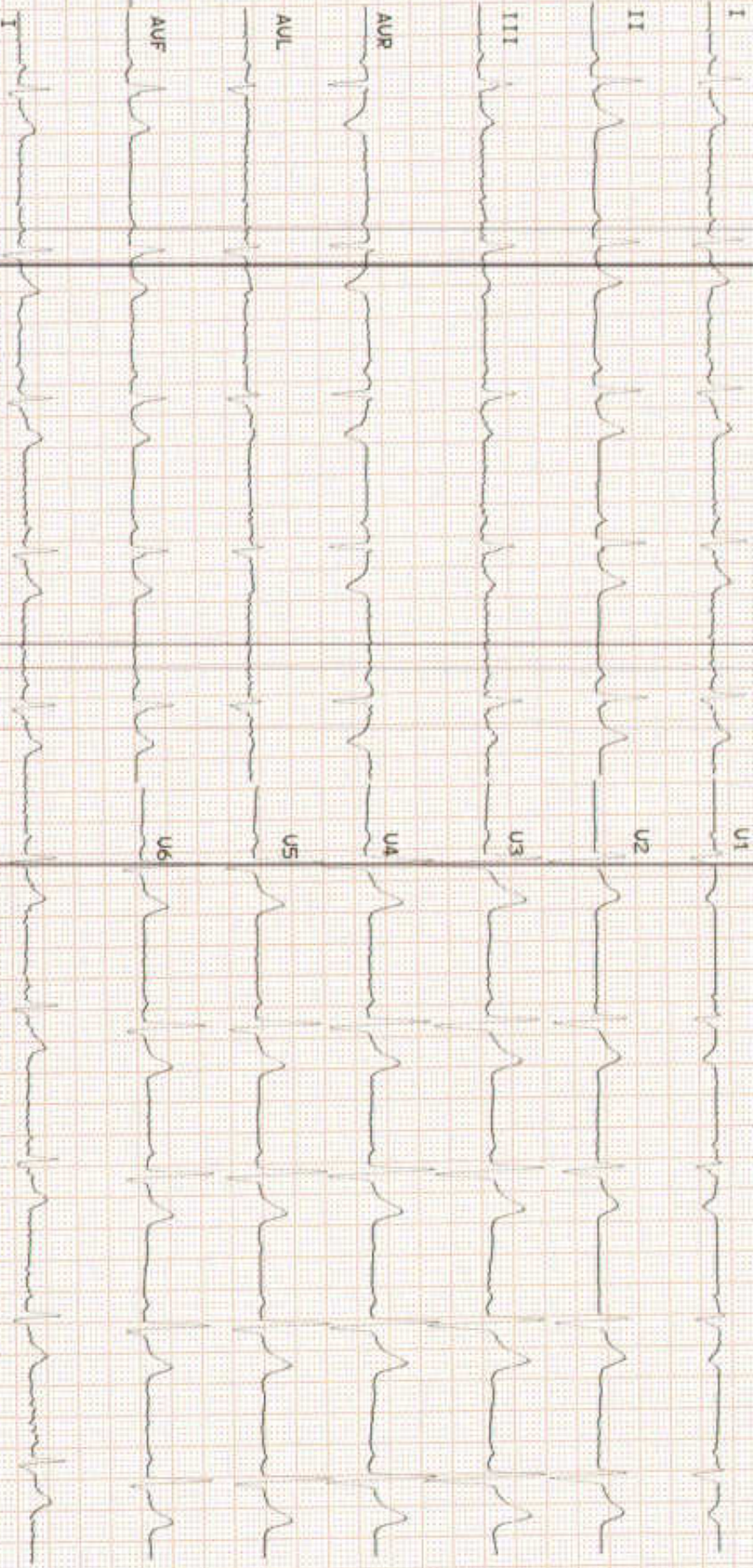


Interpretation:

Normal ECG

*Handwritten signature*

Unconfirmed report.



05 Feb 2024 09:14:13 AM 25mm/s 10mm/mV ADS 50Hz 0.08 20Hz 6 F1 Automatic U6.2 M121 (1)



**NAME : MR. SRIVASTAVA KUMAR**

**AGE : 48 YRS**

**SEX : MALE**

**DATE : 05.02.2024**

**Chest Radiograph PA View**

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

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



**DR. RAMESH . G**  
**CONSULTANT RADIOLOGIST**

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

**NAME : MR. SRIVASTAVA KUMAR**

**AGE: 48 YRS**

**SEX : MALE**

**DATE : 05.02.2024**

**ULTRASONOGRAPHY OF ABDOMEN & PELVIS**

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

**GALL BLADDER :** Minimally distended.

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

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

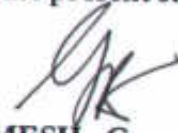
**KIDNEYS :** RIGHT KIDNEY : 10.3 X 4.8 cms, LEFT KIDNEY : 11.0 X 5.4 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

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

**PROSTATE :** Normal in size & echotexture.

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

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



**DR. RAMESH .G**  
**CONSULTANT RADIOLOGIST**

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

## Apollo Clinic

### Consent Form

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

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

I  Mr/Mrs/Ms..... Srinivastav kumar Employee of Arcozemi.....

(Company) want to inform you that I am not interested in getting ~~any~~ @ Pthal Test  
Test done which is a part of routine health check package. fitness by G.P

And I claim the above statement in my full consciousness.





Dental

Phno - 9353788049

Ms. Srivastava Kumar

05.02.24

48y 1m

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

General Examination / Allergies  
History

ck  
Regular H.c

Clinical Diagnosis & Management Plan

OIE  
St +++  
Ca +++

MH  
NRH

Rx  
Sealing (60001-)

DH  
NRH

Follow up date:

Dr. Ambashree  
Doctor Signature



Sri vadava Kumar. K. S.

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Surgey  
~~OLE~~  
 OMS to R-1  
 oral cavity: NAD  
 Ear: (Ble wax (+)).  
 Neck: NAD.

(-)  
 Dental always  
 Sp done by  
 Barber

Follow up date:

Doctor Signature



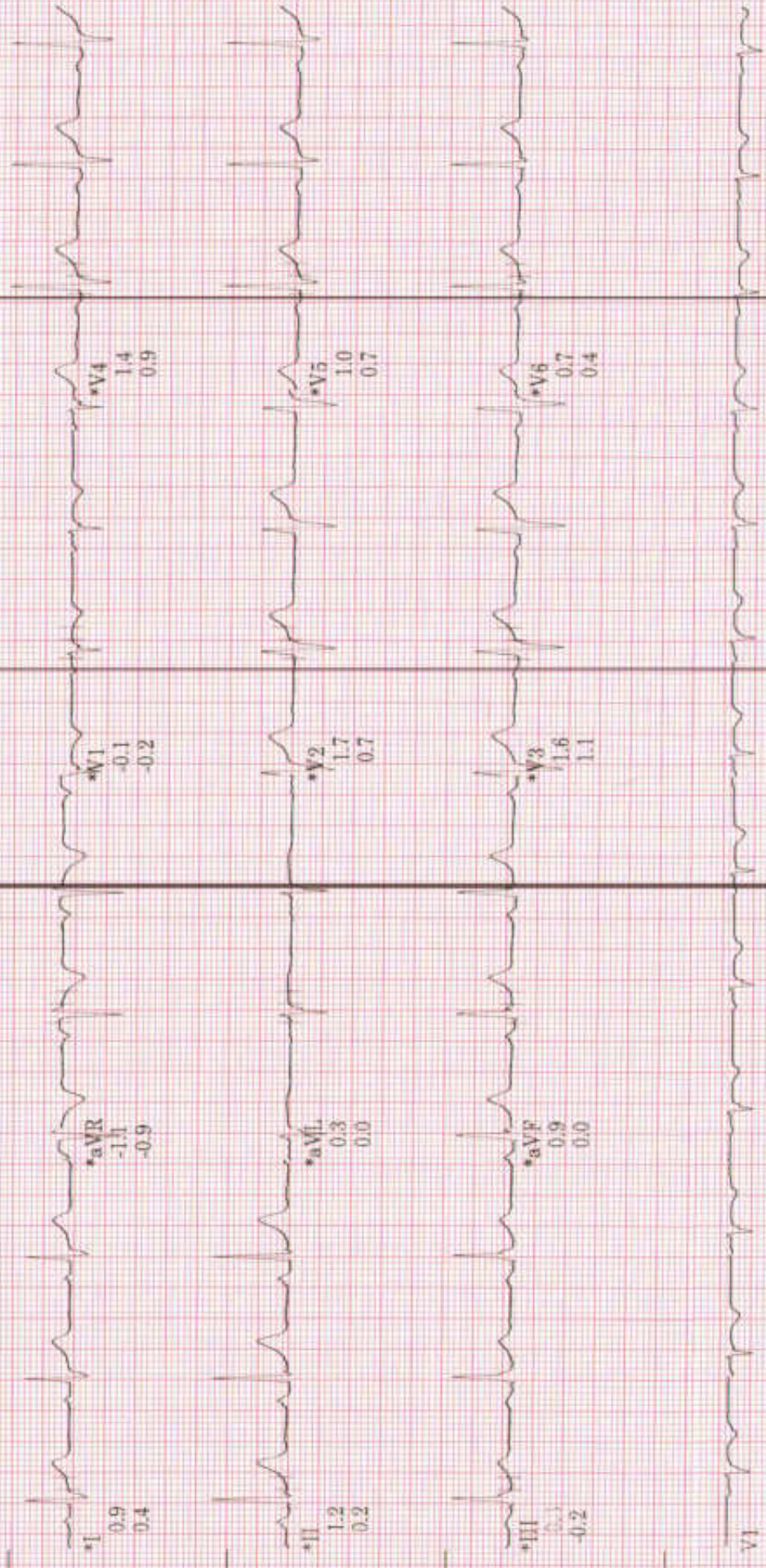
SRIVASTAVA, KUMAR  
ID: 000244894  
5-Feb-2024  
12:48:48

76bpm  
BP: 127/91  
ST @ 10mm/mV  
80ms postd

PRETEST  
SUPINE  
3:49

BRUCE  
\*\* \*mph  
\*\* \*%

Lead  
STV(mm)  
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55-009C



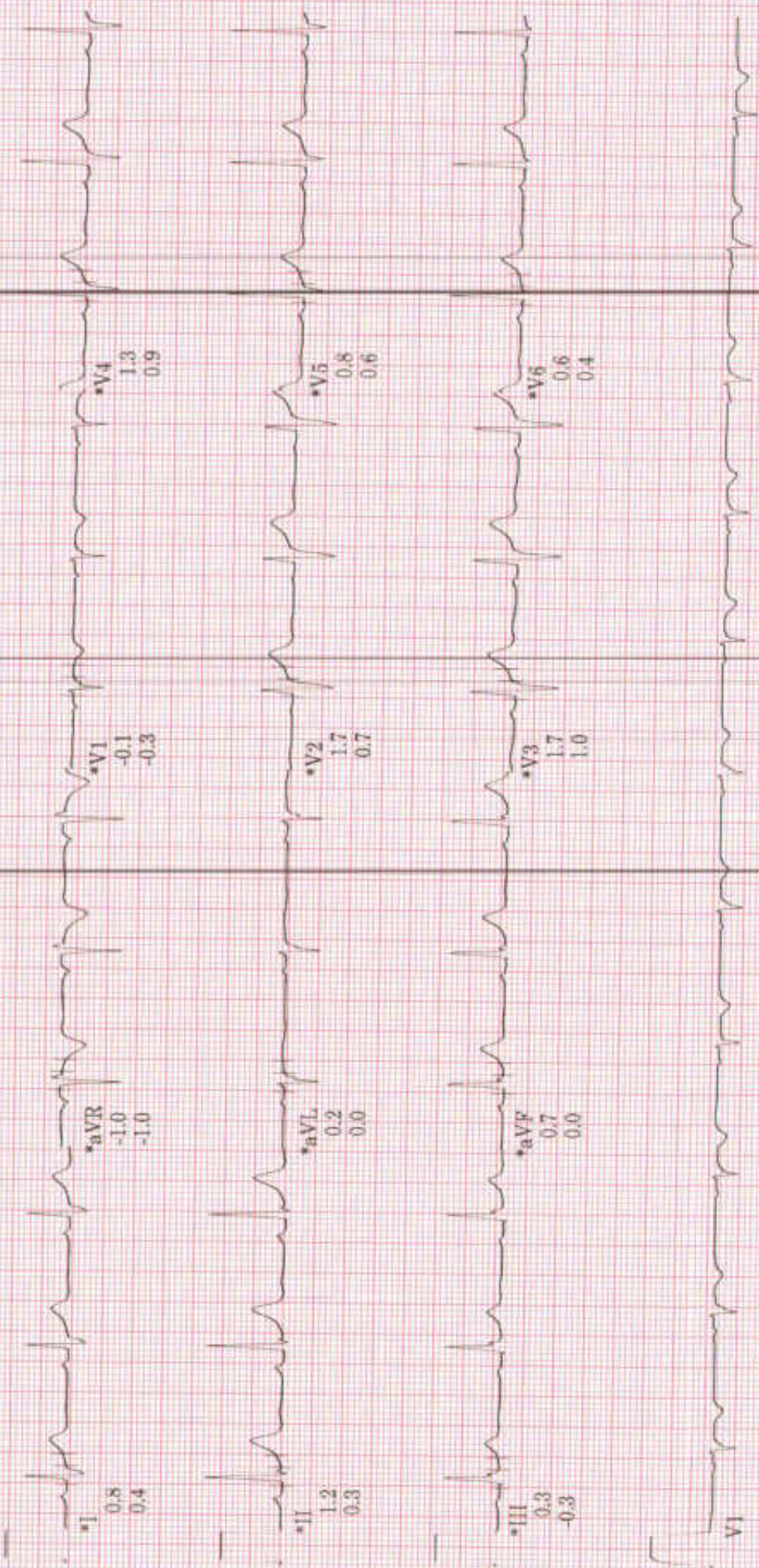
SRIVASTAVA, KUMAR  
ID: 000244894  
5-Feb-2024  
12:49:05

69bpm  
BP: 127/91  
ST @ 10mm/mV  
80ms postd

PRETEST  
STANDING  
4:06

BRUCE  
\*\* \*mph  
\*\* \*%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 009C

CC

II



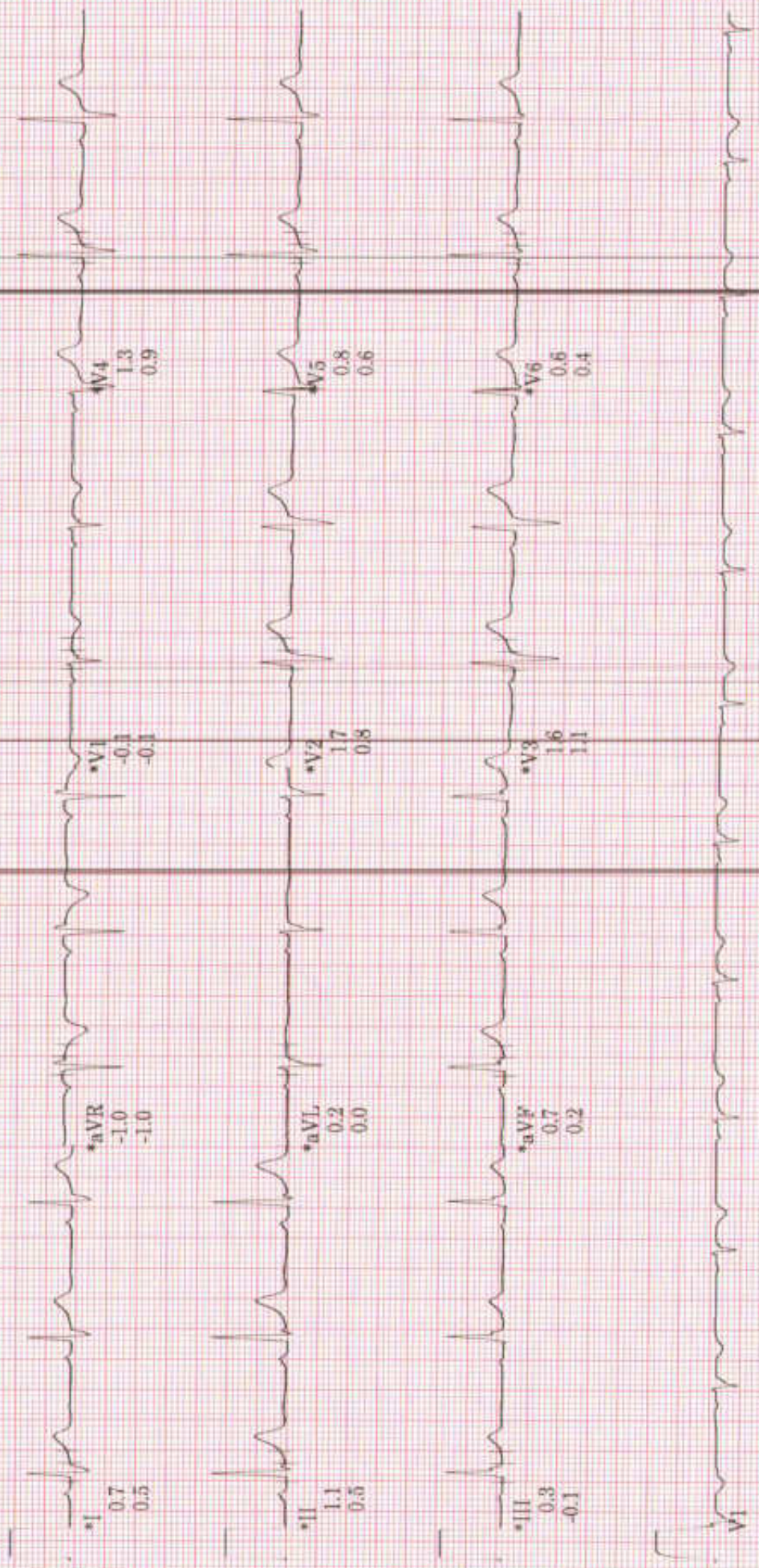
SRIVASTAVA, KUMAR  
ID: 000244894  
5-Feb-2024  
12:49:19

67bpm  
BP: 127/91  
ST @ 10mm/mV  
80ms postJ

BRUCE  
\*\* \*mph  
\*\* \*%

PRETEST  
HYPERVENT  
4:20

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC53 009C



SRIVASTAVA, KUMAR

ID: 000244894

5-Feb-2024

12:52:57

98bpm

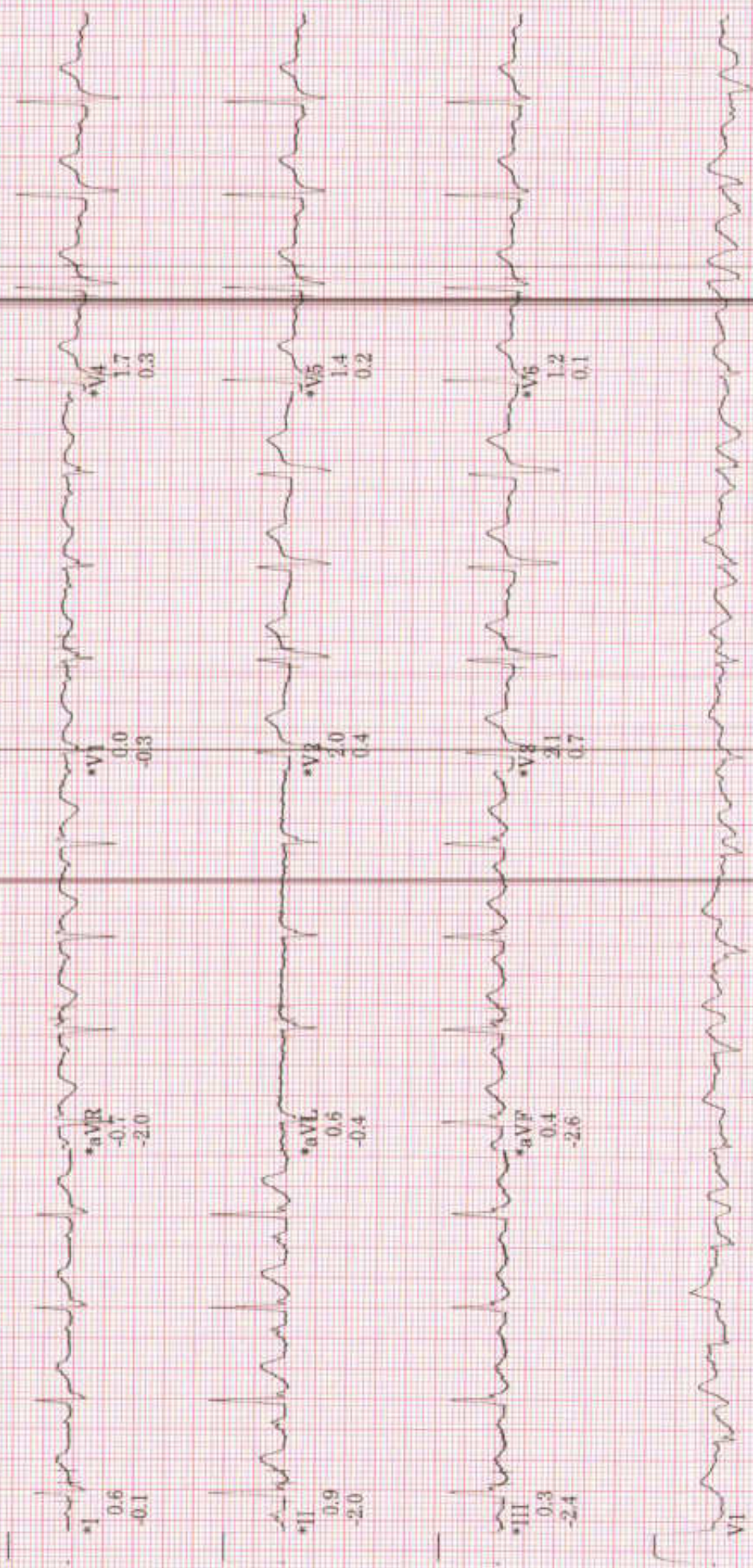
BP: 127/91

ST @ 10mm/mV  
80ms post<sub>u</sub>

EXERCISE  
STAGE 1  
2:51

BRUCE  
1.7mph  
10.0%

Lead  
ST(mm)  
Slope(mV/s)



20 Hz

25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

• Computer Synthesized Rhythm

MAC55 009C

2

CC



SRIVASTAVA, KUMAR  
ID: 000244894  
5-Feb-2024  
12:55:57

EXERCISE  
STAGE 2  
5:50

BRUCE  
2.5mph  
12.0%

Lead  
ST(mm)  
Slope(mV/s)

98bpm  
BP: 132/92

ST @ 10mm/mV  
80ms post



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 009C

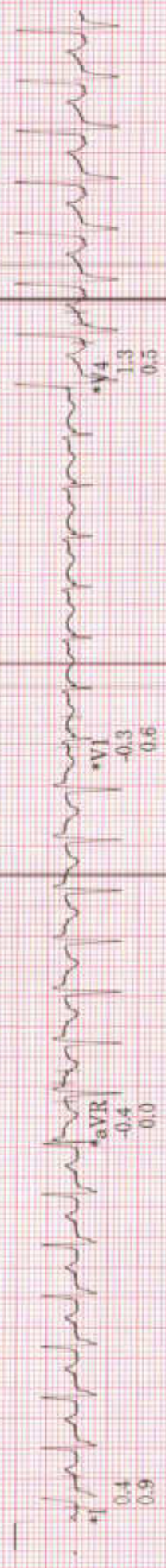


SRIVASTAVA, KUMAR  
ID: 000244894  
5-Feb-2024  
12:57:41

178bpm  
BP: 132/92  
ST @ 10mm/mV  
80ms postJ

BRUCE  
3.4mph  
14.0%

Lead  
STV(mm)  
Slope(mV/s)

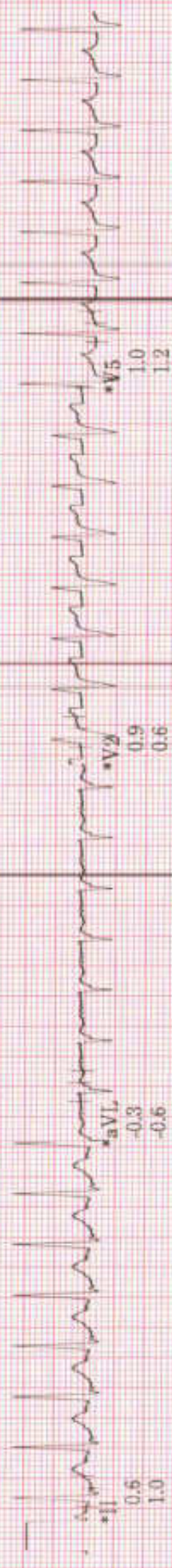


0.4  
0.9

aVR  
-0.4  
0.0

V1  
-0.3  
0.6

V4  
1.3  
0.5



0.6  
1.0

aVL  
-0.3  
-0.6

V2  
0.9  
0.6

V5  
1.0  
1.2



0.5  
0.2

aVF  
0.6  
-0.1

V3  
1.0  
1.3

V6  
0.9  
-0.1



0.5  
0.2

aVF  
0.6  
-0.1

V3  
1.0  
1.3

V6  
0.9  
-0.1

Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

Computer Synthesized Rhythm

MAC15 009C



SRIVASTAVA, KUMAR  
ID: 000244894  
5-Feb-2024  
12:58:30

RECOVERY  
Post  
0-50

BRUCE  
\*\* mph  
\*\* %

Lead  
ST(mm)  
Slope(mV/s)

92bpm  
ST @ 10mm/mV  
80ms post J



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC15 009C





**Patient Name** : Mr. SRIVASTAVA KUMAR

**Age/Gender** : 48 Y/M

**UHID/MR No.** : CBEL.0000244894

**OP Visit No** : CBELOPV461395

**Sample Collected on** :

**Reported on** : 05-02-2024 19:09

**LRN#** : RAD2226233

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 345176

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## DEPARTMENT OF RADIOLOGY

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### X-RAY CHEST PA

#### Chest Radiograph PA View

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

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

DR. RAMESH . G  
CONSULTANT RADIOLOGIST

**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**



<b>Patient Name</b>	: Mr. SRIVASTAVA KUMAR	<b>Age/Gender</b>	: 48 Y/M
<b>UHID/MR No.</b>	: CBEL.0000244894	<b>OP Visit No</b>	: CBELOPV461395
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 05-02-2024 19:45
<b>LRN#</b>	: RAD2226233	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 345176		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

#### ULTRASONOGRAPHY OF ABDOMEN & PELVIS

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

**GALL BLADDER** :Minimally distended.

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

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

**KIDNEYS** : RIGHT KIDNEY : 10.3 X 4.8 cms, LEFT KIDNEY : 11.0 X 5.4 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture.

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

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

**PROSTATE** : Normal in size & echotexture.

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

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

**DR. RAMESH .G**

**CONSULTANT RADIOLOGIST**

**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**

Patient Name : Mr.SRIVASTAVA KUMAR	Collected : 05/Feb/2024 08:44AM
Age/Gender : 48 Y 9 M 15 D/M	Received : 05/Feb/2024 01:00PM
UHID/MR No : CBEL.0000244894	Reported : 05/Feb/2024 03:39PM
Visit ID : CBELOPV461395	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345176	

DEPARTMENT OF HAEMATOLOGY

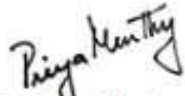
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	Spectrophotometer
PCV	42.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.39</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97	fL	83-101	Calculated
MCH	<b>32.9</b>	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,630	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	24.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4176.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1637.61	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	271.83	Cells/cu.mm	20-500	Calculated
MONOCYTES	510.51	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.15	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	213000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>18</b>	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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



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



SIN No: BED240027919

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/52, 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 | Ramdapur | Nallakurta | Nizampet | Manikonda) | Uppal | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annamalai | Kotturpuram | Mogappair | T Nagar) | Volasarakkham | 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)

Address:  
123/100/123, Doddathurage Village, Neelabhi Main Road,  
Neelabhi Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mr.SRIVASTAVA KUMAR	Collected : 05/Feb/2024 08:44AM
Age/Gender : 48 Y 9 M 15 D/M	Received : 05/Feb/2024 01:00PM
UHID/MR No : CBEL.0000244894	Reported : 05/Feb/2024 03:39PM
Visit ID : CBELOPV461395	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345176	

DEPARTMENT OF HAEMATOLOGY

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

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

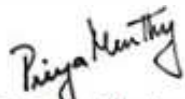
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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



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



SIN No: BED240027919

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115B19)  
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 | Nallakurta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar) | Volasarakkam | 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)

Address:  
123/100/123, Doddathurage Village, Neelabari Main Road,  
Neelabari Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

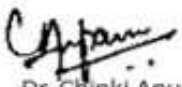
**1860 500 7788**  
www.apolloclinic.com

Patient Name : Mr.SRIVASTAVA KUMAR	Collected : 05/Feb/2024 08:44AM
Age/Gender : 48 Y 9 M 15 D/M	Received : 05/Feb/2024 01:00PM
UHID/MR No : CBEL.0000244894	Reported : 05/Feb/2024 04:36PM
Visit ID : CBELOPV461395	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345176	

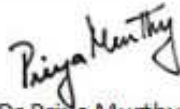
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



Dr Priya Murthy  
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Consultant Pathologist



SIN No:BED240027919

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 **1860 500 7788**  
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Patient Name : Mr.SRIVASTAVA KUMAR	Collected : 05/Feb/2024 08:44AM
Age/Gender : 48 Y 9 M 15 D/M	Received : 05/Feb/2024 12:40PM
UHID/MR No : CBEL.0000244894	Reported : 05/Feb/2024 02:16PM
Visit ID : CBELOPV461395	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345176	

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	102	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	mg/dL	70-140	HEXOKINASE

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC



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SIN No:EDT240012148





Patient Name : Mr.SRIVASTAVA KUMAR	Collected : 05/Feb/2024 08:44AM
Age/Gender : 48 Y 9 M 15 DM	Received : 05/Feb/2024 12:40PM
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ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- 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	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>164</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>152</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>119.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>32.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.53		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.22	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.41	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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




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Emp/Auth/TPA ID : 345176	

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>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.97	mg/dL	0.67-1.17	Jaffe's, Method
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.37</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.74	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)



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Age/Gender : 48 Y 9 M 15 D/M	Received : 05/Feb/2024 04:16PM
UHID/MR No : CBEL.0000244894	Reported : 05/Feb/2024 05:10PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.88	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.08	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.470	µIU/mL	0.35-4.94	CMIA

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

- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




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DEPARTMENT OF IMMUNOLOGY

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Emp/Auth/TPA ID : 345176	

**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>	0.304	ng/mL	<4	CMIA



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

SIN No:SPL24018436



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115B19)  
Regd. Office: 1-10-60/52, 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 | Nallakurta | 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) | **Tamil Nadu:** Chennai (Annamalai | Kotturpuram | Moggappair | T.Nagar | Velasaravakkam | 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)

Address:  
123/100/123, Doddathurage Village, Neelabari Main Road,  
Neelabari Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mr.SRIVASTAVA KUMAR	Collected : 05/Feb/2024 08:44AM
Age/Gender : 48 Y 9 M 15 D/M	Received : 05/Feb/2024 05:04PM
UHID/MR No : CBEL.0000244894	Reported : 05/Feb/2024 05:32PM
Visit ID : CBELOPV461395	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345176	

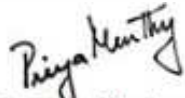
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No: UR2275312

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Ramdapur | Nallakurta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kurelalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Moggappair | T Nagar) | Volasarakkham | 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)

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com



Patient Name : Mr.SRIVASTAVA KUMAR	Collected : 05/Feb/2024 08:44AM
Age/Gender : 48 Y 9 M 15 D/M	Received : 05/Feb/2024 06:28PM
UHID/MR No : CBEL.0000244894	Reported : 05/Feb/2024 07:21PM
Visit ID : CBELOPV461395	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345176	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

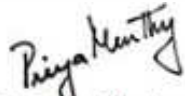
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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



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



SIN No: UF010440

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