


<b>Name</b> : Mr. Asim Kumar Pal  <b>Address</b> : Koramangala  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 54 Y  <b>Sex</b> : M	<b>UHID</b> :CKOR.0000251630  <b>OP Number</b> :CKOROPV401141 <b>Bill No</b> :CKOR-OCR-81109 <b>Date</b> : 26.02.2024 08:42
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	
✓6	ALKALINE PHOSPHATASE - SERUM/PLASMA	
✓7	LIVER FUNCTION TEST (LFT)	
✓8	X-RAY CHEST PA <i>Wb</i>	
✓9	GLUCOSE, FASTING	
✓10	HEMOGRAM + PERIPHERAL SMEAR	
11	ENT CONSULTATION <i>11 23 Dr. Vijayakar</i>	
12	FITNESS BY GENERAL PHYSICIAN	
13	DIET CONSULTATION	
✓14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
✓16	PERIPHERAL SMEAR	
17	ECG <i>A</i>	
✓18	BLOOD GROUP ABO AND RH FACTOR	
✓19	VITAMIN B12	
✓20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
✓22	OPHTHAL BY GENERAL PHYSICIAN <i>Rm 11 opp</i>	
✓23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓24	ULTRASOUND - WHOLE ABDOMEN <i>→ 11 18</i>	
✓25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION <i>→ 15</i>	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
✓28	VITAMIN D - 25 HYDROXY (D2+D3)	

- ✓ Get a complimentary dental screening
- ✓ Get a complimentary eye check Opp. to
- ✓ Avail a complimentary session with physiotherapist
- ✓ Get a complimentary hearing check

- Room No. 15
- Room No. 11
- Room No. 17
- Room No. 19

*Wt - 84.5 kg  
Ht - 176 cm*


*BF - 10:15  
PP - 11:45*

*BP - 154/98 mmHg  
pulse - 77/min*

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of .....  
*Mr. ASIN KUNATH, P, 54/M 28/2/24* on ..... After reviewing the medical history and on  
 clinical examination it has been found that he/she is

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

  
 Dr.  
 Medical Officer  
 The Apollo Clinic (Location)

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

Date : 28/2/24.  
 MRNO :  
 Name : Mrs. ASIM KUMAR PAL  
 Age / Gender : 54 / M

Department : GENERAL MEDICINE  
 Consultant : DR TOBY ABRAHAM THOMAS  
 Qualification : MBBS, DNB  
 KMC NO-74775  
 Consultation Timings: 6.00pm to 7.30pm

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 154/98 mmHg

General Examination / Allergies  
 History  
O/E NAD.

**Clinical Diagnosis & Management Plan**

Hypertensive on R

Telma LN 40 1-0-1  
 Metro card XL 50 1-0-1  
 Felmet 40 1-0-0

Tot. B - 2  
 Direct - 0.32  
 oT/PT - 144/147  
 Creat - 1.21  
 Hb - 15.9  
 VFT - D - 13.2  
 B12 - 269  
 Urine Protein - ve.  
 ECG - LVI.

Rx - Cap. LUMIA 60K weekly once x 8 weeks  
 ↓  
 monthly once x 4ms

Adv HbsAg (ELISA)  
 anti-HCV / INR.  
 Consult Dr. Amit. Gy @ Apollo  
 BPE

Follow up date:

Doctor Signature



## RH Bengaluru [Union Bank Of India]

**From:** noreply@apolloclinics.info  
**Sent:** 21 February 2024 15:05  
**To:** RH Bengaluru [Union Bank Of India]  
**Cc:** koramangala@apolloclinic.com; saim.qamar@apolloclinic.com;  
syamsunder.m@apollohl.com  
**Subject:** Your appointment is confirmed

You don't often get email from noreply@apolloclinics.info. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है, कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं), प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं, संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank) पर रिपोर्ट करें

**CAUTION AND ATTENTION PLEASE:** This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank)



Dear Asim Kumar,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KORAMANGALA clinic** on **2024-02-26** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]</b>

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

## RH Bengaluru [Union Bank Of India]

**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** 21 February 2024 15:06  
**To:** RH Bengaluru [Union Bank Of India]  
**Cc:** customercare@mediwheel.in  
**Subject:** Health Check up Booking Confirmed Request(UBOIE3569),Package Code- PKG10000369, Beneficiary Code-307311

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं). प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचानने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया [antiphishing@cisof.unionbankofindia.bank](mailto:antiphishing@cisof.unionbankofindia.bank) पर रिपोर्ट करें

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011-41195959

Dear Asim Kumar Pal,

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

**Booking Date** : 14-02-2024

**Hospital Package Name** : Mediwheel Full Body Plus Annual Check Advanced Male

**Patient Package Name** : MediWheel Full Body Health Checkup Male 50 To 60

**Name of Diagnostic/Hospital** : Apollo Medical Centre

**Address of Diagnostic/Hospital-** : Apollo Medical centre, Plot 51, 5th Block, Opp. Jyothi Nivas College, Koramangala - 560095

**City** : Bangalore

**State** :

**Pincode** : 560095

**Appointment Date** : 26-02-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:00am-8:00am

**Booking Status** : Booking Confirmed

### Member Information

Booked Member Name	Age	Gender
--------------------	-----	--------

95602 14900. RH-  
9986647016

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - BANGALORE SOUTH  
Chandrakiran, 10-A, Kasturba Road, P.B.  
No. 5179, Bangalore, Karnataka, ,  
Bangalore- 80

To,  
  
The Chief Medical Officer  
M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021  
Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup Executive Male 35+**

**Shri/Smt./Kum. PAL,ASIM KUMAR**

**P.F. No. 429340 Designation : DGM - REGIONAL HEAD**

**Checkup for Financial Year 2023-2024 Approved Charges Rs. 4000.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

**P.S. : Status of the application- Sanctioned**

[View Worklist](#)

Fixed Appt. @ Apollo clinic Koramangala  
@ 8:30 am on 24/2/24



यूनियन बैंक  
of India Union Bank  
of India

नाम : असीम कुमार पाल  
Name : Asim Kumar Pal

कर्मचारी क्र/ Employee No.: 429340

जन्म तिथि/ Date of Birth : 01/12/1969

रक्त समूह/ Blood Group : A+


हस्ताक्षर/ Signature

जारी करने का स्थान Sector-62 Branch, Noida  
Place of Issue : Ground Floor, Tower B, The Corenthus  
A-41, Sector-62 Noida - 201301

जारी करने का तारीख  
Date of Issue : 24-03-2017

अधिकृत अधिकारी/ Issuing Authority

Union Bank  
of India

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Ht - 176 cm*

*BF - 10:15  
PP - 11:45*

*BP - 154/98 mmHg  
pulse - 77/min*





## Apollo Clinic

### Consent Form

Patient Name: Asim Kumar Pal Age: 54 y

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

I Mr/Mrs/Miss: ..... Employee of .....

(Company) want to inform you that I am not getting the.....

Test which is a part of health check package.

Reason If any: pl allow me to come by 6.00 PM 27/2/24

And I claim the above statement in my full consciousness. for meeting with DR.

Patient Signature: ..... Date: 26/2/24

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**



**DR VIJAYA LAKSHMI M**  
**M.B.B.S, D.L.O, D.N.B(ENT)**  
**Phone No.9972044580,080-25633823/24/23**



**Apollo Medical Centre**  
*Expertise. Closer to you*

**HEALTH CHECK- ENT**

*26/02/24*

**NAME:** *Asim Kumar Pa*

**AGE:** *54/m*

**EAR:**

**RE:**

**LE:**

EXTERNAL EAR

MIDDLE EAR

INNER EAR (FN)

*Normal*

**HEARING ASSESSMENT:**

**RE:**

**LE:**

RHINNE

WEBER

ABC

*Normal*

NOSE

THROAT

AIRWAY

ORAL CAVITY

SEPTUM

OROPHARYNX

TURBINATES

PHARYNX

OTHERS

LARYNX

*Normal*

NECK

NECK NODES

OTHER

*Normal*

AUDIOMETRY

**IMPRESSION**

*Normal*

*[Signature]*

**SIGNATURE:**

**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

**1860 500 7788**

# OPHTHAL REPORT

NAME: Asim Kumar Pal  
AGE: 54 GENDER:  MALE /  FEMALE

## RIGHT EYE

	SPH	CYL	AXIS	VA
DV		with glass		6/6
NV	"	"	"	NC

## LEFT EYE

	SPH	CYL	AXIS	VA
DV		with glass		6/6
NV	"	"	"	NC

REMARK: use same glass

DATE: 20/02/24

ok  
OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT



Patient Name : Mr Asim Kumar Pal

Patient ID: 251630

Age : 54Year(s)

Sex : Male

Referring Doctor : H/C

Date :26.02.2024

.ULTRASOUND ABDOMEN AND PELVIS

**Liver** is normal in size(14.8cm) and shows increased echo pattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **CBD** is not dilated.

**Portal vein** is normal in size, course and caliber.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity

**Spleen** is normal in size(7.6cm), shape, contour and echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size(measures **10.3cm** in length & **4.5cm** in parenchymal thickness 1.2cms),position,shape and echopattern.corticomedullary differentiation is maintained .There is a 4mm interpolar region calculus, no hydronephrosis.

**Left Kidney** is normal in size(measures **11.1cm** in length & **4.1cm** in parenchymal thickness1.3cms ),position,shape and echopattern.corticomedullary differentiation is maintained . No evidence of calculi or hydronephrosis.

**Urinary Bladder** is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion. Pre void 365mls. Post void 25mls.

**Prostate:** enlarged in size (31cc) with normal exchotexture.  
There is no ascites.

**.IMPRESSION:** GRADE I FATTY LIVER  
NON OBSTRUCTIVE RIGHT RENAL CALCULUS  
GRADE I PROSTATOMEGALY WITH RESIDUAL URINE

DR VINOD JOSEPH DNB,DMRD  
RADIOLOGIST

Apollo Health and Lifestyle Limited

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Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 1860 500 7788

NAME: MR ASIM KUMAR PAL

AGE: 54Y

SEX: MALE

DATE: 26/02/2024

## ECHOCARDIOGRAPHY REPORT

### MEASUREMENT

AO - 22(20 - 35)mm	LIVD d - 43(36-52)mm	IVS - 14(06 - 11)mm
LA - 26(19- 40)mm	LVID s - 28 (23- 39)mm	PWD - 13(06- 11)mm
EF - 60 (>50%)	RVID-24	

### VALVES

Mitral Valve : Normal ,  
Aortic Valve : Normal, ,  
Tricuspid Valve : Normal, Trivial TR, RVSP - 22 mm  
Pulmonary Valve : Normal,

### CHAMBERS

Left Atrium : Normal  
Right Atrium : Normal  
Left Ventricle : LVH ,  
Right Ventricle : Normal

### SEPTAE

IVS : Intact  
IAS : Intact

**GREAT ARTERIES**

Aorta : Normal  
Pulmonary Artery : Normal

**DOPPLER DATA**

Mitral : E < A , 0.5 / 0.7  
Aortic : Normal , 1.0 m/s  
Tricuspid : Normal , 0.4 / 0.6  
Pulmonary : Normal, 1.10

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

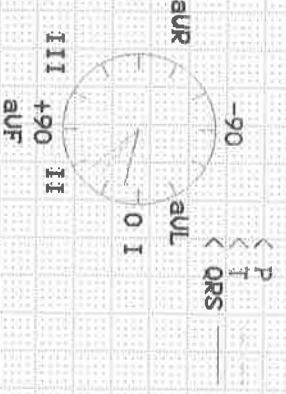
**FINAL DIAGNOSIS**

**CONCENTRIC LVH  
NO RWMA, LV EF -60%  
GRADE I DIASTOLIC DYSFUNCTION  
NO OBVIOUS CLOTS/ EFFUSION/ VEGETATION**

**DR. MOHAN MURALI**  
**DNB(MED), DNB(CARDIOLOGY)**  
**CONSULTANT CARDIOLOGIST**



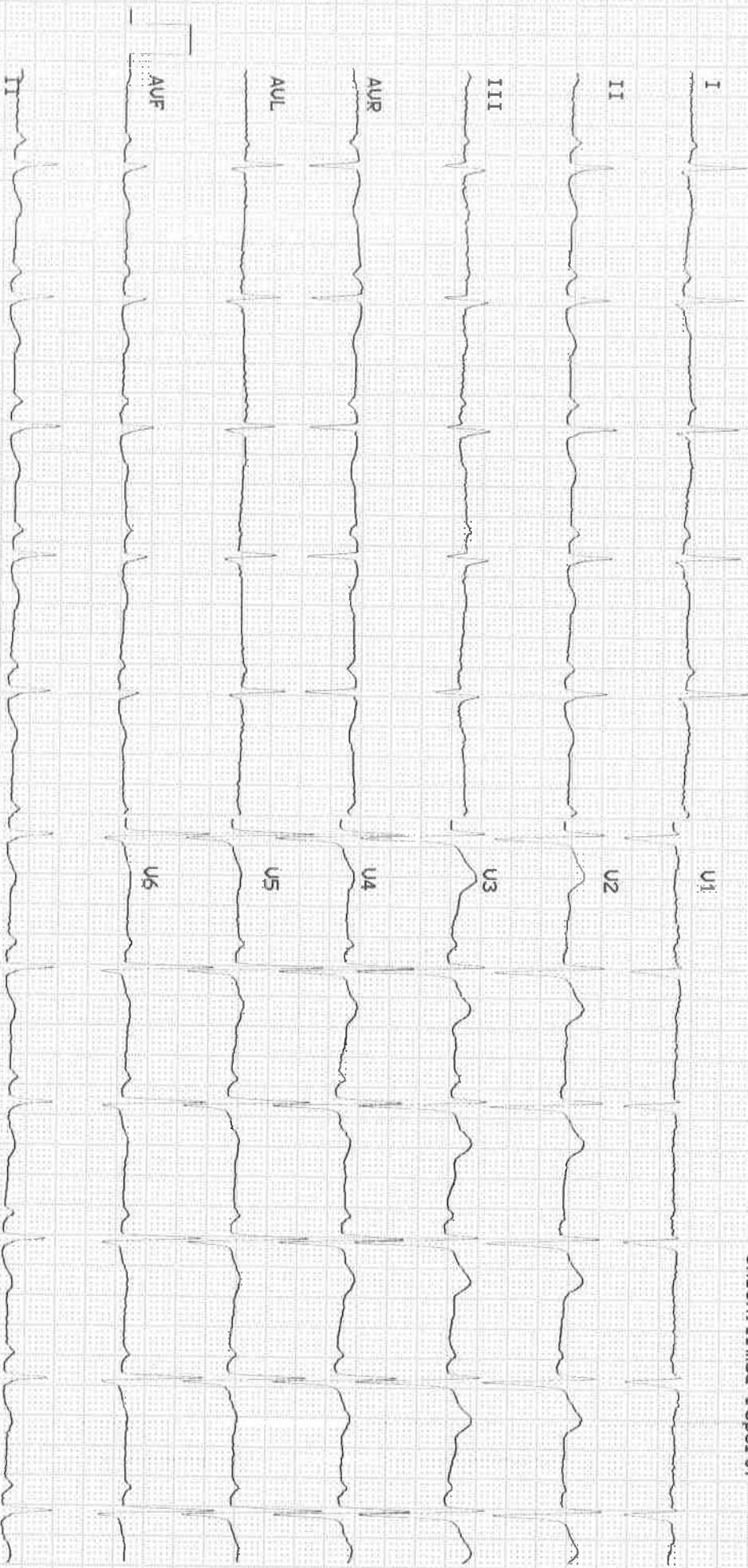
AGE: 54  
 Measurement Results:  
 QRS 106 ms  
 QT/QTcB : 436 / 460 ms  
 PR 124 ms  
 P 122 ms  
 RR/pp 900 / 890 ms  
 P/ORS/T 40 / 15 / 50 degrees  
 QTd/QTcBd: 30 / 32 ms  
 Sokolow : 2.2 mV  
 NK 9



Interpretation:

② S R 2

Unconfirmed report.





Patient Name	: Mr. Asim Kumar Pal	Age	: 54 Y/M
UHID	: CKOR.0000251630	OP Visit No	: CKOROPV401141
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 26-02-2024 17:17
Referred By	: SELF		

### ECG REPORT

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 66 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI  
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH  
FOR FUTURE REFERENCE IF NEEDED.

----- END OF THE REPORT -----

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. Asim Kumar Pal	Age	: 54 Y M
UHID	: CKOR.0000251630	OP Visit No	: CKOROPV401141
Reported on	: 26-02-2024 14:08	Printed on	: 26-02-2024 16:28
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

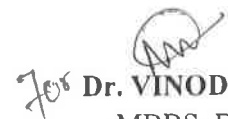
The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

**IMPRESSION : NORMAL STUDY.**

Printed on:26-02-2024 14:08

---End of the Report---

  
**Dr. VINOD P JOSEPHI**  
**MBBS, DNB, DMRD**



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CARDIOLOGIST

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FOR FUTURE REFERENCE IF NEEDED.

Patient Name	: Mr. Asim Kumar Pal	Age	: 54 Y/M
UHID	: CKOR.0000251630	OP Visit No	: CKOROPV401141
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 26-02-2024 17:17
Referred By	: SELF		

---

----- END OF THE REPORT -----

Name: Mr. Asim Kumar Pal  
Age/Gender: 54 Y/M  
Address: Koramangala  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000251630  
Visit ID: CKOROPV401141  
Visit Date: 26-02-2024 08:41  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**



Name: Mr. Asim Kumar Pal  
Age/Gender: 54 Y/M  
Address: Koramangala  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000251630  
Visit ID: CKOROPV401141  
Visit Date: 26-02-2024 08:41  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. Asim Kumar Pal  
Age/Gender: 54 Y/M  
Address: Koramangala  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. MV PRASANNA KUMAR

MR No: CKOR.0000251630  
Visit ID: CKOROPV401141  
Visit Date: 26-02-2024 08:41  
Discharge Date:  
Referred By: SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### SYSTEMIC REVIEW

#### \*\*Weight

--->: Stable,

### HT-HISTORY

#### Past Medical History

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: .,

### PHYSICAL EXAMINATION

#### SYSTEMIC EXAMINATION

#### IMPRESSION

#### RECOMMENDATION

#### DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Name: Mr. Asim Kumar Pal  
Age/Gender: 54 Y/M  
Address: Koramangala  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000251630  
Visit ID: CKOROPV401141  
Visit Date: 26-02-2024 08:41  
Discharge Date:  
Referred By: SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### SYSTEMIC REVIEW

#### \*\*Weight

--->: Stable,

### HT-HISTORY

#### Past Medical History

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: .,

### PHYSICAL EXAMINATION

#### SYSTEMIC EXAMINATION

#### IMPRESSION

#### RECOMMENDATION

#### DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

**Patient Name** : Mr. Asim Kumar Pal

**Age/Gender** : 54 Y/M

**UHID/MR No.** : CKOR.0000251630

**OP Visit No** : CKOROPV401141

**Sample Collected on** :

**Reported on** : 26-02-2024 14:08

**LRN#** : RAD2248459

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 429340

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

**IMPRESSION : NORMAL STUDY.**

**Dr. VINOD P JOSEPH**  
**MBBS, DNB, DMRD**  
Radiology

<b>Patient Name</b>	: Mr. Asim Kumar Pal	<b>Age/Gender</b>	: 54 Y/M
<b>UHID/MR No.</b>	: CKOR.0000251630	<b>OP Visit No</b>	: CKOROPV401141
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 28-02-2024 15:27
<b>LRN#</b>	: RAD2248459	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 429340		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** is normal in size(14.8cm) and shows increased echo pattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **CBD** is not dilated.

**Portal vein** is normal in size, course and caliber.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity

**Spleen** is normal in size(7.6cm), shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size(measures **10.3cm** in length & **4.5cm** in parenchymal thickness 1.2cms ),position,shape and echopattern.corticomedullary differentiation is maintained .There is a 4mm interolar region calculus, no hydronephrosis.

Left Kidney is normal in size(measures **11.1cm** in length & **4.1cm** in parenchymal thickness1.3cms ),position,shape and echopattern.corticomedullary differentiation is maintained . No evidence of calculi or hydronephrosis.

**Urinary Bladder** is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion. Pre void 365mls. Post void 25mls.

Prostate: enlarged in size (31cc) with normal exchotexture.

There is no ascites.

**.IMPRESSION:** GRADE I FATTY LIVER

**NON OBSTRUCTIVE RIGHT RENAL CALCULUS**



**Patient Name** : Mr. Asim Kumar Pal

**Age/Gender** : 54 Y/M

---

**GRADE I PROSTATOMEGALY WITH RESIDUAL URINE**

**DR VINOD JOSEPH DNB,DMRD  
RADIOLOGIST**

**Dr. VINOD P JOSEPH**  
MBBS, DNB, DMRD  
Radiology

Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:05AM
UHID/MR No : CKOR.000251630	Reported : 26/Feb/2024 11:55AM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

DEPARTMENT OF HAEMATOLOGY

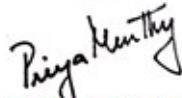
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.1	g/dL	13-17	Spectrophotometer
PCV	46.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.95	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	43	%	40-80	Electrical Impedance
LYMPHOCYTES	46	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3268	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3496	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	266	Cells/cu.mm	20-500	Calculated
MONOCYTES	562.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.93		0.78- 3.53	Calculated
PLATELET COUNT	202000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	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: BED240050034

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

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

Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:05AM
UHID/MR No : CKOR.0000251630	Reported : 26/Feb/2024 11:55AM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

### DEPARTMENT OF HAEMATOLOGY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

WBCs: are normal in total number with relative increase in lymphocytes.

PLATELETS: appear adequate in number.

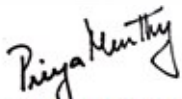
HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS.**

**Kindly correlate clinically.**



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: BED240050034

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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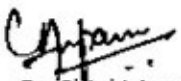
 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:05AM
UHID/MR No : CKOR.0000251630	Reported : 26/Feb/2024 12:49PM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

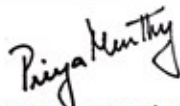
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



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



SIN No:BED240050034

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Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:06AM
UHID/MR No : CKOR.0000251630	Reported : 26/Feb/2024 03:07PM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	125	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)	183	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	6.5	%		HPLC



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

SIN No:EDT240022552

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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	140	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.

- 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)




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

SIN No:EDT240022552

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Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:17AM
UHID/MR No : CKOR.000251630	Reported : 26/Feb/2024 01:42PM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.21		0-4.97	Calculated

**Comment:**

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

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

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




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

SIN No:SE04642007

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Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
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Emp/Auth/TPA ID : 429340	

DEPARTMENT OF BIOCHEMISTRY

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



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

SIN No:SE04642007

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	2.00	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.32	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	147	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	144.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	86.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.11	g/dL	6.6-8.3	Biuret
ALBUMIN	4.55	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		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.




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

SIN No:SE04642007

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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



Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:17AM
UHID/MR No : CKOR.0000251630	Reported : 26/Feb/2024 03:54PM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	1.21	mg/dL	0.67-1.17	Jaffe's, Method
UREA	28.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.41	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.07	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.11	g/dL	6.3-8.2	Biuret
ALBUMIN	4.55	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated



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

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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
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Karnataka- 560034



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Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:17AM
UHID/MR No : CKOR.0000251630	Reported : 26/Feb/2024 01:42PM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	86.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , <i>SERUM</i>	123.00	U/L	<55	IFCC



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

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Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:16AM
UHID/MR No : CKOR.0000251630	Reported : 26/Feb/2024 01:07PM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.27	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.25	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	4.850	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  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24033066

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Karnataka - 560034

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Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:16AM
UHID/MR No : CKOR.0000251630	Reported : 26/Feb/2024 01:07PM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
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Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:16AM
UHID/MR No : CKOR.0000251630	Reported : 26/Feb/2024 12:27PM
Visit ID : CKOROPV401141	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	19.2	ng/mL		CMIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	267	pg/mL	187 - 883	CMIA



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

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DEPARTMENT OF IMMUNOLOGY

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

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	2.190	ng/mL	0-4	CLIA

**Comment:**

Disclaimer: \*The results determined by assays using different manufacturers or methods may not be comparable.  
Manufacturer: BECKMAN COULTER



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

SIN No:SPL24033066

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Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:28AM
UHID/MR No : CKOR.000251630	Reported : 26/Feb/2024 12:05PM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

DEPARTMENT OF CLINICAL PATHOLOGY

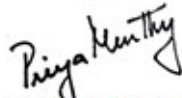
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 16



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: UR2291643

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Patient Name : Mr.ASIM KUMAR PAL	Collected : 26/Feb/2024 08:54AM
Age/Gender : 54 Y 2 M 25 D/M	Received : 26/Feb/2024 11:28AM
UHID/MR No : CKOR.0000251630	Reported : 26/Feb/2024 02:57PM
Visit ID : CKOROPV401141	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 429340	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

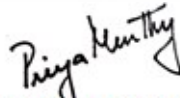
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* 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:UF010821

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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

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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 1860 500 7788  
www.apolloclinic.com