



The Apollo Clinic
PHYSICAL EXAMINATION FORM

Apollo Clinic
Established 1982

Date 10/2/24

Age 36 / M

Name Mr. J. Senthosh

UHID: 85852

Height Cms

BMI

Weight Kgs

BP

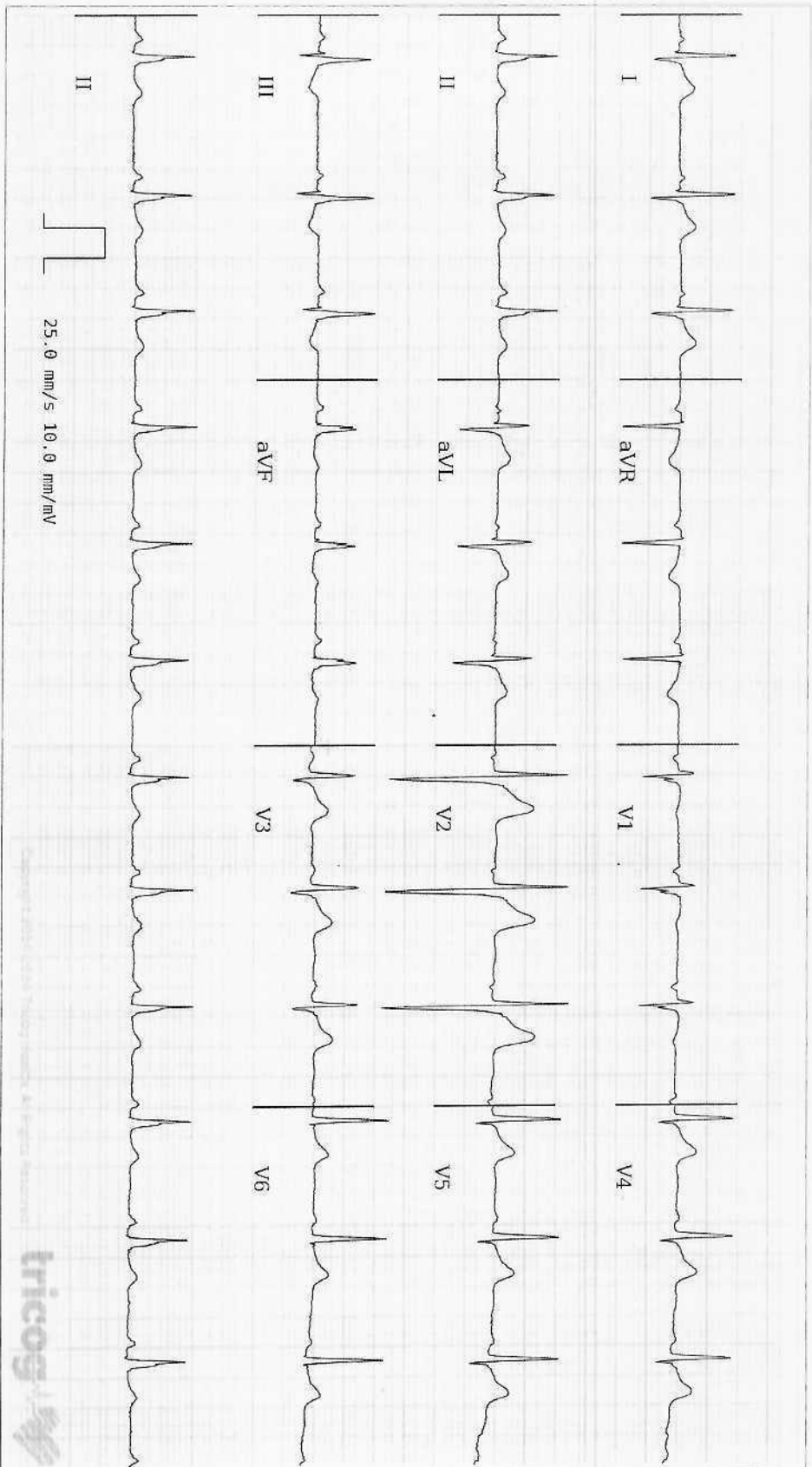
Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ
RODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74



Age / Gender: 36/Male
Patient ID: 0000085852
Patient Name: Mr. J. Santosh

Date and Time: 10th Feb 24 1:12 PM

Apollo clinic Boduppall



ECG Within Normal Limits: Sinus rhythm, Normal ECG, correlate clinically. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

AR: 77bpm VR: 77bpm QRSD: 100ms QT: 356ms QTcB: 402ms PRI: 134ms P-R-T: 64° 64° 2°

REPORTED BY

Apollo
HOSPITAL

DR. VINAY

POWER PRESCRIPTION

NAME: J. Santhosh

GENDER: M/F

DATE: 10/2/24

AGE: 36

UHID: 85852

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	- 0.50	- 1.75	90°	6/6
NEAR	—————			NG

	SPH	CYL	AXIS	VISION
DISTANCE	- 0.50	- 1.75	90°	6/6
NEAR	—————			NG

COLOUR VISION : BE: normal

DIAGNOSIS : }
OTHER FINDINGS : }
INSTRUCTIONS : }


SIGNATURE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Mr. J. Sambasa on 12/2/24.

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	/
<ul style="list-style-type: none"> Fit with Restrictions/ Recommendations <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 candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review afterrecommended.</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. KOPPUA TRIVENI

MBBS
TS.MC.F.MR.DS.09

Dr. Koppula Triveni
Reg No :05078
Consultant physician
Apollo Clinic
Uppal

S. No.	Company Name
6	Arcofemi/Mediwheel/MALE/FEMALE
7	Arcofemi/Mediwheel/MALE/FEMALE

PACKAGE NAME	Booking ID
Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO	bobS8465
Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO	bobE8464

EMP-NAME	AGE	GENDER	EMAIL
Jayashree rathod	28	Female	jadav.santhu@gmail.com
MR. JADAV SANTHOSH	33	Male	jadav.santhu@gmail.com

CONTACT NO	Appointment Date	Appointment Time
8555001804	10-Feb-24	9:00 AM
8555001804	10-Feb-24	9:00 AM

CLINIC NAME	CLINIC STATE	CLINIC CITY
Apollo Clinic, UPPAL	Telangana	Hyderabad
Apollo Clinic, UPPAL	Telangana	Hyderabad

CLINIC ADDRESS

Apollo Clinic, Plot no:977,Survey no:45-50,H No:6-48/3,Near Pillar no:91, Beside Ramraj Cotton Show room, Canar

Apollo Clinic, Plot no:977,Survey no:45-50,H No:6-48/3,Near Pillar no:91, Beside Ramraj Cotton Show room, Canar

Booking Status	Apollo Status
If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	
If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	Confirmed at 9:0

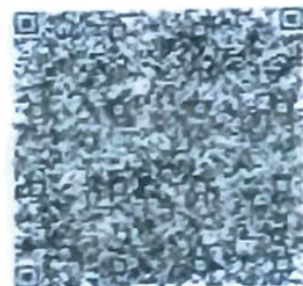
Remarks
10 Am



భారత ప్రభుత్వం
Government of India



జాదవ్ సంతోష్
Jadav Santhosh
పుట్టిన తేదీ/DOB: 08/02/1990
పురుషుడు/ MALE



3633 6825 0160

VID : 9158 4684 0378 3497

నా ఆధార్, నా గుర్తింపు



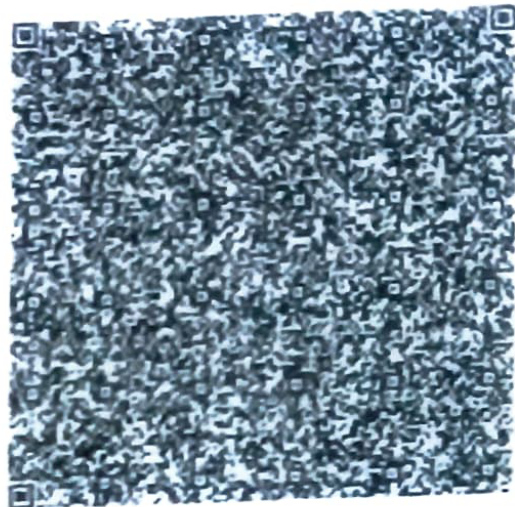
Unique Identification Authority of India

విరునామా:

ఎస్/ఓ నందేవ్, ఎన్ ఎన్ 17, బృందావం ఎంక్లవ్,
జహీరాబాద్ టాండూర్ రోడ్, జహీరాబాద్, మెదక్,
తెలంగాణ - 502220

Address:

S/O Namdev, H NO 17, Brindavan
Enclave, zaheerabad tandoor road,
Zahirabad, Medak,
Telangana - 502220



QR Code with Photograph

3633 6825 0160

VID : 9158 4684 0378 3497



1947



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www

www.uidai.gov.in

Patient Name : Mr. JADAV SANTHOSH Age : 36 Y/M
UHID : CUPP.0000085852 OP Visit No : CUPPOPV129487
Conducted By: : Dr. HARISH REDDY M S Conducted Date : 12-02-2024 11:58
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.4 CM
LA (es)	2.8 CM
LVID (ed)	4.4 CM
LVID (es)	3.0 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	65.00%
%FD	33.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

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COLOUR AND DOPPLER STUDIES

AJV=120 CM SEC PJV=90CM SEC

MVF:E > A e'>'A

IMPRESSION

NO RWMA

NORMAL LV FUNCTION

NO MS / MR / AS / AR

NO TR / PAH

NO PE VEG / CLOT

Dr. HARISH
REDDY M S

Patient Name	: Mr. JADAV SANTHOSH	Age	: 36 Y/M
UHID	: CUPP.0000085852	OP Visit No	: CUPPOPV129487
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 10-02-2024 17:46
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 77 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 see

Impression:

NORMAL ECG

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA

Patient Name : Mr. JADAV SANTHOSH

Age/Gender : 36 Y/M

UHID/MR No. : CUPP.0000085852

OP Visit No : CUPPOPV129487

Sample Collected on :

Reported on : 10-02-2024 18:07

LRN# : RAD2232056

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 107282/350389

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

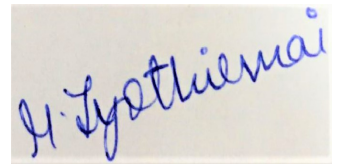
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name	: Mr. JADAV SANTHOSH	Age/Gender	: 36 Y/M
UHID/MR No.	: CUPP.0000085852	OP Visit No	: CUPPOPV129487
Sample Collected on	:	Reported on	: 10-02-2024 17:36
LRN#	: RAD2232056	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 107282/350389		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 127 mm and **increased echotexture**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 94 mm. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 97 x 41 mm. **Left kidney** : 105 x 54 mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size 27 x 25 x 25 mm and echo texture. Volume measure 9 cc. No evidence of necrosis/calcification seen.

Evidence of size 15 x 8 mm subcutaneous lipoma in left anterior chest wall.

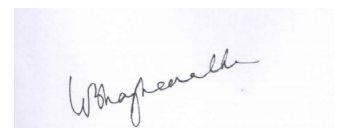
IMPRESSION:-

* **FATTY LIVER.**

* **SUBCUTANEOUS LIPOMA LEFT ANTERIOR CHEST WALL.**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. K BHAGHEERATHI



Patient Name : Mr. JADAV SANTHOSH

Age/Gender : 36 Y/M

MBBS,DNB Radiodiagnosis
Consultant Radiologist

Patient Name : Mr.JADAV SANTHOSH	Collected : 10/Feb/2024 09:55AM
Age/Gender : 36 Y 6 M 14 D/M	Received : 10/Feb/2024 12:50PM
UHID/MR No : CUPP.0000085852	Reported : 10/Feb/2024 03:03PM
Visit ID : CUPPOPV129487	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 107282/350389	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	44.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.37	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,060	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.8	%	40-80	Electrical Impedance
LYMPHOCYTES	37.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3320.88	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2254.32	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	78.78	Cells/cu.mm	20-500	Calculated
MONOCYTES	381.78	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.24	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	214000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

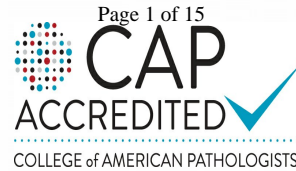
RBC NORMOCYTIC NORMOCHROMIC
 WBC WITHIN NORMAL LIMITS
 PLATELETS ARE ADEQUATE ON SMEAR
 NO HEMOPARASITES SEEN



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

SIN No: BED240033663

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad




Patient Name : Mr.JADAV SANTHOSH
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:BED240033663

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Page 2 of 15
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Patient Name : Mr.JADAV SANTHOSH	Collected : 10/Feb/2024 09:55AM
Age/Gender : 36 Y 6 M 14 D/M	Received : 10/Feb/2024 12:50PM
UHID/MR No : CUPP.0000085852	Reported : 10/Feb/2024 05:20PM
Visit ID : CUPPOPV129487	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 107282/350389	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate technology
Rh TYPE	Positive			Microplate technology



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

SIN No:BED240033663

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Patient Name : Mr.JADAV SANTHOSH	Collected : 10/Feb/2024 09:55AM
Age/Gender : 36 Y 6 M 14 D/M	Received : 10/Feb/2024 12:50PM
UHID/MR No : CUPP.0000085852	Reported : 10/Feb/2024 02:08PM
Visit ID : CUPPOPV129487	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	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)	85	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.

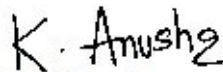
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues,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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE	114	mg/dL		Calculated



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:EDT240014861



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

Page 4 of 15
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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

H. No 6-48/3, Peerzadiguda Panchayat, Boduppal,
R R District., Uppal, Hyderabad, Telangana, India - 500039

1860 500 7788
www.apolloclinic.com

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)

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

(eAG)

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)

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:EDT240014861

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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

H. No 6-48/3, Peerzadiguda Panchayat, Boduppal,
 R R District., Uppal, Hyderabad, Telangana, India - 500039



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)

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

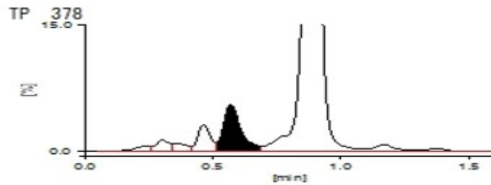
Chromatogram Report

HLC72368 V5.28.1 2024-02-10 14:01:49
 ID EDT240014861
 Sample No. 02100103 SL 0003 - 06
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.24	6.42
A1B	0.8	0.30	12.18
F	0.6	0.39	9.01
LA1C+	1.7	0.46	26.71
SA1C	5.6	0.57	66.38
AO	92.7	0.88	1421.17
H-V0			
H-V1			
H-V2			

Total Area 1541.87

HbA1c 5.6 % **IFCC 37 mmol/mol**
 HbA1 6.8 % HbF 0.6 %



10-02-2024 14:01:50 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

SIN No:EDT240014861

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

Page 6 of 15
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Patient Name : Mr.JADAV SANTHOSH	Collected : 10/Feb/2024 09:55AM
Age/Gender : 36 Y 6 M 14 D/M	Received : 10/Feb/2024 12:50PM
UHID/MR No : CUPP.0000085852	Reported : 10/Feb/2024 02:08PM
Visit ID : CUPPOPV129487	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 107282/350389	

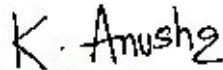
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324



Dr.E.Maruthi Prasad
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Consultant biochemist

SIN No:EDT240014861



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHO-POD
TRIGLYCERIDES	115	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	122	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.63		0-4.97	Calculated

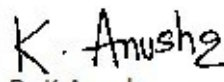
Comment:

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 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 MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	88.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:


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

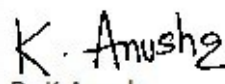
2. Cholestatic Pattern:

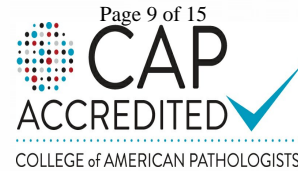
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	16.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.89	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.86	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.53	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	<55	IFCC

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.23	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.149	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone 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 CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/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. SRINIVAS N.S. NORI
M.B.B.S, M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UR2279626

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Page 14 of 15
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Patient Name : Mr.JADAV SANTHOSH	Collected : 10/Feb/2024 09:55AM
Age/Gender : 36 Y 6 M 14 D/M	Received : 10/Feb/2024 05:04PM
UHID/MR No : CUPP.0000085852	Reported : 10/Feb/2024 08:49PM
Visit ID : CUPPOPV129487	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 107282/350389	

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF010528

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

