

NAME: Mr. SHINE GEORGE

AGE: 38YRS/ M

DATE: 19/02/2024

CJPN :53370

**2D ECHO WITH COLOR DOPPLER**

Ao Diam : 3.4cm , LA Diam : 3.7cm,  
IVSd : 1.3cm , IVSs:1.1cm, LVIDd : 3.8cm, LVIDs: 2.5 cm LVPWd:1.0cm,  
LVPWS : 1.0cm , EF – 65% , FS – 35% , RVIDd – 1.2cm

**2DVALVES**

MITRAL VALVE -----: NORMAL  
TRICUSPID VALVE-----: NORMAL  
AORTIC VALVE-----: NORMAL  
PULMONARY VALVE-----: NORMAL

**CHAMBERS**

LEFT ATRIUM-----: NORMAL  
RIGHT ATRIUM-----: NORMAL  
LEFT VENTRICULAR----: NORMAL  
RIGHT VENTRICULAR---:NORMAL

**DOPPLER**


MV E Vel---- : 0.7m/s , MV A Vel : 0.5 m/s  
TRICUSPID VALVE : NORMAL  
PERICARDIUM-----: NORMAL  
CLOT/VEGETATION----- : NIL

**IMPRESSION**

NORMAL VALVES AND CHAMBERS  
NORMAL LV SYSTOLIC FUNCTION  
NO CLOT /VEGETATION/EFFUSION/PAH  
NO REGIONAL WALL MOTION ABNORMALITIES



**DR. SHILPA JAYAPRAKASH, MD,DM**  
CONSULTANT CARDIOLOGIST

<b>Name :</b> Mr. SHINE GEORGE	<b>Age:</b> 38 Y	<b>UHID:</b> CELE.0000053370
<b>Address :</b> E CITY	<b>Sex:</b> M	
<b>Plan :</b> ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number:</b> CJPNOVPV188572
		<b>Bill No :</b> CJPN-OCR-69305
		<b>Date :</b> 19.02.2024 08:19

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
✓1	URINE GLUCOSE(PASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
✓5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
✓7	GLUCOSE, FASTING	
✓8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION	
✓12	COMPLETE URINE EXAMINATION	
✓13	URINE GLUCOSE(POST PRANDIAL)	
✓14	PERIPHERAL SMEAR	
✓15	ECG	
✓16	BLOOD GROUP ABO AND RH FACTOR	
✓17	LIPID PROFILE	
✓18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN R-3	
✓20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN	
✓22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
✓23	DENTAL CONSULTATION R-11	
✓24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 10.50 AM.	

Dental - 22  
Ophthalm - 03  
Physio - 04  
Diet - 16

WT - 73.6 kg  
HT - 176 cms  
BP - 164/101 mm/Hg  
WCST - 91 cms  
HPT - 100 cms  
PR - 78/mnt  
BMI - 23.8

Name - Shiva George

Age - 38 y/o m

Date - 19/10/24

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

clo - Routine  
Eye checkup

UVA → 6/6 NC  
E/6 NC

H/O pain - NO

convergence

H/O eye Sx - NO

colours vision is normal in 15E

Follow up date:

After 6 months

Doctor Signature



Mr shine george  
ID: ee6653376

36 Years 176 cm Male  
73.6 kg

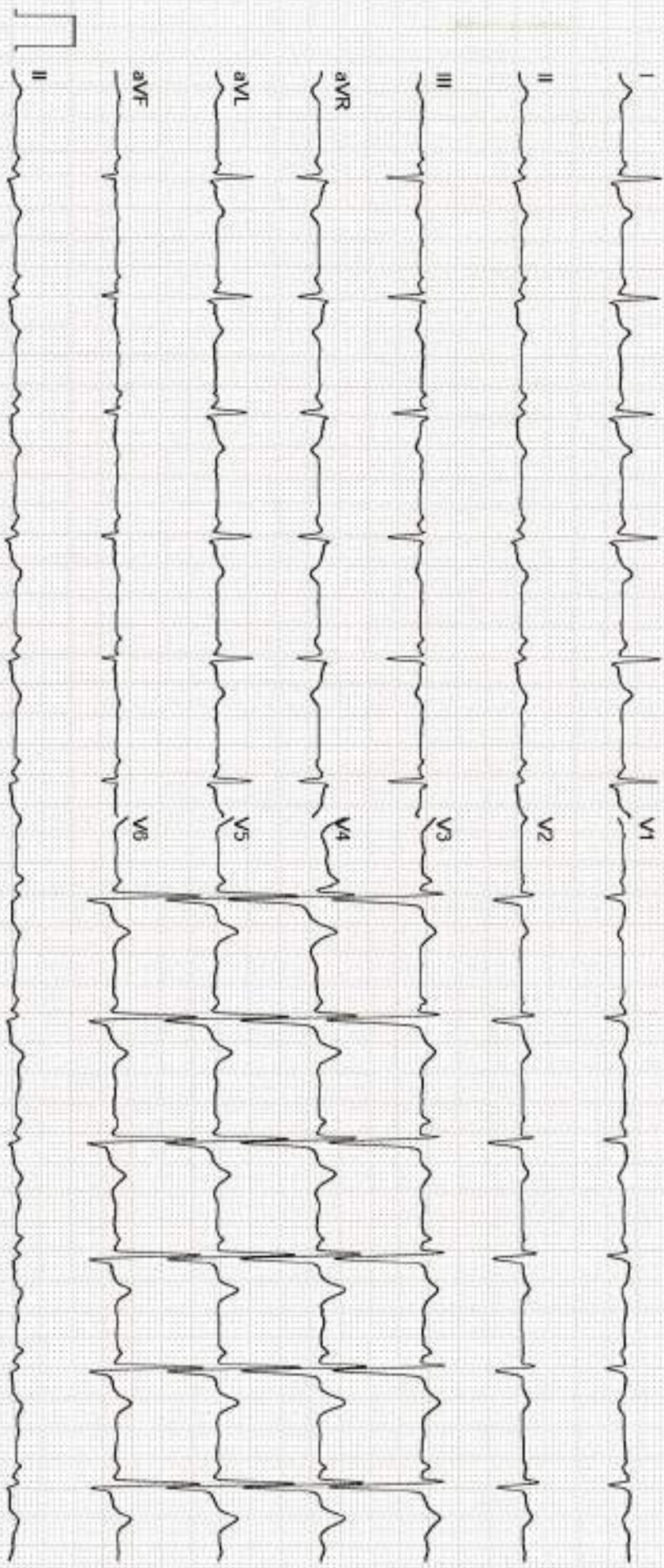
19.02.2024 10:03:22  
Apollo Clinic  
J.P. Nagar  
Bangalore

AcuW CE

75 bpm  
164 / 101 mmHg

QRS	88 ms
QT / QTcBaz	378 / 422 ms
PR	122 ms
P	98 ms
RR / PP	796 / 800 ms
P / QRS / T	67 / -22 / 15 degrees

Normal sinus rhythm  
Junctional ST depression, probably normal  
Borderline ECG



<b>Patient Name</b>	: Mr. SHINE GEORGE	<b>Age/Gender</b>	: 38 Y/M
<b>UHID/MR No.</b>	: CELE.0000053370	<b>OP Visit No</b>	: CJPNOPV188572
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 19-02-2024 16:48
<b>LRN#</b>	: RAD2240910	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 919066596246		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size (13.0cm)and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size (8.3cm)and echotexture. No focal lesion was seen.

**PANCREAS** : Normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 10.5 x 4.4 cm.

Left kidney measures : 10.0 x 4.0cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

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

Prostate measures :2.4 x 4.2 x 3.3 cms. Volume- 19cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

**IMPRESSION : NORMAL STUDY .**

(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.

**Patient Name** : Mr. SHINE GEORGE

**Age/Gender** : 38 Y/M

---



**Dr. JYOTI PRIYADARSHINI**  
MBBS, MD



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Emp/Auth/TPA ID : 919066596246	

DEPARTMENT OF HAEMATOLOGY

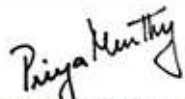
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.5	g/dL	13-17	Spectrophotometer
PCV	49.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.6</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.8	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,270	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	41	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>42.3</b>	%	20-40	Electrical Impedance
EOSINOPHILS	<b>11.3</b>	%	1-6	Electrical Impedance
MONOCYTES	4.5	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2570.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2652.21	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>708.51</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	282.15	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56.43	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.97		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	233000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren
<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: BED240042429

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 - U85110TG2000PLC1158114  
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APOLLO CLINICS NETWORK

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Newlyd Nagar, Electronics City, Bangalore,  
Kavalakur 560038

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www.apolloclinic.com

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919066596246	

**DEPARTMENT OF HAEMATOLOGY**

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

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

PLATELETS: appear adequate in number.

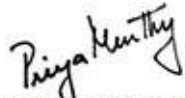
HEMOPARASITES: negative

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

**Kindly correlate clinically.**



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



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Address:  
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 Newlands Nagar, Electronic City, Bangalore,  
 Karnataka - 560038

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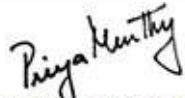
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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)	104	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	5.3	%		HPLC



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CONSULTANT BIOCHEMIST

SIN No:EDT240018751

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**DEPARTMENT OF BIOCHEMISTRY**

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

ESTIMATED AVERAGE GLUCOSE (eAG)	105	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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**M.B.B.S,M.D(Biochemistry)**  
**CONSULTANT BIOCHEMIST**

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHO-POD
TRIGLYCERIDES	131	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>136</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>110.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.78		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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**DEPARTMENT OF BIOCHEMISTRY**

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**Apollo Health and Lifestyle Limited** | CIN - U85110TG2000PLC115810  
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Patient Name : Mr.SHINE GEORGE	Collected : 19/Feb/2024 08:22AM
Age/Gender : 38 Y 3 M 10 D/M	Received : 19/Feb/2024 12:58PM
UHID/MR No : CELE.0000053370	Reported : 19/Feb/2024 02:23PM
Visit ID : CJPNOPV188572	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919066596246	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.17	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- 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:SE04633985

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

Patient Name : Mr.SHINE GEORGE	Collected : 19/Feb/2024 08:22AM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919066596246	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	21.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.90	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.09	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



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Patient Name : Mr.SHINE GEORGE	Collected : 19/Feb/2024 08:22AM
Age/Gender : 38 Y 3 M 10 D/M	Received : 19/Feb/2024 12:58PM
UHID/MR No : CELE.0000053370	Reported : 19/Feb/2024 01:54PM
Visit ID : CJPNOPV188572	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	28.00	U/L	<55	IFCC




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



Patient Name : Mr.SHINE GEORGE	Collected : 19/Feb/2024 08:22AM
Age/Gender : 38 Y 3 M 10 D/M	Received : 19/Feb/2024 01:50PM
UHID/MR No : CELE.0000053370	Reported : 19/Feb/2024 02:54PM
Visit ID : CJPNOPV188572	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919066596246	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.80	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.518	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

- 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




**DR.SHIVARAJA SHETTY**  
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**CONSULTANT BIOCHEMIST**

SIN No:SPL24027866

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

Patient Name : Mr.SHINE GEORGE	Collected : 19/Feb/2024 08:22AM
Age/Gender : 38 Y 3 M 10 D/M	Received : 19/Feb/2024 01:50PM
UHID/MR No : CELE.0000053370	Reported : 19/Feb/2024 02:54PM
Visit ID : CJPNOPV188572	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919066596246	

**DEPARTMENT OF IMMUNOLOGY**

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



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

SIN No:SPL24027866

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Patient Name : Mr.SHINE GEORGE	Collected : 19/Feb/2024 08:21AM
Age/Gender : 38 Y 3 M 10 D/M	Received : 19/Feb/2024 01:27PM
UHID/MR No : CELE.0000053370	Reported : 19/Feb/2024 02:58PM
Visit ID : CJPNOPV188572	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919066596246	

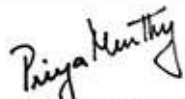
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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: UR2286060

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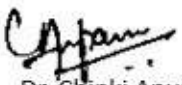
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Patient Name : Mr.SHINE GEORGE	Collected : 19/Feb/2024 10:47AM
Age/Gender : 38 Y 3 M 10 D/M	Received : 19/Feb/2024 04:51PM
UHID/MR No : CELE.0000053370	Reported : 19/Feb/2024 05:34PM
Visit ID : CJPNOPV188572	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919066596246	

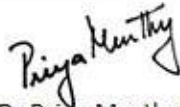
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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



Dr. Priya Murthy  
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SIN No:UPP016611

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

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Patient Name : Mr.SHINE GEORGE	Collected : 19/Feb/2024 08:22AM
Age/Gender : 38 Y 3 M 10 D/M	Received : 19/Feb/2024 01:27PM
UHID/MR No : CELE.0000053370	Reported : 19/Feb/2024 03:53PM
Visit ID : CJPNOPV188572	Status : Final Report
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Emp/Auth/TPA ID : 919066596246	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

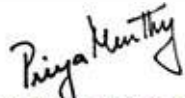
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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



Dr Priya Murthy  
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Consultant Pathologist



SIN No:UF010614

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