



भारत सरकार
Government of India



शरिता रमन
Alviya Rahman
जन तिथि/DOB: 05/09/1984
पंरितऱि/ FEMALE



8320 8179 7234
भरतऱि आधर, भरी पढरररन



भरतऱि सरररर
GOVERNMENT OF INDIA



ररहुल गौरम
Rahul Gautam
जन तिथि / DOB: 15/03/1990
पुंर / MALE



9524 9740 2716
भरतऱि आधर, भरी पढरररन

FO Cradle

From: Corporate Apollo Clinic <corporate@apolloclinic.com>
Sent: 14 March 2024 14:56
To: 'Customer Care :Mediwheel : New Delhi'
Cc: Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Tnagar Apolloclinic; Asraonagar Apolloclinic; Aundh Apolloclinic; Basavanagudi Apolloclinic; Indiranagar Apolloclinic; JP Nagar Apollo Clinic; Mysore Apolloclinic; Kharadi Apollo Clinic; Apollo Clinic Uppal; Vimannagar Apolloclinic; Vizag Apolloclinic; FO Cradle; Apollo One Pusaroad; Fo Kanpur; FO Swargate; so.swg@apollospectra.com; Helpdesk MRC; Cc Tardeo; Sayan Bhattacharya; Fathma Shaik; Rupinder Kaur
Subject: RE: Health Check-up Bookings No. 55 (Annual)
Attachments: Copy of 14032024 Bookings.xlsx

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

Kumar | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Sent: Thursday, March 14, 2024 11:31 AM
To: Corporate Apollo Clinic <corporate@apolloclinic.com>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>
Subject: Health Check-up Bookings No. 55 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in

MER- MEDICAL EXAMINATION REPORT



Date of Examination	23/3/24		
NAME:	Mr - Rahul Gautam		
UHID:	14316		
AGE/ Gender	34y/m	BMI :	20.1 kg/m ²
HEIGHT(cm)	176.2 CM	WEIGHT (kg)	87. kg.
TEMP:	96.8°F	PULSE:	82 b/m
B.P:	122/74	RESP:	20 b/m
ECG:	<u>Normal</u>		
X Ray:			
Vision Checkup	<u>Attached</u>		
Present Ailments	<u>NO</u>		
Details of Past ailments (If Any)	<u>NO</u>		
Comments / Advice : She /He is Physically Fit	<u>Fit</u>		
Pathology Finding	<u>Hyperglycaemia -</u>		
Dr. SHAILENDRA KUMAR, (Physician) M.B.B.S. Regd. No. DMC-12232 Apollo Cradle and Children's Hospital NH-1, Shakti Khand-2, Indirapuram, Ghaziabad; Uttar Pradesh-201014			

Signature with Stamp of Medical Examiner

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh – 201014.
 Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.
 Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

Vision (To be checked by eye specialist):

General Eye examination: Mr. Rahul. Gautam

UHID RIND.14316

		Rt	Lt	Colour Vision (Pls v Mark Applicable)
Visual Acuity	Distance	6/6	6/6	Normal Colour vision <input checked="" type="checkbox"/> Total colour deficiency <input type="checkbox"/> Partial Colour Deficiency <input type="checkbox"/>
	Near	6/6	6/6	
Corrected Vision	Distance			
	Near			
Power of lens	Spherical			
	Cylindrical			
	Axis			

	Yes	No
Squint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nystagmus Night	<input type="checkbox"/>	<input type="checkbox"/>
Blindness	<input type="checkbox"/>	<input type="checkbox"/>
Any other eye disease	<input type="checkbox"/>	<input type="checkbox"/>

If yes pl. give details _____

NAMRATA MAHESHWARI
 D.Orthopt, B.Opt, C.C.L.P, F.C.L.I.
 Consultant Optometrist
 Contact Lens & Pediatric Specialist

 Signature of Ophthalmologist

Male 34 Years
Req. No. :
Date: 11/11/2023

HR : 94 bpm
P : 106 ms
PR : 182 ms
QRS : 73 ms
QT/QTcBz : 327/410 ms
P/QRS/T : 63/53/7 °
RV5/SV1 : 1.182/1.059 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



APOLLO CRADLE- INDRAPURAM

DIET CHART

NAME: Rahul

DATE: 28/3

AGE:

UHID : High Blood sugar
Include Methi, Karela.

DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snakes such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3 - 4

small sneaks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

FOOD TO BE AVOIDED

Avoid

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pckeles, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.



Apollo Cradle CONSENT FORM

Patient Name: RAHUL GAUTAM Age: 34yr
UHID Number: Company Name: Bank of Baroda.

I Mr/Mrs/Ms Employee of
(Company) Want to inform you that I am not interested in getting DENTAL

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Rahul Gautam Date: 23/03/2024

Kindly Note:DENTAL CON.. TEST PENDING

Patient Name : Mr. RAHUL GAUTAM Age : 34 Y/M
UHID : RIND.0000014316 OP Visit No : RINDOPV9131
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 26-03-2024 15:24
Referred By : SELF

CARDIOLOGY

CARDIAC STRESS TEST – (TMT)

Angina Pectoria:
NO

Previous MI:
NO

PTCA:
NO

CABG:
NO

HTN:
NO

DM:
NO

Smoking:
NO

Obesity:
NO

Lipidemia:
NO

Resting ECG Supine:
NORMAL

Standing:
NORMAL

Protocol Used:
BRUCE

Monitoring Leads:
12 LEADS

Patient Name : Mr. RAHUL GAUTAM Age : 34 Y/M
UHID : RIND.0000014316 OP Visit No : RINDOPV9131
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 26-03-2024 15:24
Referred By : SELF

Grade Achieved:
14

87% HR / METS:
8.3

Reason for Terminating Test:
TEST COMPLETE

Total Exercise Time:
06:53 MIN

Symptoms and ECG Changes during Exercise:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

4.6 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

7.0 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

8.3 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

RECOVERY
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:
NORMAL

S.T. Segment :
NORMAL

Blood Pressure Response :
NORMAL

Patient Name : Mr. RAHUL GAUTAM Age : 34 Y/M
UHID : RIND.0000014316 OP Visit No : RINDOPV9131
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 26-03-2024 15:24
Referred By : SELF

Fitness Response :
GOOD

Impression:

Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia at good work load and 87% of MPR.

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



Dr. SANJIV
KUMAR
GUPTA

Patient Name	: Mr. RAHUL GAUTAM	Age/Gender	: 34 Y/M
UHID/MR No.	: RIND.0000014316	OP Visit No	: RINDOPV9131
Sample Collected on	:	Reported on	: 26-03-2024 12:42
LRN#	: RAD2279615	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: APT ID 394678		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Liver is enlarged in size (19.9cm) and the parenchymal echotexture shows grade-2 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

GALL BLADDER : Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

PANCREAS : Pancreas is normal in size and echopattern.

SPLEEN : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

KIDNEYS : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents. No obvious

PROSTATE : Prostate is normal in size and echo-pattern. Capsule is intact.

No free fluid is seen in the peritoneal cavity.

IMPRESSION: Hepatomegaly with grade 2 Fatty infiltration of the liver.

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.

Patient Name : Mr. RAHUL GAUTAM

Age/Gender

: 34 Y/M



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name	: Mr. RAHUL GAUTAM	Age/Gender	: 34 Y/M
UHID/MR No.	: RIND.0000014316	OP Visit No	: RINDOPV9131
Sample Collected on	:	Reported on	: 26-03-2024 17:33
LRN#	: RAD2279615	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: APT ID 394678		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 04:39PM
UHID/MR No : RIND.0000014316	Reported : 23/Mar/2024 06:17PM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240080775



This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 04:39PM
UHID/MR No : RIND.0000014316	Reported : 23/Mar/2024 06:17PM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

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	14.6	g/dL	13-17	Spectrophotometer
PCV	39.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	3.82	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	104	fL	83-101	Calculated
MCH	38.3	pg	27-32	Calculated
MCHC	36.7	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61	%	40-80	Electrical Impedence
LYMPHOCYTES	33	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4026	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2178	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	66	Cells/cu.mm	20-500	Calculated
MONOCYTES	330	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.85		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:BED240080775

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 24/Mar/2024 03:32PM
UHID/MR No : RIND.0000014316	Reported : 24/Mar/2024 05:16PM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 07:33PM
UHID/MR No : RIND.0000014316	Reported : 23/Mar/2024 09:40PM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

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	103	mg/dL	70-100	GOD - POD

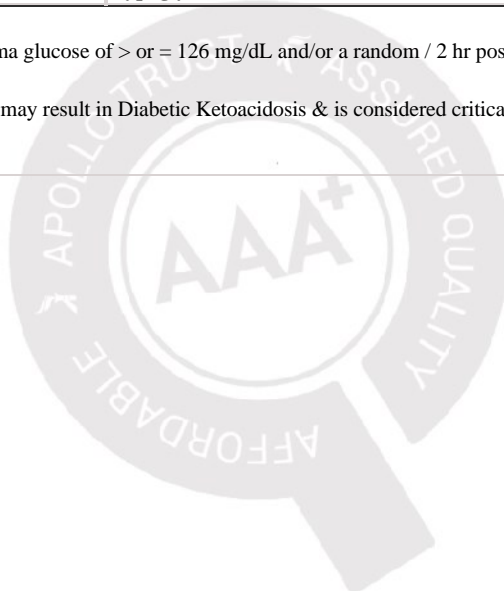
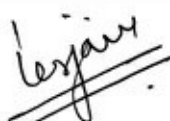
Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: PLF02132553

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 08:05PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 11:11PM
UHID/MR No : RIND.0000014316	Reported : 24/Mar/2024 12:33AM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	183	mg/dL	70-140	GOD - POD

Comment:

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

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




Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: PLP1436848

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 07:01PM
UHID/MR No : RIND.0000014316	Reported : 23/Mar/2024 08:51PM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	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.Manju Kumari
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist.


 Dr.Tanish Mandal
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 03:05PM
UHID/MR No : RIND.0000014316	Reported : 23/Mar/2024 06:04PM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

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	179	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	94	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	32	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.43	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.85	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.57		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<0.11	Calculated

Kindly correlate clinically.

Comment:

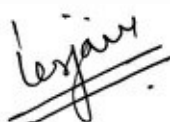
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.

Page 7 of 15



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: SE04673929

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(CIN - U85110TG2000PLC115819)

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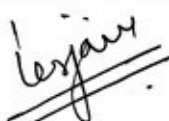
Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Name	: Mr.RAHUL GAUTAM	Collected	: 23/Mar/2024 02:09PM
Age/Gender	: 34 Y 0 M 8 D/M	Received	: 23/Mar/2024 03:05PM
UHID/MR No	: RIND.0000014316	Reported	: 23/Mar/2024 06:04PM
Visit ID	: RINDOPV9131	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: APT ID 394678		

DEPARTMENT OF BIOCHEMISTRY

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

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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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	0.55	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	143.9	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	65.2	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	99.23	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.71	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	1.89	g/dL	2.0-3.5	Calculated
A/G RATIO	2.49		0.9-2.0	Calculated

Kindly correlate clinically.

Comment:

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

Common patterns seen:

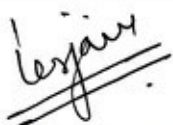
1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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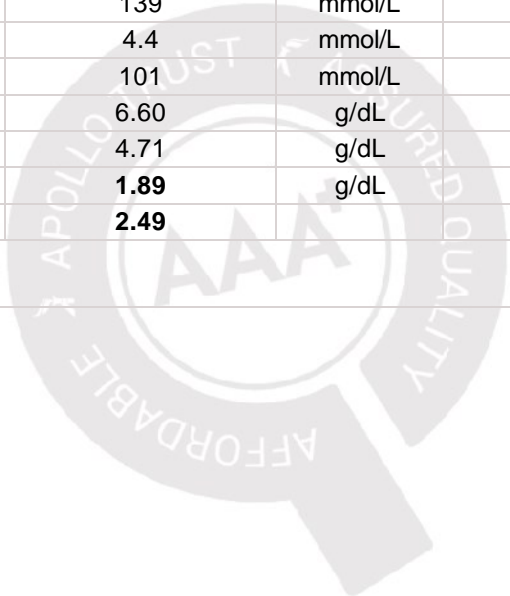
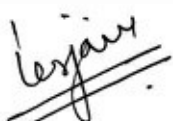
Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 03:05PM
UHID/MR No : RIND.0000014316	Reported : 23/Mar/2024 08:10PM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	13.22	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.91	mg/dL	3.5-7.2	Uricase
CALCIUM	10.08	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.09	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.71	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	1.89	g/dL	2.0-3.5	Calculated
A/G RATIO	2.49		0.9-2.0	Calculated

Kindly correlate clinically.

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Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 03:05PM
UHID/MR No : RIND.0000014316	Reported : 23/Mar/2024 06:04PM
Visit ID : RINDOPV9131	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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.73	U/L	15-73	Glycylglycine Nitoranalide




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SIN No: SE04673929

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Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 06:59PM
UHID/MR No : RIND.0000014316	Reported : 23/Mar/2024 10:40PM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

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)	1.46	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.140	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



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SIN No: SPL24054347



Patient Name : Mr.RAHUL GAUTAM	Collected : 23/Mar/2024 02:09PM
Age/Gender : 34 Y 0 M 8 D/M	Received : 23/Mar/2024 11:45PM
UHID/MR No : RIND.0000014316	Reported : 24/Mar/2024 06:46AM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

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	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE (TRACE)		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. Kritika Jain
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SIN No: UR2314994

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Patient Name : Mr.RAHUL GAUTAM	Collected : 24/Mar/2024 02:45AM
Age/Gender : 34 Y 0 M 9 D/M	Received : 24/Mar/2024 03:29AM
UHID/MR No : RIND.0000014316	Reported : 24/Mar/2024 06:43AM
Visit ID : RINDOPV9131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 394678	

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




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SIN No: UPP017367

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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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



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SIN No: UF011431

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