

Patient Name	: Mr.SAGAR KUMAR	Collected	: 23/Mar/2024 10:09AM
Age/Gender	: 32 Y 6 M 21 D/M	Received	: 23/Mar/2024 11:28AM
UHID/MR No	: SCHI.0000019248	Reported	: 23/Mar/2024 03:16PM
Visit ID	: SCHIOPV28002	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: GSGS		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240079969



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.49	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	100.2	fL	83-101	Calculated
MCH	33	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.5	%	40-80	Electrical Impedance
LYMPHOCYTES	25.1	%	20-40	Electrical Impedance
EOSINOPHILS	4.5	%	1-6	Electrical Impedance
MONOCYTES	13.1	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3469.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1541.14	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	276.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	804.34	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.12	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.25		0.78- 3.53	Calculated
PLATELET COUNT	153000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	03	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.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240079969



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Age/Gender : 32 Y 6 M 21 D/M
UHID/MR No : SCHI.0000019248
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - 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	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Age/Gender : 32 Y 6 M 21 D/M	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019248	Reported : 23/Mar/2024 12:45PM
Visit ID : SCHIOPV28002	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSGS	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	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:

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:PLF02131928



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Age/Gender : 32 Y 6 M 21 D/M	Received : 23/Mar/2024 03:34PM
UHID/MR No : SCHI.0000019248	Reported : 23/Mar/2024 05:27PM
Visit ID : SCHIOPV28002	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSGS	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)

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

SIN No: EDT240036718



Patient Name : Mr.SAGAR KUMAR	Collected : 23/Mar/2024 10:09AM
Age/Gender : 32 Y 6 M 21 D/M	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019248	Reported : 23/Mar/2024 08:56PM
Visit ID : SCHIOPV28002	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSGS	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	198	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	138	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	31	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	167	mg/dL	<130	Calculated
LDL CHOLESTEROL	139.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.29		<0.11	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
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.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04673101



Patient Name	: Mr.SAGAR KUMAR	Collected	: 23/Mar/2024 10:09AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - 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 HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.20	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	118.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	21.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.5-8.5	Uricase
CALCIUM	9.90	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	145	mmol/L	135-145	Direct ISE
POTASSIUM	6.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated



Dr. SHWETA GUPTA
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Consultant Pathology
SIN No:SE04673101



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Age/Gender : 32 Y 6 M 21 D/M	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019248	Reported : 23/Mar/2024 06:25PM
Visit ID : SCHIOPV28002	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSGS	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.00	U/L	15-73	Glycylglycine Nitoranalide



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Age/Gender : 32 Y 6 M 21 D/M	Received : 23/Mar/2024 04:35PM
UHID/MR No : SCHI.0000019248	Reported : 23/Mar/2024 05:50PM
Visit ID : SCHIOPV28002	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSGS	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.42	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.780	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. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24053683



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UHID/MR No : SCHI.0000019248	Reported : 23/Mar/2024 05:34PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSGS	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.840	ng/mL	0-4	CLIA



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24053683



Patient Name : Mr.SAGAR KUMAR	Collected : 23/Mar/2024 10:09AM
Age/Gender : 32 Y 6 M 21 D/M	Received : 23/Mar/2024 04:31PM
UHID/MR No : SCHI.0000019248	Reported : 23/Mar/2024 06:13PM
Visit ID : SCHIOPV28002	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSGS	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	COLOURLESS		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2314314



Name : Mr. SAGAR KUMAR

Age: 32 Y

UHID: SCHI.0000019248

Sex: M



OP Number: SCHIOPV28002

Address : MUNIRKA

Bill No : SCHI-OCR-10057

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Date : 23.03.2024 09:53

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) ✓	
3	LIVER FUNCTION TEST (LFT) ✓	
4	GLUCOSE, FASTING ✓	
5	HEMOGRAM + PERIPHERAL SMEAR ✓	
6	DIET CONSULTATION <i>after</i> ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	PERIPHERAL SMEAR ✓	
9	ECG ✓	
10	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
11	DENTAL CONSULTATION ✓	
12	HbA1c. GLYCATED HEMOGLOBIN ✓	
13	X-RAY CHEST PA ✓	
14	DENT CONSULTATION DR SANDY GUDWANZ ✓	
15	FITNESS BY GENERAL PHYSICIAN ✓	
16	BLOOD GROUP ABO AND RH FACTOR ✓	
17	LIPID PROFILE ✓	
18	BODY MASS INDEX (BMI) ✓	
19	OPHTH BY GENERAL PHYSICIAN ✓	
20	ULTRASOUND - WHOLE ABDOMEN ✓	
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

USG

Height: 175 cm
Weight: 88.9 kg
B.P.: 116/82
Pulse: 88
SP02: 97

CERTIFICATE OF MEDICAL FITNESS

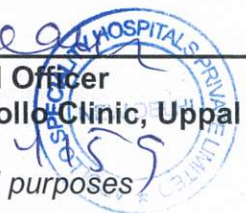
This is to certify that I have conducted the clinical examination

of Sayan kumar on 23/3

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 employee 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 after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. Neel
 Medical Officer
 The Apollo Clinic, Uppal



This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Sayan</u>	UHID No : <u>19248</u>
AGE / GENDER :- <u>32yM</u>	RECEIPT No :-
PANEL : <u>Arcofem</u>	EXAMINED ON :- <u>23/3</u>

Chief Complaints:

- No gastritis -

Past History:

DM	: Nil	CVA	: Nil
Hypertension	: Nil	Cancer	: Nil
CAD	: Nil	Other	: Nil

Personal History:

Alcohol	: Nil	Activity	: <u>Active</u>
Smoking	: Nil	Allergies	: <u>Nil</u>

Family History:

General Physical Examination:

Height	<u>175</u>	:	cms	Pulse	<u>88/m</u>	:	bpm
Weight	<u>85.9</u>	:	Kgs	BP	<u>116/82</u>	:	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Sajan</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

k-6

Recommendation:

- Repeat Electrolyte

*Cap Advantage 50 102 x 1-2
mal*
*My vite D₃ 60 k once a week
& mal*

Dr. Naveet Kaur
Consultant Physician



From: Mediwheel <wellness@mediwheel.in>
Sent: 20 March 2024 17:57
To: phc.klc@apollospectra.com
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(bobE16712),Package Code-PKG10000366, Beneficiary Code-295713



011-41195959

Hi **Apollo Spectra - Nehru Enclave,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Annual Plus

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Hospital Address : R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi - 110019

Contact Details : 7033289165

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR SAGAR	32 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App





Issue Date: 19/05/2014

भारत सरकार
Government of India



सागर कुमार
Sagar Kumar
जन्म तिथि/DOB: 02/09/1991
पुरुष / MALE



5697 3181 3418

UID : 9106 2653 7395 7936

भारत आदर्श, मेरी पहचान

23/05/20

Sagar Kumar.

32M

h p @ 4/6 → 2

0 4/6 → 2

(undisturbed)

NCIP 14 on

col. h. n. 9 (BSE) n. n. 0

Ref p @ 4/6 → 2
0 4/6 → 2

h. n. n. → 2

(BSE)

Adv. Lubrex eye drop

(BSE)



Dr. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DDC No: A-14151



Specialists in Surgery

For Appointment: +91 11 4046 5555
Mob.: +91 9910995018
Email: drusha.maheshwari@apollospectra.com

23/03/2024

Mr. Sagar Kumar
324 / male

C/C:- Regular Dentist check-up

M/H:- N.R.

PDH:- RCT of Crowns in lower of upper
back region of jaw, 4-5 years
back.

O/E:- Calculus +
Stains + sev -

R. S met ———— / 67.

Advised:- X-Ray met ———— / 67.

Scaling

Advised:- RCT met ———— / 6
Extraction ———— / 67.

Pl.

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040-4904 7777 | www.apollohl.com

Dr. Sanjay Kumar Gudwani

MBBS (MAMC), MS(ENT) (Safdarjang Hospital)
Director - ENT

For Appointment: +91 11 40465555
Mob.: +91 9910995018

MR. SAGAR KUMAR

32 yrs / M

23/03/24

No ENT Complaints -

YE - stable, afebrile

(R) Ear - congenital stenosis + Microtia.

(L) Ear - normal

APR - DNS 'R'

Adug! -

↪ ~~Ass~~ DNS + Allergic
rhinitis

~~STEAM TNU~~

Rx

① TAB. COLEFAST - 4M

100 / 809

x 10 days



DR. SANJAY

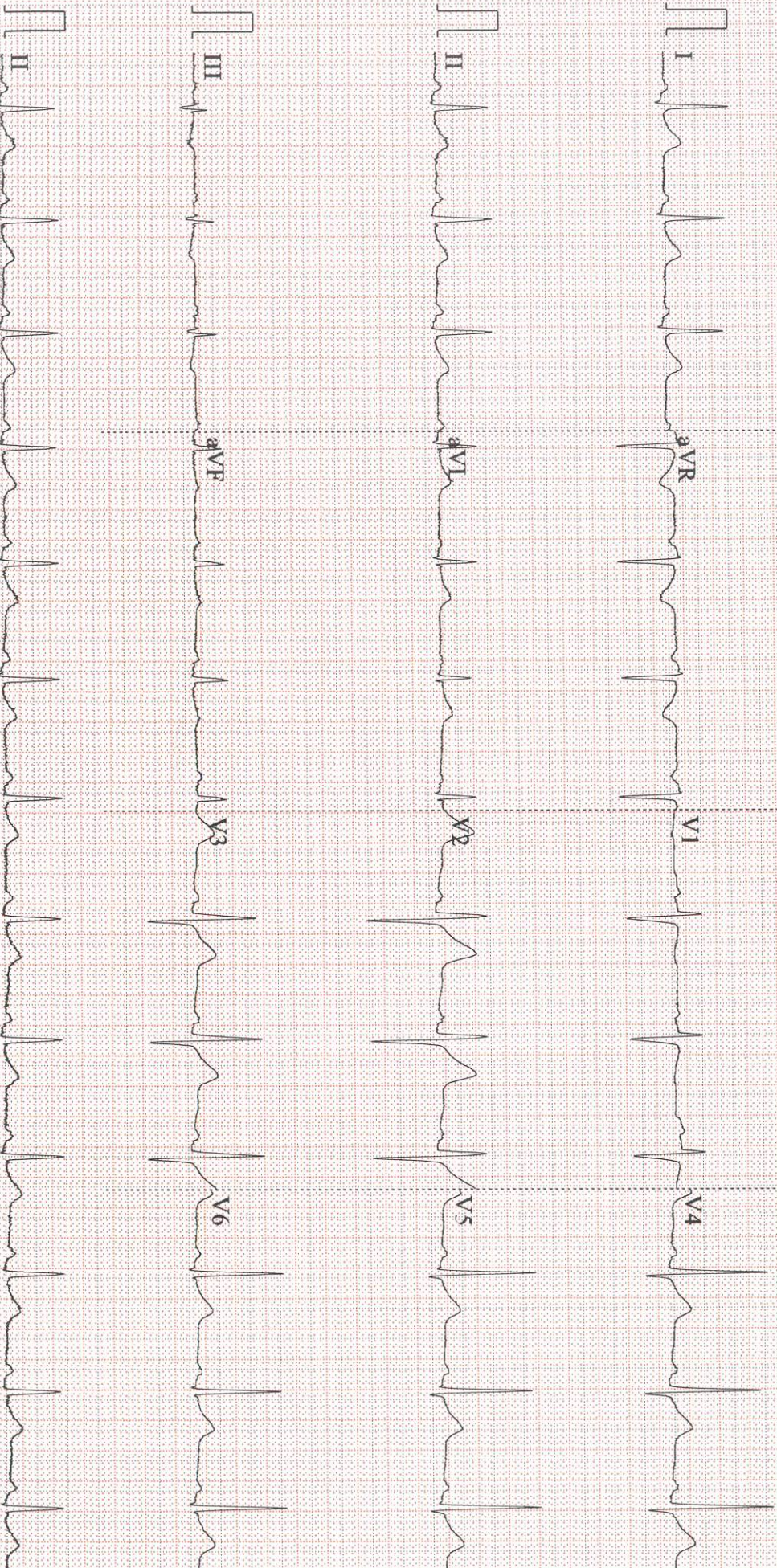
9599118285

ID: 19248
SAGAR KUMAR
Male 32 Years
Req. No. :

23-03-2024 11:03:34
HR : 78 bpm
P : 91 ms
PR : 145 ms
QRS : 85 ms
QT/QTcBz : 369/420 ms
P/QRS/T : 50/40/16 °
RV5/SV1 : 1.588/0.803 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



DIGITAL X-RAY REPORT

NAME: SAGAR	DATE: 23.03.2024
UHID NO : 19248	AGE: 32YRS/ SEX: M

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospital's
New Delhi-110019

Name :	SAGAR KUMAR	Age/Sex:	32	Yrs./M
UHID :	19248			
Ref By :	APOLLO SPECTRA	Date:-	23.03.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

Gall Bladder: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Prostate: normal in size, weight 16.9 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen..

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab. Investigations.

DR. MONICA CHHABRA
Consultant Radiologist