

Patient Name : Mr.NITHIN A K  
Age/Gender : 34 Y 3 M 11 D/M  
UHID/MR No : SKOR.0000195929  
Visit ID : SKOROPV283144  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898.

Collected : 05/Mar/2024 10:14AM  
Received : 05/Mar/2024 10:38AM  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

*Anushree R*

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

SIN No:BED240058307



Patient Name : Mr.NITHIN A K  
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>17.6</b>	g/dL	13-17	Spectrophotometer
PCV	<b>51.40</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.54</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3828	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2376	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)	1.61		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	239000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	02	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs are normocytic normochromic.

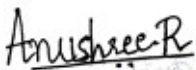
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No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

Page 2 of 15



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

SIN No:BED240058307



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**DEPARTMENT OF HAEMATOLOGY**

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

Result Rechecked

*Anushree R*

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

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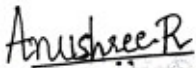
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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

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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	93	mg/dL	70-100	GOD - POD

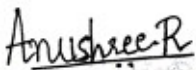
**Comment:**

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

SIN No:PLF02118316



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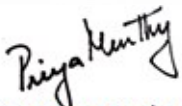
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	113	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 Priya Murthy  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist

SIN No:PLP1427398







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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No:EDT240026312



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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>206</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>316</b>	mg/dL	<150	
HDL CHOLESTEROL	<b>50</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>156</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>92.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>63.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>4.12</b>		0-4.97	Calculated

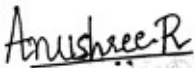
Result Rechecked

**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.



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

SIN No:SE04650790





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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	70.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.30</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.12</b>		0.9-2.0	Calculated

Result Rechecked

**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:

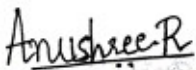
**1. Hepatocellular Injury:**

- 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'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. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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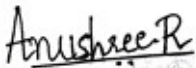
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.94	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.30</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>96</b>	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.30</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.12</b>		0.9-2.0	Calculated
Result Rechecked				



Dr. Anushree R  
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	43.00	U/L	16-73	Glycylglycine Kinetic method

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	<b>0.6</b>	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>7.3</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>12.413</b>	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**  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

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**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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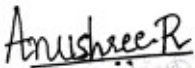
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1 - 2	/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
OTHERS	ABSENT			MICROSCOPY



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

SIN No:UR2297706





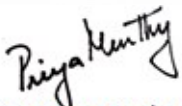
Patient Name : Mr.NITHIN A K  
Age/Gender : 34 Y 3 M 11 D/M  
UHID/MR No : SKOR.0000195929  
Visit ID : SKOROPV283144  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898.

Collected : 05/Mar/2024 01:03PM  
Received : 05/Mar/2024 01:14PM  
Reported : 05/Mar/2024 01:40PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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



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

SIN No:UPP016867



Patient Name : Mr.NITHIN A K  
Age/Gender : 34 Y 3 M 11 D/M  
UHID/MR No : SKOR.0000195929  
Visit ID : SKOROPV283144  
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Emp/Auth/TPA ID : 177898.

Collected : 05/Mar/2024 10:14AM  
Received : 05/Mar/2024 10:38AM  
Reported : 05/Mar/2024 11:28AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 \*\*\*

*Anushree R*

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

SIN No:UF010898



**Mr.NITHIN A K**  
 Age/Gender : 34 Y 3 M 11 D/M  
 UHID/MR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
 Ref Doctor : Dr.SELF  
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Collected : 05/Mar/2024 10:14 AM  
 Received : 05/Mar/2024 02:02 PM  
 Reported : 05/Mar/2024 02:41 PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)

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



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

SIN No:EDT240026312





Patient Name : Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 TOUCHING LIVES :  
 UHID/MR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898.



Collected : 05/Mar/2024 10:14AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:56AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBC : normocytic normochromic.

WBC : low normal in number with normal distribution and morphology.

Platelet : adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

*Anushree R*

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

SIN No:BFID240058307



Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 TOUCHING LIVES  
 UHID/AR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	17.6	g/dL	13-17	Spectrophotometer
PCV	51.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.54	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3828	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2376	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)	1.61		0.78- 3.53	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	02	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

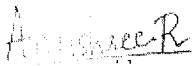
RBC: normocytic normochromic.

WBC: normal in number with normal distribution and morphology.

Platelets: adequate.

No parasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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

SIN No: BI D240058307







Patient Name : Mr.NITHIN A K  
 Age/Gender/LIVES : 34 Y 3 M 11 D/M  
 UHID/MR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
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Collected : 05/Mar/2024 10:14AM  
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**DEPARTMENT OF HAEMATOLOGY**

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

Result Rechecked

*Dr. Anushree R*

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

SIN No. JH1D240058307





Patient Name : Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 UHIID MR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
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 Emp/Auth/TPA ID : 177898.



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 Status : Final Report  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Dr. Anshree R  
 M.D.(Pathology)  
 Consultant Pathologist

SIN-SLH-D240058307





Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 TOUCHING LIVES  
 UHID/AR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
 Ref Doctor : Dr.SELF  
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Collected : 05/Mar/2024 10:14 AM  
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	93	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.

*[Signature]*

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

SIN No: HLF02118316



Patient Name : Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 UHID/MR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
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Collected : 05/Mar/2024 01:03PM  
 Received : 05/Mar/2024 01:13PM  
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 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

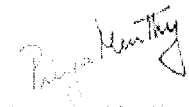
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	113	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. Ravi Murthy  
 M.D.(Pathology)  
 Consultant Pathologist

SIN No: PLP1427398





Patient Name : Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 UHID/IR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
 Ref Doctor : Dr.SELF  
 Emp/Arch/TPA ID : 177898.

Collected : 05/Mar/2024 10:14AM  
 Received : 05/Mar/2024 02:12PM  
 Reported : 05/Mar/2024 02:41PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON-DIABETIC	<5.7
PRE-DIABETES	5.7 – 6.4
DIABETES	≥ 6.5
<b>DIABETICS</b>	
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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.

4. Extremely 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.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

- (A) HbF >25%
- (B) Hemozygous Hemoglobinopathy.
- (C) Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR. VARAJA SHETTY  
 M.D.(Biochemistry)  
 CONSULTANT BIOCHEMIST  
 SIN/ST/DT240026312



Mr. NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 TOUCHING LIVES  
 UHID/MR.No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
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Collected : 05/Mar/2024 10:13AM  
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 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>206</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>316</b>	mg/dL	<150	
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>156</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>63.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		0-4.97	Calculated

Result Rechecked

**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, HDL Cholesterol, Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



Dr. S. M. D.  
 M.D.(Pathology)  
 Consultant Pathologist

SIN No: SI04650790





Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 TOUCHING LIVES :  
 UHIDMR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
 Ref Doctor : Dr.SELF  
 Emp/Actv/TPA ID : 177898.

Collected : 05/Mar/2024 10:13AM  
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 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	JSSC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSSC
ALKALINE PHOSPHATASE	70.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	2.12		0.9-2.0	Calculated

Result Rechecked

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

- ALT: Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- AST: Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BUN. 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 when increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALT: 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.

*Signature*

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

SIN No: 04650790



Patient Name : Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
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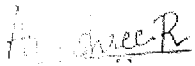
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 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.94	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	96	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	2.12		0.9-2.0	Calculated

Result Rechecked



Dr. Sree R  
 M.D.(Pathology)  
 Consultant Pathologist

SIN/ST/04650790





Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 TOUCHING LIVES  
 UHID MR No : SKOR.0000195929  
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 Received : 05/Mar/2024 10:36AM  
 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	43.00	U/L	16-73	Glycylglycine Kinetic method

*[Handwritten Signature]*

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

SIN/NOSE/04650790





Patient Name : Mr.NITHIN A K  
 Age Gender : 34 Y 3 M 11 D/M  
 UHID MR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
 Ref Doctor : Dr.SELF  
 Emp/ath/TPA ID : 177898.

Collected : 05/Mar/2024 10:14AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:34AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
URIC BILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1 - 2	/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
OTHERS	ABSENT			MICROSCOPY

*Signature*

Dr. Anusree R  
 M.D.(Pathology)  
 Consultant Pathologist

SIN/PT/R2297706





Patient Name : Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 TOUCHING LIVES  
 UHID/MR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
 Ref Doctor : Dr.SELF  
 Emp/uth/TPA ID : 177898.



Collected : 05/Mar/2024 01:03PM  
 Received : 05/Mar/2024 01:14PM  
 Reported : 05/Mar/2024 01:40PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Dr. S. Murthy  
 M.D.(Pathology)  
 Consultant Pathologist

SIN No: UPP016867





Patient Name : Mr.NITHIN A K  
 Age/Gender : 34 Y 3 M 11 D/M  
 TOUCHING LIVES  
 UHID/CAR No : SKOR.0000195929  
 Visit ID : SKOROPV283144  
 Ref Doctor : Dr.SELF  
 Emp/Adm/TPA ID : 177898.



Collected : 05/Mar/2024 10:14AM  
 Received : 05/Mar/2024 10:39AM  
 Reported : 05/Mar/2024 11:28AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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 \*\*\*

Results to Follow:

THYROID PROFILE TOTAL (T3, T4, TSH)

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

SIN No: 17F010898



Pt. Name: MR. NITHIN A K	Age/Sex: 34 Y/ M
Ref By: H C	Date: 05-03-2024

**X-RAY CHEST PA VIEW**

Both the lung parenchyma appears normal.

Heart and mediastinum are unremarkable

Trachea and main stem bronchi are unremarkable.

Pulmonary vasculature is normal.

Both the cardiophrenic and costophrenic angles are clear.

Soft tissues and bony thorax are unremarkable.

---

**IMPRESSION: NORMAL STUDY.**

---

Please correlate clinically.

Thanks for reference.

  
**Dr. PREMSAI REDDY**  
CONSULTANT RADIOLOGIST



5/3/24,

Mr. Nithin. / 37y

For ENT checkup  
No complaints

OPD - (B) Gen - consultant +

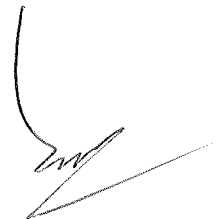
MM - NAT

Tm - NAT

Au

SOCIWAX. Gen dp →

(B) Gen 22/11/24. 37y



Date : 05-03-21.  
MRNO : 195929  
Name : Mr. Nitin . A . K  
Age / Gender : 34y / male  
Mobile No : . .

Department :  
Consultant : DV-RAVI  
Reg. No : KMC 106, 430  
Qualification :  
Consultation Timing :

Pulse : 86 b/min	B.P. : 160/110 mmHg	Resp : 18 b/min	Temp : 98.6°F
Weight : 78.7 kg	Height : 168 cm	BMI : 28.1	Waist Circum : . .

General Examination / Allergies History

Clinical Diagnosis & Management Plan

T6 - 3/6

- Avoid oily food & non Veg
- Brisk walking 30 mins daily.
- Low Sodium iodised salt (Tata lite or Saffola salt) 5g/d.
- To take Garlic.

PR

Inu  
- Echo

- Lipid Profile after 3 months & review

Date Time

B.P. P.R. (twice daily)  
after 7 days

Follow up date:

Doctor Signature

**DOCTORS NOTE**



NAME: Mr. Nithin A.K.

AGE: 34/M SEX:

NO:

Diet History

10-12 pm → cup of tea

1-2 pm (lunch) → Rice + sambhar (dof) ✓  
+ veg.

4 pm → cup of tea

6-7 pm → Snacks - Cheat / bread / biscuits

11-12 pm (Dinner) → Rice + dal/sambhar.  
+ veg.

- HT: - 168cms

- WT: - 78.7 kg.

- Altered lipid profile  
- Triglyceride ↑ - 7.3.

- Grade I fatty liver.

- Non obstructive renal  
calculi.

BP - 157/106.

- Non veg - ch. mostly

- No food allergy.

- Working -  
2 pm - 11 pm.  
Hybrid.

Stress factor - 1-1.

- PA - walking  
(intermittent).

- sleep hours: - 8-10 hours.  
(9-3am).

- Simple Carbs. -  
[ Fiber  
w-3 fatty Acid

- Protein

- w-3

- Probiotics & Fiber

- IF - 2 meals & intermediate juices/bouls.

- Supplement w-3 & fiber - post dinner.

- PA :- walking / running / TT.  
5 days → (30-45 min)

walking - 45 mins + planks + crunches

**HEALTH PLAN**  
**OPHTHALMOLOGY SCREENING**

Name: Mr. Nitin

Date: 5/3/24

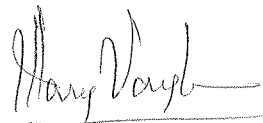
Age / Sex 34 / M

	Right Eye	Left Eye
Visual Acuity	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

Anterior Segment: - Normal / Fundus (normal)  
Pupil: - Bunk / BO  
Lens: - N

Dis, vessels in both eyes

Dr. Mary Varghese



Consultant Ophthalmologist

Mr Nithin A k  
ID: 195929

Male

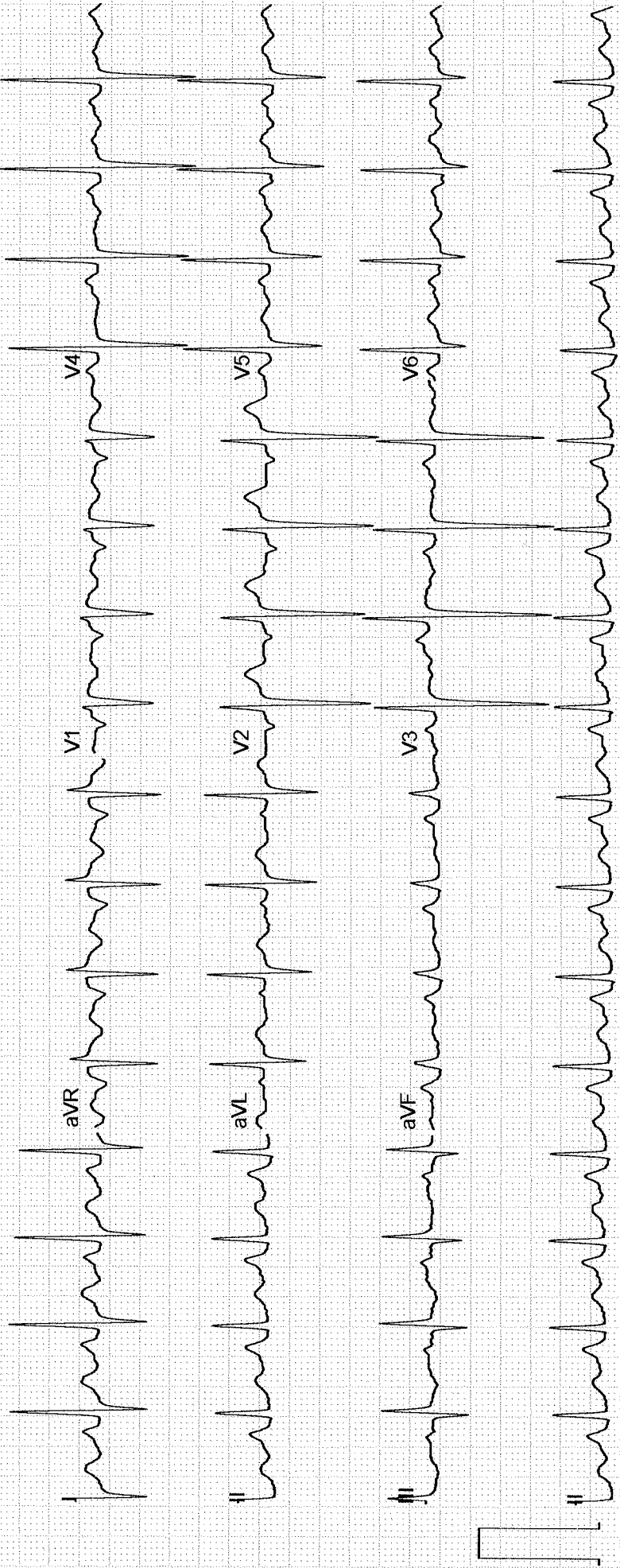
34 Years

05.03.2024 12:05:57  
APOLLO SPECTRA HOSPITAL  
KORAMANGALA  
BANGALORE

101 bpm  
BP - 157/106 mmHg

Sinus tachycardia  
Possible Left atrial enlargement  
Borderline ECG

QRS : 82 ms  
QT / QTcBaz : 336 / 435 ms  
PR : 158 ms  
P : 98 ms  
RR / PP : 592 / 594 ms  
P / QRS / T : 48 / 47 / 32 degrees



Pt. Name: MR. NITHIN A K	Age/Sex: 34 Y / M
Ref By: H.C	Date: 05 - 03 - 2024

**ULTRASOUND ABDOMEN AND PELVIS**

**LIVER:** Normal in size and increased echotexture.  
No focal lesion is seen. No IHBR dilatation is seen.  
Portal vein and CBD are normal.

**GALL BLADDER:** Is well distended with normal wall thickness.  
No pericholecystic collection is seen.  
No intraluminal content or calculi are seen.

**PANCREAS:** Normal in size and echotexture. No focal lesion is seen.  
Peri-pancreatic fat planes are well preserved.

**SPLEEN:** Normal in size and normal in echotexture.  
No focal lesion is seen. Splenic vein is normal.

**KIDNEYS:**  
Right Kidney measures 10.6 x 1.4 cms. Normal in size, shape, position, contour and echotexture.  
Left Kidney measures 7.2 x 1.2 cms. Small in size. Calculus noted measuring 8.2 mm in lower pole calyx.  
Cortico-medullary differentiation is well maintained. No hydronephrosis are seen.

**URINARY BLADDER:** Is well-distended with normal wall thickness.  
No intraluminal content or calculi are seen.

**PROSTATE:** Normal in size and echotexture. No focal lesion is seen.  
No lymphadenopathy or ascites are seen.

**IMPRESSION:**

- **GRADE I FATTY LIVER.**
- **SMALL SIZED LEFT KIDNEY WITH NON OBSTRUCTIVE CALCULUS AS MENTIONED ABOVE**

Thanks for reference.

**Dr. PREMSAI REDDY., M.B.B.S., MDRD**  
**CONSULTANT RADIOLOGIST**

* Restorative Procedures	
* Root Canal Treatment	Nithin D.R 34 Y/M 5/3/2024
* Teeth replacement	
* Oral Surgery	TMS → MAD BP → 157/106 max.
* Preventive Dentistry	Soft tissue → MAD
* Orthodontics / Braces	Hard tissue → 14 / 4 / 2024
* Dental Implants	Rear +
* Pedodontics	Crowding of anterior teeth.
* Esthetics and Smile design	
* Periodontics	Inv OPG.
* Veneers	
* Tooth jewellery	

*M*





To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NITHIN A K
DATE OF BIRTH	24-11-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-02-2024
BOOKING REFERENCE NO.	23M177898100086618S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. S ANANYA
EMPLOYEE EC NO.	177898
EMPLOYEE DESIGNATION	CREDIT MONITORING
EMPLOYEE PLACE OF WORK	BENGALURU,ZO BENGALURU
EMPLOYEE BIRTHDATE	08-11-1993

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **30-01-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



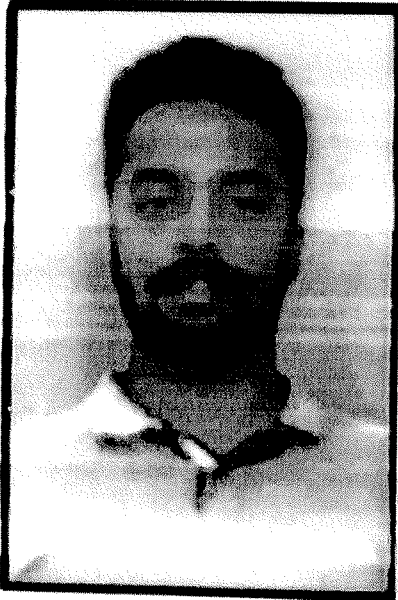
### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

DL No. : KA53 20080009458  
NAME : NITHIN A K  
D.O.B : 24/11/1989  
VALID TILL : 19/10/2028(NT)

DOI : 20/1

B.G. : O+



VALID THROUGHOUT I

COV: LMV 05/11/201

: MCWG 20/10/200

S/o : V KARTHIKEYAN  
ADDRESS : D NO-34 ANUGRAHA 3RD CRS SARASWA  
NAGARMAHADEVAPURA  
BANGALOREBANGALORE  
EAST,BANGALORE,KA 560048

A handwritten signature in black ink, appearing to be 'Nithin A K', written over a horizontal line.

Sign. Of Holder

Si

Customer Pending TMT