

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 Emp/Auth/TPA ID : Dr.SELF

: 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

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.

Page 1 of 15



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

SIN No:BED240058307

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



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
IEMOGRAM, WHOLE BLOOD EDTA				
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 Impedence
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
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
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
ABSOLUTE LEUCOCYTE COUNT				
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 impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	02	mm at the end of 1 hour	0-15	Modified Westergrer
ERIPHERAL SMEAR	7.			

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WBCs are normal in number with normal distribution and morphology.

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

SIN No:BED240058307

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(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



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DEPARTMENT OF HAEMATOLOGY

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

Result Rechecked

Page 3 of 15



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

SIN No:BED240058307

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



— TOUCHING

Patient Name

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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
BLOOD GROUP ABO AND RH FAC	CTOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	0			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 15



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

SIN No:BED240058307

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: 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:

- 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.

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

SIN No:PLF02118316

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



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Age/Gender

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UHID/MR No

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Visit ID

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Emp/Auth/TPA ID : 177898.

: Dr.SELF

Collected

: 05/Mar/2024 01:03PM

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: 05/Mar/2024 01:13PM

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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, 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

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.

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

SIN No:PLP1427398

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: Mr.NITHIN A K

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UHID/MR No

: SKOR.0000195929

Visit ID

: SKOROPV283144

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 177898. Collected

: 05/Mar/2024 10:14AM

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: 05/Mar/2024 02:02PM

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: 05/Mar/2024 02:41PM

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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
HBA1C (GLYCATED HEMOGLOBIN) , W	HOLE BLOOD EDTA			
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.

- 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. 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.
- 5. 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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240026312

Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



-TOUCHING LIVE

Emp/Auth/TPA ID

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Visit ID : SKOROPV283144
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: 177898.

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

	<u> </u>			
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- **4.** Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- **5.** As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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

SIN No:SE04650790



TOUCHING LIVES

Emp/Auth/TPA ID

Patient Name : Mr.NITHIN A K

Age/Gender : 34 Y 3 M 11 D/M

: 177898.

UHID/MR No : SKOR.0000195929 Visit ID : SKOROPV283144

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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
IVER FUNCTION TEST (LFT), SERUM				
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	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:

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:

$1. \ He patocellular \ Injury:$

- 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, Wilsons'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. 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
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
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

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

SIN No:SE04650790

Page 10 of 15



Regd Off: 1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



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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	43.00	U/L	16-73	Glycylglycine Kinetic method

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

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: ARCOFEMI HEALTHCARE LIMITED

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)	0.6	ng/mL	0.7-2.04	CLIA			
THYROXINE (T4, TOTAL)	7.3	μg/dL	5.48-14.28	CLIA			
THYROID STIMULATING HORMONE (TSH)	12.413	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

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

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	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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DR. SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:SPL24038571

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CIN- U85100TG2009PTC099414

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: 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
COMPLETE URINE EXAMINATION (CUE) , URINE		(4)	
PHYSICAL EXAMINATION				
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
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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
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

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UHID/MR No Visit ID

: SKOR.0000195929

Ref Doctor

: SKOROPV283144

Emp/Auth/TPA ID

: Dr.SELF : 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

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

SIN No:UPP016867

Page 14 of 15

Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited) CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



: Mr.NITHIN A K

Age/Gender

: 34 Y 3 M 11 D/M

UHID/MR No

: SKOR.0000195929

Visit ID

: SKOROPV283144

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 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 ***

Dr. Anushree R

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

SIN No:UF010898

Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru

Page 15 of 15



TO UAIDIMA NO VES

: Mr.NITHIN A K : 34 Y 3 M 11 D/M

: SKOR.0000195929

Visit ID

: SKOROPV283144

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 177898.

Collected

: 05/Mar/2024

Received : 05/Mar/2024

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
HBA1C (GLYCATED HEMOGLOBIN) , WH	OLE BLOOD EDTA	and a company	Andrew Control of the	
HBA1C, GLYCATED HEMOGLOBIN	5.5	%	e generalista de la companya de manerales manerales de la companya del companya de la companya de la companya del companya de la companya del companya de la companya del la companya del la companya del la companya de la companya de la companya de la companya de la companya del la comp	HPI C
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
MON DIVRETIC	the state of the contract of t
LIVEDIADE LES	5.7-6.4
DIADETES	≥ 6.5
DIABETICS \	
EXCELLENT CONTROL	6-7
PAIR TO GOOD CONTROL	s der stemmen eine eine eine eine eine eine eine
UNSATISFACTORY CONTROL	8-10
POOR CONTROL	The second and the se

Note: Dietary preparation or fasting is not required.

- I. 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. 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.
- 5. 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 ***

Page 1 of 1

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

SIN No.EDT240026312 用推开或基方



Age/Conder

Mr.NITHIN A K

r G LIVES: 34 Y 3 M 11 D/M lo: SKOR.0000195929

Visit ID

: SKOROPV283144

Ref Dector

: Dr.SELF

Emp/Auth/TPA ID

: 177898.

Collected

: 05/Mar/2024 10:1

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: 05/Mar/2024 10:38AM : 05/Mar/2024 11:56AM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBC as normocytic normochromic.

WES a secondarian number with normal distribution and morphology.

Plane of the adequate.

No hear regrasites or abnormal cells seen.

IMPROBATION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Page 1 of 14



Figure Style - K Or Anushree R V S.O.S. M.D(Pathology) Constant Pathologist

SIN No. Ed-D240058307



: Mr.NITHIN A K

UHID/JAR, No.

: 34 Y 3 M 11 D/M : SKOR.0000195929

Ref Ductor

Visit IU

: SKOROPV283144

Emp/Auth/TPA ID

: Dr.SELF : 177898.

Collected

: 05/Mar/2024 10:

Received : 05/Mar/2024 10:

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: 05/Mar/2024 11:56AM

Status

: Final Report

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
HEMOGRAM, WHOLE BLOOD EDTA	19 Company of the Com	ia manno esse de la propi, reserva a rirra militar normale, se i interesso reservad, se e	1/2° E3 variables and anima Andrews 2000 and 600 and 600 and 200 A 3 Variables to 600 and 600	ra adalamban kangan 1990, rekangata ya 1990 kiya ya baneki a yeki 1994 - ya ya ya s
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 Impedence
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.V	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (E	DLC)			
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONGCYTES	05	%	2-10	Electrical Impedance
BASOUHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT		V		
NEUTHOPHILS	3828	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2376	Cells/cu.mm	1000-3000	Calculated
EOSMOPHI LS	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 impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	02	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC virisemocytic normochromic.

cormal in number with normal distribution and morphology. WI:

adequate.

and a sites or abnormal cells seen.

IMPROBATION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Page 2 of 14



Bit EM.D(Pathology) Collectant Pathologist

SIN No BLD240058307



UHID/MR No

: Mr.NITHIN A K THE LIVES: 34 Y 3 M 11 D/M

Visit ID

: SKOR.0000195929 : SKOROPV283144

Ref Dector Emp/Auth/TPA ID : Dr.SELF : 177898. Collected

: 05/Mar/2024 10 : 05/Mar/2024 10:

Received Reported

: 05/Mar/2024 11:56AM Expertise. Empowering you.

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Result Rechecked

Page 3 of 14



untighree R S M.D(Pathology) Command Pathologist

SIN No. 31 D240058307

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



Agg/Cander Lives

: Mr.NITHIN A K : 34 Y 3 M 11 D/M

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Ref Doctor

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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
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA		
BLOOD GROUP TYPE	0		Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	· · · · · · · · · · · · · · · · · · ·	Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 14



An mee R

Or - Ushree R

Mercos, M.O(Pathology) Cercos cant Pathologist

SIN No. 111-D240058307



Age/Sender

: Mr.NITHIN A K : 34 Y 3 M 11 D/M

: SKOR.0000195929

Visit (i) Ref Doctor : SKOROPV283144

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: Dr.SELF : 177898. Collected

: 05/Mar/2024 10:

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: 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, FASTING, NAF PLASMA	93	mg/dL	70-100	GOD - POD
Constient:				
As per American Diabetes Guidelines, 2023				
Fasting Glucose Values in mg/dL	Interpretation	e en p _{aran} en periodi de la primerio mengan periodi p		
70-100 mg/dL	Normal	ta College (n. 1995) de la della college della college della college della college della college della college	Balling Balling Bang (AAR) begin har di maming te sa timo salah milang besar mengalah mengalah mengalah mengalah	
100-125 mg/ dL	Prediabetes		and a 1995 a although the fact States to the first section of the state of a section field.	
≥126 mg/d l .	Diabetes		al Contactor of the con	
<70 mg dL	Hypoglycemia		and the Company of th	

Note

LiThe thagnosis 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.

Page 5 of 14



A meeR

Dr. Willishree R

Virial S.M.D(Pathology) Continuant Pathologist

SIN No. 1/1.F02118316



: Mr.NITHIN A K

UHID MR No

: 34 Y 3 M 11 D/M : SKOR.0000195929

Visit ID

: SKOROPV283144

Ref Doctor

: Dr.SELF

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: 177898.

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: 05/Mar/2024 01:47PM

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

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.

Page 6 of 14



M.D(Pathology) ant Pathologist

SIN No PLP1427398



: Mr.NITHIN A K

MENDER NO

: 34 Y 3 M 11 D/M : SKOR.0000195929

Visit ID

: SKOROPV283144

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 177898.



Collected Received : 05/Mar/2024 10:1

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: 05/Mar/2024 02:41PM

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Status

Reported

: 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
HBA10 (GLYCATED HEMOGLOBIN), WH	HOLE BLOOD EDTA		_
HBA1C, GLYCATED HEMOGLOBIN	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE	111	mg/dL	Calculated
(eAG)			<u> </u>

Comment:

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

REFERENCE GROUP	HBA1C %	
NON DIABETIC	<5.7	
PRILDIABETES	5.7 - 6.4	
DIAMETES	≥ 6.5	
DIAIN NCS		
TAX EFFENT CONTROL	6 – 7	
1 ABOUGOOD CONTROL	7 – 8	
UNN HSFACTORY CONTROL	8 - 10	
POOR CONTROL	->10	

Note: Dictary preparation or fasting is not required.

- 1 High States recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic
- Committee American Diabetes Association guidelines 2023.
- 2 Tracks in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Los LibATC in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advantaged in interpretation of low Values.
- 4. Fig. dly 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 June 18 S of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - \ HbF >25%
 - ${\bf B}/{\bf Homozygous\ Hemoglobinopathy}.$
 - 1114 Licetrophoresis is recommended method for detection of Hemoglobinopathy)

Page 7 of 14



DA SHETTY N. C. S. M. D(Biochemistry) C. S. JTANT BIOCHEMIST

S1N NO FDT240026312



Visit 10

Mr.NITHIN A K : 34 Y 3 M 11 D/M

> : SKOR.0000195929 : SKOROPV283144

Ref Ductor : Dr.SELF

Emp//with/TPA ID : 177898. Collected Received

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Status

: 05/Mar/2024 10

: 05/Mar/2024 10:

: 05/Mar/2024 11:33AM

: 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
LIPID PROFILE, SERUM	The state of the s	and a comment	ma anna manakana ma ta ar	
TOTAL CHOLESTEROL	206	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	316	mg/dL	<150	
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	156 ,	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.8	mg/dL	<100	Calculated
VLOL CHOLESTEROL	63.2	mg/dL	<30	Calculated
CHCE / 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	
TREELYCERIDES	<150	150 - 199	200 - 499	≥ 500
1101	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
11101	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- accoments in the same patient on different days can show physiological and analytical variations.
- 2. NOTE MI identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Provide prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4. Two ADE levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by what a desterol is eliminated from peripheral tissues.
- NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Scleetive screening of children above the age of 2 years with a family a premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6. NE SECTION Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When
- ides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 8 of 14



r Ishree R

 S M.D(Pathology) ant Pathologist

SIN N - SE04650790



Age: Cander TOUCHING LI

: Mr.NITHIN A K

: SKOR.0000195929

Ref Doctor

Visit ID

: SKOROPV283144

Emp/Auth/TPA ID

: Dr.SELF : 177898. Collected

: 05/Mar/2024 10:13

Received

: 05/Mar/2024 10:38AM

Reported Status : 05/Mar/2024 11:33AM : 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
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUB IN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUB IN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALAMINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (ASPSGOT)	23.0	U/L	8-38	JSCC
ALEAUNE 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/O RATIO	2.12		0.9-2.0	Calculated

Result Rechecked

Comment:

11.1 Acrails reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (A1) CGT), protein synthesis (Albumin)

Conac as patterns seen:

1 Hepatocellular Injury:

- As I Revated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- N. 1 levated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BAH resproportionate increase in AST, ALT compared with ALP. Bilirubin may be elevated.
- 1 1 tratio) In case of hepatocellular injury AST: ALT > 11n Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen
- be an increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2 Capiestatic Pattern:
- ALT Disproportionate increase in ALP compared with AST, ALT.
- * Bala arm may be elevated. ALP elevation also seen in pregnancy, impacted by age and sex.
- · tass which 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.

Page 9 of 14



🗇 - shree R

Mile II S. M.O(Pathology) Element Pathologist

SIN N 5E04650790





at Care : Mr.NITHIN A K Agggzzggggr , , , , , , , ; 34 Y 3 M 11 D/M

TOUCHTHE LIV UHID MR No : SKOR.0000195929

Visit (5) Ref Ductor : SKOROPV283144

Emp/Auth/TPA ID

: Dr.SELF : 177898. Collected Received

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

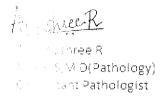
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	UM		
CREATIN INE	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
PRCTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALB MIN	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

Page 10 of 14







an Own O : Mr.NITHIN A K

: 34 Y 3 M 11 D/M : SKOR.0000195929

Ref Doctor

: SKOROPV283144

Emp/Auth/TPA ID

GAMMA GLUTAMYL

: Dr.SELF : 177898. Collected Received : 05/Mar/2024 10:1

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Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name

TRANSPEPTIDASE (GGT), SERUM

Result 43.00

Unit U/L Bio. Ref. Range

Method

Glycylglycine Kinetic

method

in mee R

n - Aushree R A Pilo S. M.D(Pathology) Tana tant Pathologist

SIN N=SE04650790

Page 11 of 14





: Mr.NITHIN A K 영화/문위대에는 LIVES : 34 Y 3 M 11 D/M

UHID MR No : SKOR.0000195929

Visit E7 : SKOROPV283144

Ref Factor : Dr.SELF Emp//aith/TPA ID : 177898. Collected Received

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: 05/Mar/2024 10:88A

: 05/Mar/2024 11:34AM Expertise. Empowering you.

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
COMPLETE URINE EXAMINATION (C	JE) , URINE			
PHYSICAL EXAMINATION		, a = . va () ()		
COLOUR	PALE YELLOW	egen period y komendian kan an a	PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URITE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URME B ILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URBE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UPRESILINOGEN	NORMAL		NORMAL	EHRLICH
80000	NEGATIVE		NEGATIVE	Dipstick
NNASTE	NEGATIVE		NEGATIVE	Dipstick
LEUDOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CECTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOP	Υ		
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPROMELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRASTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY

Page 12 of 14



An agree R

S. M. O(Pathology)

Lant Pathologist

SIN N - UR2297706



UHIO MR No

: Mr.NITHIN A K

: 34 Y 3 M 11 D/M : SKOR.0000195929

Visit Li

: SKOROPV283144

Reflector Emp//suth/TPA ID : Dr.SELF

: 177898.

Collected

: 05/Mar/2024 01

Received Reported : 05/Mar/2024 01

: 05/Mar/2024 01:40PM Expertise. Empowering you.

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

3 M.D(Pathology) cant Pathologist

SIN N. EPP016867

Page 13 of 14





: Mr.NITHIN A K

: 34 Y 3 M 11 D/M

: SKOR.0000195929

Visit 🖂 Ref L. clor

UHID LAR No

: SKOROPV283144

Emp/Nath/TPA ID

: Dr.SELF : 177898.

Collected Received : 05/Mar/2024 10

: 05/Mar/2024 10:

: 05/Mar/2024 11:28AM Expertise. Empowering you.

Reported 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

NEGATIVE

NEGATIVE

Dipstick

*** End Of Report ***

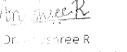
Result s to Follow:

THYRGID PROFILE TOTAL (T3, T4, TSH)

URINE GLUCOSE(FASTING)

Page 14 of 14





M.5.3 S. M.D(Pathology) Constant Pathologist

SIN N = F010898



Pt. Name: MR. NITHIN A K

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

Dr. Sanjay Kumar

M.B.B.S, DLO, DNB Consultant ENT & Head, Neck Surgeon



5/3/24

Me. sithin. 132

For BNJ. checkerf No Conplaints

B) En - cerument of

50 CIWAX. En dp-)
3) Sur 28p 1-1-1;

28p 1-1-1x.3-2



Date

: 05-03-2H.

MRNO

: 195929

Name

: Mx. Nithin . A.K

Age/Gender: 3Hy/Wall

Mobile No

Department:

Consultant : DV-XAVI

Reg. No

: KMC106,420

Qualification:

		Consultation Timing:	
Pulse: 86 blmin	B.P.: 160/110 mmt/g	Resp: 18 blmin	Temp: 98.6°F
Weight: 78.7kg	Height: 168Cm.	BM: SPO2: 98%.	Waist Circum :
General Examination / Allergies History TG - 316	- Break w - Low Sod	ent Plan oily food & r white or Saffela Garlle-	sent our
END: END: END: END: END: Fine Date Time		R. Lhvin	Jarry (

Follow up date:

Doctor Signature

Ot-Twincy Ann Sunij 8269081970.

Apollo Spectra Hospitals

DOCTORS NOTE

NAME: Mr. Nithin A.K. AGE: 3414 SEX: NO: - Ht: 168cm - WIL ! - 78.7 bg 10-12 pm - cup of lea Alfered hipid profile 1-2 pm --- Rice + sambhan (da) ~ (hunch) --- Rueg unic Add 1 - 7.3. Carade I fally lives Apm cup of led Non obstructive renal. 6-7pm -> Inacks - Cheal (bread / Rincolls BP-157/106. (11-12pm) lice + la/parbhar. - Non veg - ch mostly - No food a legy. Stres Pactor - 1-1. - PA 1- walking (Intermittent) - sleep Hours: - 8-10 hours. simple Carbs. [Fiber] was fally Acid - No symptoms Dot mak of alapah - Proletin - w-3 - Probrohes & Piber -17 - 2 meals & internediate jences/bouls. - Supplement - w-3 21 Feber - post Volinner. waterig - 45 mis + planets + crunches - PA :- walking / Running (TT.

HEALTH PLAN

OPHTHALMOLOGY SCREENING

Name: Mr. N. Han

Date: $5\sqrt{3} / \sqrt{3}$

Age/Sex 34/M

	Right Eye	Left Eye
Visual Acuity	6/2	6/6
Near Vision	NG	NB
Colour Vision	Momal	Nermal

Anterior Segment: - Normal
Pupil: - Bunk / 36

Funden Don, venels N (midd) both eyo

Lens:

Dr. Mary Varghese

Consultant Ophthalmologist

Apollo Spectra Hospitals PVT LTD OPUS, 143, Ist cross, 5th Block. Koramangala, Nengaluru-560034 Ph: 080 43485555/ 080 43485556 www.apollospetra.com

8P-157/106mmHg 101 bpm Unconfirmed ADS 0.56-20 Hz 50 Hz 4x2.5x3 25 R1 25 mm/s 20 mm/mV Sinus tachycardia Possible Left atrial enlargement Borderline ECG APOLLO SPECTRA HOSPITAL KORAMANGALA BANGALORE 05.03.2024 12.05.57 82 ms 336 / 435 ms 158 ms 98 ms 592 / 594 ms 48 / 47 / 32 degrees 12SLTM v241 GE MAC2000 1.1 QRS QT/QTcBaz PR RR/PP P/QRS/T Mr Nithin A k ID: 195929 34 Years



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

Is well distended with normal wall thickness.

BLADDER:

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

Cortico-medullary differentiation is well maintained. No hydronephrosis are seen.

URINARY

Is well-distended with normal wall thickness.

BLADDER:

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

Apollo Spectra Hospitals

Opus, 143, 1st Cross, 5th Block, Near Hotel Nagarjuna, Koramangala, Bengaluru-560 034, Tel: 080 4348 5555 | Fax: 080 4348 5556 www.apollospectra.com

Dr. Salim Shamsuddin BDS, MDS

Consultant - Orthodentics & Dentofacial Orthopaedics

Email: salimshamsuddin83@gmail.com Consultation: Mon - Sat 10am - 7pm Ph: 8296500869 / 7259679908



* Restorative Procedures		
* Root Canal Treatment	Millio D.K 344 IM	5/3/2024
* Teeth replacement		
* Oral Surgery	TMJ - MDD	BP = 157/106
* Preventive Dentistry		
* Orthodontics / Braces	Soll forms Hab	
* Dental Implants	Hard tussus , 14/	4/ Guay
* Pedodontics	1 tain to	of andriux tea.
* Esthetics and Smile design		
* Periodontics	In OPG.	
* Veneers		
* Tooth jewellery		
		Л
		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 AK			
DATE OF BIRTH	24-11-1989			
PROPOSED DATE OF HEALTH	10-02-2024			
CHECKUP FOR EMPLOYEE	AT A CARRY SEE SEAL OF			
SPOUSE	A Proceedings of the Control of the			
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 CBC CBC ESR Blood Group & RH Factor Blood and Urine Sugar Fasting Blood and Urine Sugar Fasting Blood and Urine Sugar Fasting Blood and Urine Sugar PP Stool Routine Lipid Profile Total Cholesterol HDL LDL LDL LDL LUDL VLDL Triglycerides HDL/LDL ratio HDL/LDL ratio Liver Profile AST ALT GGT GGT Bilirubin (total, direct, indirect) ALP Proteins (T, Albumin, Globulin) Kidney Profile Serum creatinine Blood and Urine Sugar PP Blood and Urie Sugar		
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	Skin/ENT consultation	

DL No.

KA53 20080009458

DOI: 20/1

NAME

NITHIN A K

D.O.B

24/11/1989

B.G. : O+

VALID TILL:

19/10/2028(NT)



VALID THROUGHOUT I

COV: LMV

05/11/201

MCWG

20/10/200

S/o

V KARTHIKEYAN

ADDRESS

D NO-34 ANUGRAHA 3RD CRS SARASW/

NAGARMAHADEVAPURA

BANGALOREBANGALORE



EAST, BANGALORE, KA 560048

Sign. Of Holder

Si

Customer Pending TMT