

Date : 23-03-2024
MR NO : CVAL.0000057914

Department : FAMILY MEDICINE
Doctor : Dr. MANJULA RANGANATHAN M

Name : Mr. GOBU M

Registration No : 75481
Qualification : M.B.B.S, Dip. in Diab.- CCEBDM,

Age/ Gender : 36 Y / Male

Consultation Timing: 09:06

Wt) 87 kg

Ht) 180 cm

Bp 130/80

Rw 56 M

Allergy - nil
Annual
no compla

P/H - nil

F/H - HT - F

Ado
H/O

Rs.

OPHTHALMOLOGY

Name <i>Mr. GOBU.</i>	Date <i>03.03.24</i>
Age <i>36</i>	UHID No. <i>CVAL. 57914</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

No H/o using specs

	RE	LE
DV-UCVA :	<i>6/6</i>	<i>6/6</i>
DV-BCVA :	<i>-</i>	<i>-</i>
NEAR VISION :	<i>N6</i>	<i>N6</i>
ANTERIOR SEGMENT :	<i>Full</i>	<i>Full</i>
IOP :		
FIELDS OF VISION :	<i>-</i>	<i>-</i>
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :		
IMPRESSION :	<i>-</i>	<i>-</i>
ADVICE :		

MR. GOPU
ID: CVAL57937

37 Years

Male

23.03.2024 11:32:31 AM
apollo clinic
vaid-saranikkam
chennai

Access EC

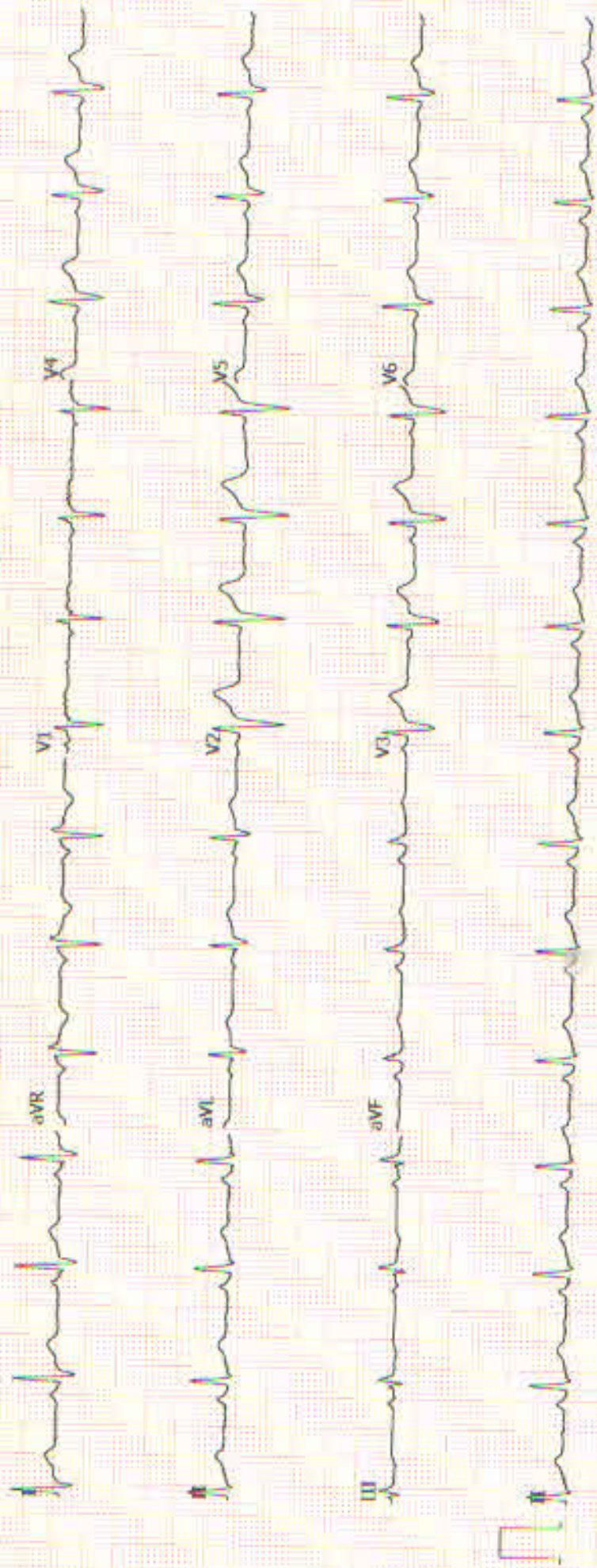
Location:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

83 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 96 ms
QT / QTcBaz : 364 / 427 ms
PR : 126 ms
P : 92 ms
RR / PP : 722 / 722 ms
P / QRS / T : 50 / 31 / 25 degrees

NSR Rx XLV



ID: 000057932

37 years

Asian

Male

23-Mar-2024
15:19:17

BRUCE
 Max HR: 176bpm 96% of max predicted 183bpm
 Max BP: 160/70
 Reason for Termination: Max HR attained
 Comments: TMT 16 **NEGATIVE** POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHEMIA

Total Exercise time: 8:01

25.0 mm/s
 10.0 mm/mV
 100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:44	0.0	0.0	1.0	83		
	STANDING	0:01	0.0	0.0	1.0	83		
	HYPERVENT	0:42	1.0	0.0	1.2	89	120/70	107
EXERCISE	STAGE 1	3:00	1.7	10.0	4.5	127	140/70	178
	STAGE 2	3:00	2.5	12.0	7.0	151	150/70	237
	STAGE 3	2:01	3.4	14.0	10.1	176	160/70	282
RECOVERY	Post	3:03	0.0	0.0	1.0	111	130/70	144

TMT Negative for Inducible Ischemia

Technician:

APOLLO CLINIC, VALSARAVAKKAM

Unconfirmed

MAC55 010B

 **बैंक ऑफ बड़ोदा**
Bank of Baroda

नाम : **GOPU JANAHA**
Name

कर्मचारी कूट नं : **164929**
E.C. No.


जारीकर्ता प्राधिकारी
Issuing Authority


G. Janaha
धारक के हस्ताक्षर
Signature of Holder



नाम : GOPU JANAHARA
Name

कर्मचारी कूट नं : 164929
E.C. No.


जारीकर्ता प्राधिकारी
Issuing Authority



G. Janahara
धारक के हस्ताक्षर
Signature of Holder

Patient Name	: Mr. GOBU S	Age	: 37 Y/M
UHID	: CVAL.0000057932	OP Visit No	: CVALOPV108429
Reported By:	: Dr. S NISHANTH .	Conducted Date	: 23-03-2024 18:45
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 82beats per minutes.

Impression:

WITHIN NORMAL LIMITS

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



Dr. S NISHANTH .

Name: Mr. GOBU S
Age/Gender: 37 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor: Dr. PADMINI M
Department: GENERAL PHYSICIAN
Rate Plan: VALASARAVAKKAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PADMINI M

MR No: CVAL.0000057932
Visit ID: CVALOPV108429
Visit Date: 23-03-2024 10:52
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: NIL,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS::: For Annual Health Checkup,

GENERAL SYMPTOMS :: NO SPECIFIC COMPLAINTS ,

Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

**Weight

--->: Stable,

Number of kgs: 92,

General Symptoms

: NIL,

Present Medications

-): Nil,

HT-HISTORY

Past Medical History

ALLERGIES: Nil,

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NIL,

Past surgical history

Surgical history: NIL,

Family History

Family history	Nil Significant,
----------------	------------------

PHYSICAL EXAMINATION

General Examination

General appearance: **Normal,**

Build: **Obese,**

Height (in cms): **160,**

Weight (in Kgs): **92,**

BMI: **35,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: **88,**

Rhythm---: **regular,**

Blood pressure::: **sitting,**

Systolic: **120,**

Diastolic: **70,**

Eye:

Eye Vision--: **normal,**

Colour Vision-: **normal,**

IMPRESSION

Apollo Health check

Findings: **IMPAIRED GLUCOSE TOLERANCE ,
DYSLIPIDEMIA ,,**

TMT

: **NEGATIVE ,**

ECG

: **WITHIN NORMAL LIMITS ,**

X-Ray

: **NORMAL STUDY ,**

RECOMMENDATION

Fitness Report

Fitness: **FIT WITH RECOMMENDATIONS ,**

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Patient Name : Mr. GOBU S Age : 37 Y/M
UHID : CVAL.0000057932 OP Visit No : CVALOPV108429
Conducted By: : Dr. S NISHANTH . Conducted Date : 23-03-2024 17:18
Referred By : SELF

CARDIOLOGY

CARDIAC STRESS TEST – (TMT)

Angina Pectoria:
NO

Previous MI:
NO

PTCA:
NO

CABG:
NO

HTN:
NO

DM:
NO

Smoking:
NO

Obesity:
NO

Lipidemia:
NO

Resting ECG Supine:
NORMAL SINUS RHYTHM

Standing:
NORMAL SINUS RHYTHM

Protocol Used:
BRUCE

Monitoring Leads:

Patient Name : Mr. GOBU S Age : 37 Y/M
UHID : CVAL.0000057932 OP Visit No : CVALOPV108429
Conducted By: : Dr. S NISHANTH . Conducted Date : 23-03-2024 17:18
Referred By : SELF

12 LEADS

Grade Achieved:
96%

% HR / METS:
10.1

Reason for Terminating Test:
FATIGUE

Total Exercise Time:
8.01

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

0 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:
SINUS TACHYCARDIA NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:
NORMAL

S.T. Segment :
NORMAL

III Blood Pressure Response :
NORMAL

Patient Name	: Mr. GOBU S	Age	: 37 Y/M
UHID	: CVAL.0000057932	OP Visit No	: CVALOPV108429
Conducted By:	: Dr. S NISHANTH .	Conducted Date	: 23-03-2024 17:18
Referred By	: SELF		

IV Fitness Response :
GOOD

Impression:

Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia at good work load and 96% of maximum heart.

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



Dr. S
NISHANTH .

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

For more information contact us at : customer.care@apollo diagnostics.in

www.apolلودiagnostics.in

HOME COLLECTION
4444 2424

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | LB Nagar | Vengal Rao Nagar) Andhra Pradesh: Vizag (Seethamma Peta)

Patient Name : Mr. GOBU S

Age/Gender : 37 Y/M

UHID/MR No. : CVAL.0000057932

OP Visit No : CVALOPV108429

Sample Collected on :

Reported on : 25-03-2024 12:50

LRN# : RAD2279296

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS17147

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

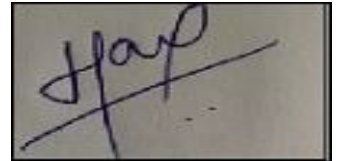
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

Normal study.



Dr. HARSHINI U
MD (Radio Diagnosis)
Radiology

Patient Name : Mr.GOPU S	Collected : 23/Mar/2024 11:00AM
Age/Gender : 37 Y 0 M 7 D/M	Received : 23/Mar/2024 04:01PM
UHID/MR No : CVAL.0000057932	Reported : 23/Mar/2024 05:55PM
Visit ID : CVALOPV108429	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17147	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



Dr. MARQUESS RAJ
M.D, DipRCPath, D.N.B(PATH)
Consultant Pathologist

SIN No:BED240080377

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)



Patient Name : Mr.GOPU S	Collected : 23/Mar/2024 11:00AM
Age/Gender : 37 Y 0 M 7 D/M	Received : 23/Mar/2024 04:01PM
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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	42.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.4	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.0	%	40-80	Electrical Impedance
LYMPHOCYTES	36.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.0	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4134	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2870.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	156	Cells/cu.mm	20-500	Calculated
MONOCYTES	577.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	62.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.44		0.78- 3.53	Calculated
PLATELET COUNT	212000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

Page 2 of 16



Dr. MARQUESS RAJ
M.D, DipRCPATH, D.N.B (PATH)
Consultant Pathologist

SIN No: BED240080377

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Age/Gender : 37 Y 0 M 7 D/M	Received : 23/Mar/2024 04:01PM
UHID/MR No : CVAL.0000057932	Reported : 23/Mar/2024 05:55PM
Visit ID : CVALOPV108429	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17147	

DEPARTMENT OF HAEMATOLOGY

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

RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



Dr. MARQUESS RAJ
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Consultant Pathologist

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Patient Name : Mr.GOPU S	Collected : 23/Mar/2024 11:00AM
Age/Gender : 37 Y 0 M 7 D/M	Received : 23/Mar/2024 04:01PM
UHID/MR No : CVAL.0000057932	Reported : 23/Mar/2024 08:11PM
Visit ID : CVALOPV108429	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17147	

DEPARTMENT OF HAEMATOLOGY

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

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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

SIN No:BED240080377

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Patient Name : Mr.GOPU S	Collected : 23/Mar/2024 01:25PM
Age/Gender : 37 Y 0 M 7 D/M	Received : 23/Mar/2024 03:58PM
UHID/MR No : CVAL.0000057932	Reported : 23/Mar/2024 05:17PM
Visit ID : CVALOPV108429	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17147	

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	88	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	139	mg/dL	70-140	HEXOKINASE

Comment:

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

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



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1436441

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Patient Name : Mr.GOPU S	Collected : 23/Mar/2024 11:00AM
Age/Gender : 37 Y 0 M 7 D/M	Received : 23/Mar/2024 04:01PM
UHID/MR No : CVAL.0000057932	Reported : 23/Mar/2024 08:09PM
Visit ID : CVALOPV108429	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17147	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240036955

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	230	mg/dL	<200	CHO-POD
TRIGLYCERIDES	190	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	190	mg/dL	<130	Calculated
LDL CHOLESTEROL	152	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.32		<0.11	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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DR. R. SRIVATSAN
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	112.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.73	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated



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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<55	IFCC



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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.06	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.66	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.170	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	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Patient Name : Mr.GOPU S	Collected : 23/Mar/2024 11:00AM
Age/Gender : 37 Y 0 M 7 D/M	Received : 23/Mar/2024 04:05PM
UHID/MR No : CVAL.0000057932	Reported : 23/Mar/2024 04:42PM
Visit ID : CVALOPV108429	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17147	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 16



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

SIN No:UR2314689

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Patient Name : Mr.GOPU S	Collected : 23/Mar/2024 01:25PM
Age/Gender : 37 Y 0 M 7 D/M	Received : 23/Mar/2024 04:04PM
UHID/MR No : CVAL.0000057932	Reported : 23/Mar/2024 04:22PM
Visit ID : CVALOPV108429	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17147	

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

SIN No:UPP017316

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Patient Name : Mr.GOPU S	Collected : 23/Mar/2024 11:00AM
Age/Gender : 37 Y 0 M 7 D/M	Received : 23/Mar/2024 04:08PM
UHID/MR No : CVAL.0000057932	Reported : 23/Mar/2024 05:38PM
Visit ID : CVALOPV108429	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17147	

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. MARQUESS RAJ
M.D, DipRCPath, D.N.B(PATH)
Consultant Pathologist

SIN No:UF011403

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