**fo.kbh@apollospectra.com**

**To:** Corporate Apollo Clinic; Customer Care :Mediwheel : New Delhi
**Cc:** Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Dilip Baniya; Pritam Padyal; Rahul Rai; Indiranagar Apolloclinic; JP Nagar Apollo Clinic; Mysore Apolloclinic; ITPL CLINIC; FO ITPL; Nigdi Apolloclinic; Cc Kbh; Dilip Baniya; Pritam Padyal; Rahul Rai; Sayan Bhattacharya; Fathma Shaik; Rupinder Kaur
**Subject:** RE: Health Check-up Bookings No. 31 (Annual)

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

| PACKAGE NAME | Booking ID | EMP NAME | AGE | | GENDE |
|---|---|---|---|---|---|
| ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE -2D ECHO - PAN INDIA - FY2324 | | SHAKTI SINGH | 53 | year | Male |

Thanks & Regards,

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

**From:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
**Sent:** 10 January 2024 11:41
**To:** Corporate Apollo Clinic <corporate@apolloclinic.com>
**Cc:** Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>
**Subject:** Health Check-up Bookings No. 31 (Annual)

Dear Team,

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

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

# APOLLO SPECTRA HOSPITAL

## MEDICAL EXAMINATION REPORT

Name:- Shakti Singh. Age/Sex: 53/M DOB:- 14/04/1970.

ADDRESS:- New Delhi

He is not suffering from following disease

| | | | |
|---|---|---|---|
| 1. DM | | 5. Eye disorder | |
| 2. HTN | NAD | 6. Paralysis | NAD. |
| 3. COPD | | 7. Dental Check-up | |
| 4. TB | | 8. ENT | |

BP:- 160/100 mmHg PR:- 100/min. WEIGHT:- 72 kg

RR:- 16/min. HEIGHT: 168 Cm.

Apollo Specialty Hospitals
66-A/2, New Rohtak Road
Karol Bagh, New Delhi-110005

Date:- 13/01/24

Place:- New Delhi

Doctor Name:

Doctor Signature:

यूनियन बैंक
ऑफ इंडिया

Union Bank
of India

भारत सरकार का उपक्रम | A Government of India Undertaking

आन्ध्रा
Andhra

नाम / शक्ति सिंह
Name : **Shakti Singh**

कर्मचारी क्र /Employee No. : **660569**
जन्म तिथि /Birth Date : **14-04-1970**
रक्त ग्रुप /Blood Group : **AB+**

हस्ताक्षर/Signature :

जारी करने का स्थान / क्षेत्रीय कार्यालय हिसार
Place of Issue : Regional Office Hissar

जारी करने का तारीख
Date of Issue : **05/08/2021**

जारीकर्ता प्राधिकारी / Issuing Authority

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

NAME: SHAKTI SINGH AGE 53 Y /SEX/M

REF. BY: HEALTH CHECK UP UHID: SKAR0000101094 DATE: 13.1.2024

## ULTRASOUND WHOLE ABDOMEN

**Liver is normal in size shows heterogeneous echotexture Advice Fibroscan.** No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

**Gall bladder** does not show any evidence of cholecystitis or cholelithiasis.

**CBD** is not dilated.

**Portal vein** is normal in caliber.

**Both kidneys** are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

**Spleen** is normal in size and echotexture.

**Pancreas** does not show any pathology.

No free fluid seen in the peritoneal cavity.

**Urinary bladder** is distended and shows no mural or intraluminal pathology.

**Prostate** is normal in size and shape. No focal lesion is seen.

Please correlate clinically.

**DR. GLOSSY B SABHARWAL,MD**

**CONSULTANT RADIOLOGIST**

Note: It is only a professional opinion. Kindly correlate clinically.

## Ultrasound Image Report

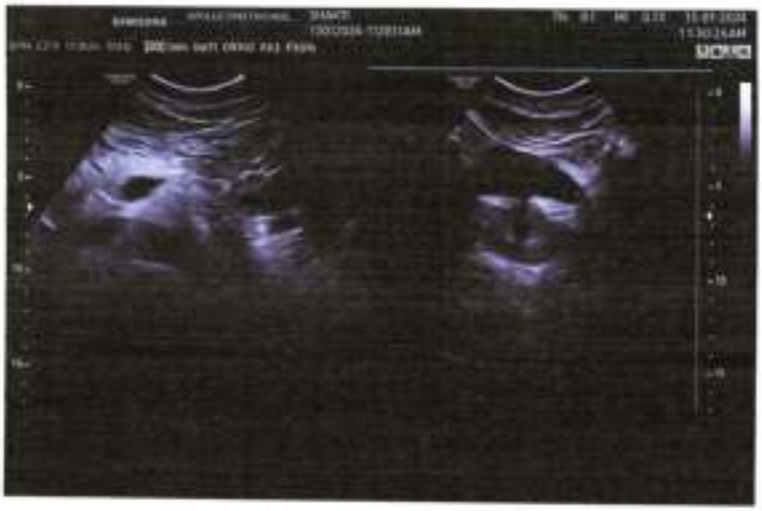


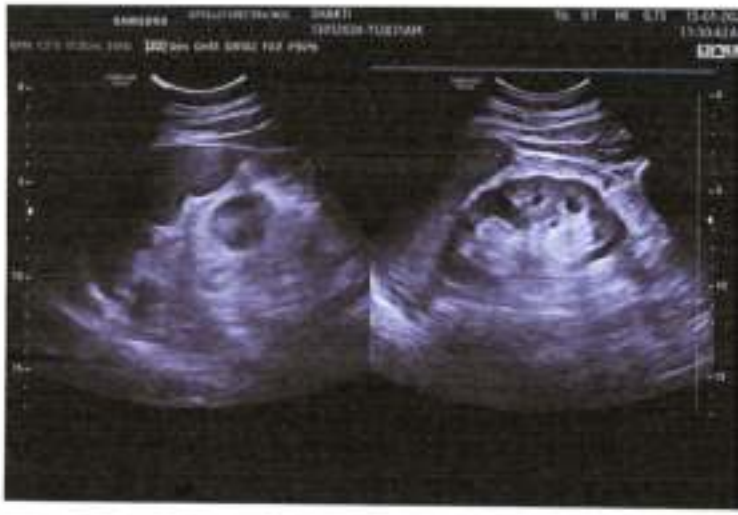
**Patient**

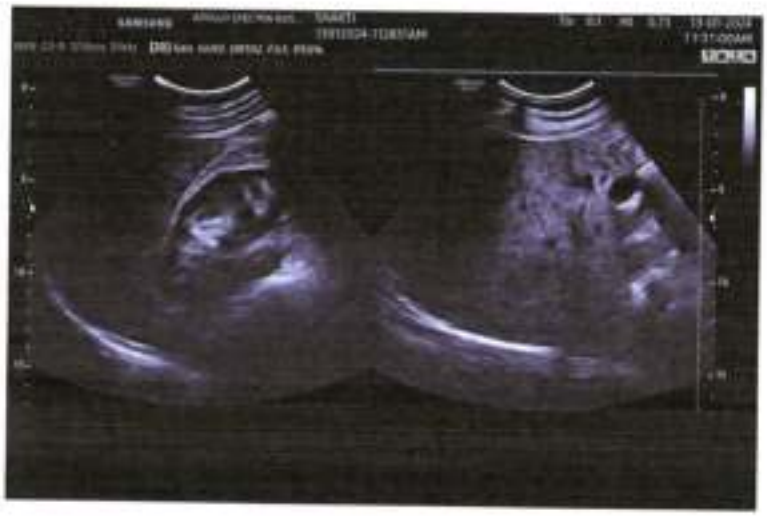
| | |
|---|---|
| ID | 13012024-112831AM |
| Name | SHAKTI |
| Birth Date | |
| Gender | |

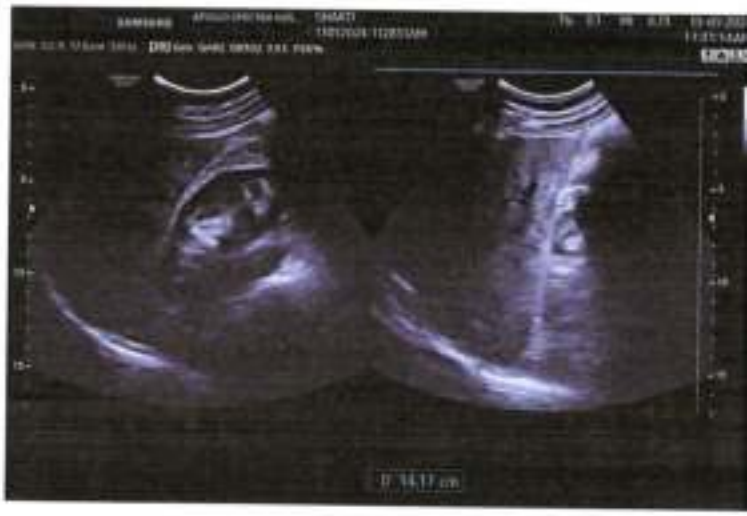
**Exam**

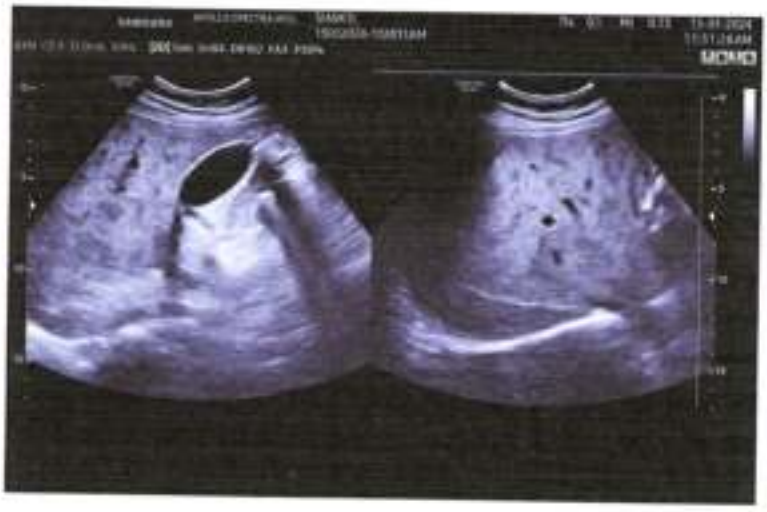
| | |
|---|---|
| Accession # | |
| Exam Date | 13-01-20 |
| Description | |
| Operator | |











Shakti, Singh
ID: 101094

Male
53 Years 72.0 kg

13.01.2024 13:15:53
APOLLO SPECIALITY HOSPITAL
ROHTAK ROAD
DELHI-110005

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

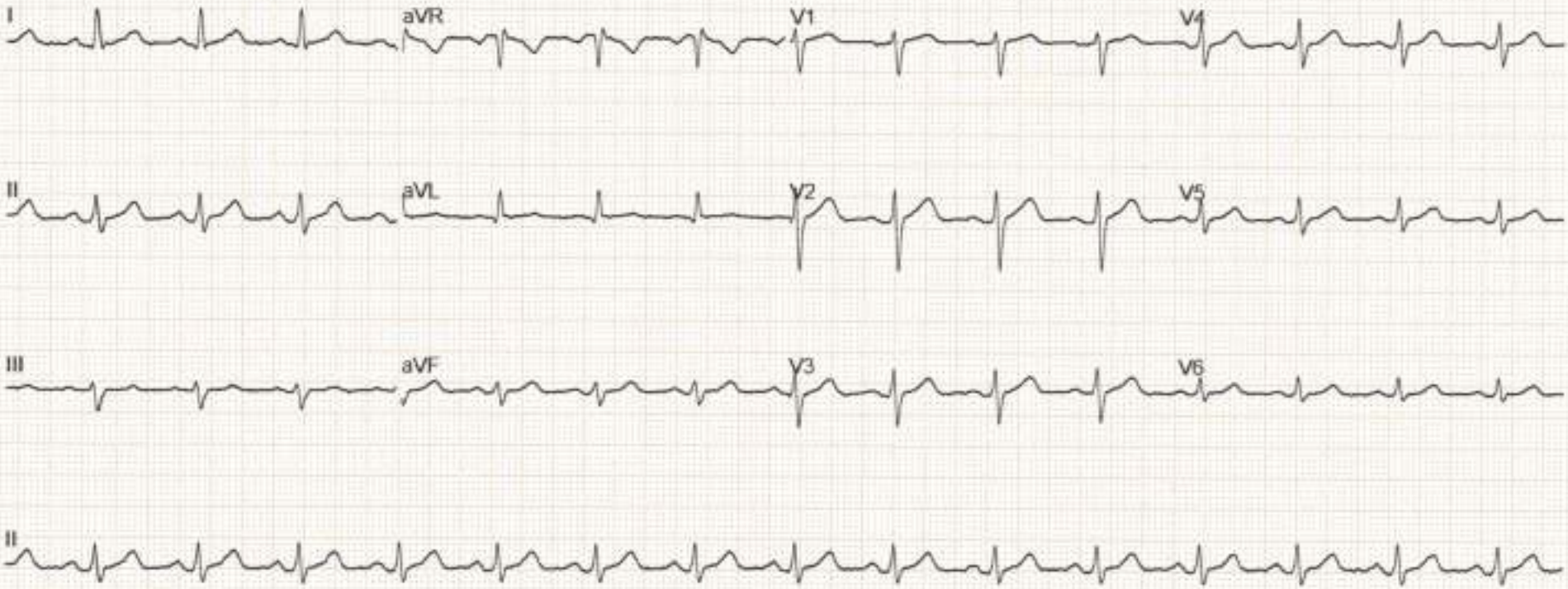
93 bpm
--/-- mmHg

| | |
|---|---|
| QRS : | 86 ms |
| QT / QTcBaz : | 348 / 432 ms |
| PR : | 152 ms |
| P : | 100 ms |
| RR / PP : | 644 / 645 ms |
| P / QRS / T : | 54 / 7 / 42 degrees |

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

B.P 160/100
BMI - 25.5
Ht. - 168 cm.
wt - 72 Kg




Unconfirmed

[redacted] MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

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TOUCHING LIVES

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Specialists in Surgery

| | |
|---|---|
| NAME: SHAKTI SINGH | AGE 53 Y /SEX/M |
| REF. BY: HEALTH CHECK UP | UHID: SKAR0000101094 |
| DATE: 13.1.2024 | S. NO:14832 |

## X-RAY CHEST PA

Lung fields and costophrenic angles are clear.

No definite pleural or parenchymal pathology seen.

Bony thorax, heart and mediastinum appear normal.

Please correlate clinically.

**DR. GLOSSY B SABHARWAL,MD**

**CONSULTANT RADIOLOGIST**

Note: It is only a professional opinion. Kindly correlate clinically.

Apollo HOSPITALS
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Apollo Spectra HOSPITALS
Specialists in Surgery

Name: Mr. Shakti Singh. 13/01/24

Age/Sex: 53yrs/M

| | | (R) | (L) |
|---|---|---|---|
| Vision | c̄ out correction → | 6/36 | 6/36. |
| | c̄ correction → | | 6/6. |
| Colour vision → | | (N) | (N) |


APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
66A/2, New Rohtak Road, Karol Bagh,
New Delhi-110 005

Ph.: 011-49407700, 8448702877
www.apollospectra.com

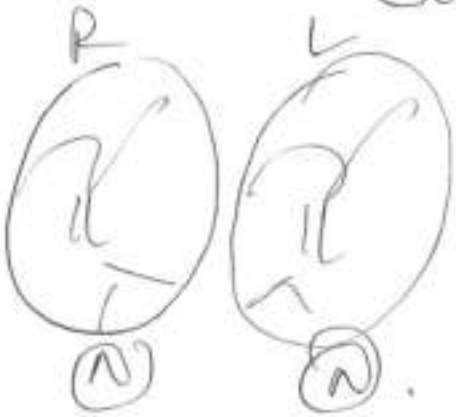
Registered Address
#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

Shakti Singh
M 23-years

ENT: Normal




Chest: clear

Adv
NO medication

13.1.2024

1....Dental Checkup not done because dental service not available at our center
2....TMT test not done due to High BP
3....Diet Consultation not done because denied by client
4....Blood test reports not generate due to insta error Lab team asking for Repeat sample client will come after some but date & Time not confirm

| | | | |
|---|---|---|---|
| Patient Name | : Mr.SHAKTI SINGH | Collected | : 30/Jan/2024 03:05PM |
| Age/Gender | : 53 Y 9 M 16 D/M | Received | : 30/Jan/2024 04:46PM |
| UHID/MR No | : SKAR.0000101094 | Reported | : 30/Jan/2024 06:49PM |
| Visit ID | : SKAROPV130965 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 145424 | | |

## DEPARTMENT OF HAEMATOLOGY

**PERIPHERAL SMEAR ,** *WHOLE BLOOD EDTA*

.



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

SIN No:BED240022643

**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

**Address:**
66A/2, New Rohtak Road, Near Liberty Cinema, Karol Bagh, New Delhi

BENGALURU | CHENNAI | DELHI | GWALIOR | HYDERABAD | JAIPUR | KANPUR | MUMBAI | PUNE

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| | | | |
|---|---|---|---|
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## DEPARTMENT OF HAEMATOLOGY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **HEMOGRAM** , *WHOLE BLOOD EDTA* | | | | | |
| **HAEMOGLOBIN** | 13.2 | L | g/dL | 13-17 | Spectrophotometer |
| PCV | **38.80** | L | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.72 | L | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | **82** | L | fL | 83-101 | Calculated |
| MCH | 28 | L | pg | 27-32 | Calculated |
| MCHC | 34.1 | L | g/dL | 31.5-34.5 | Calculated |
| R.D.W | **14.3** | H | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,400 | L | cells/cu.mm | 4000-10000 | Electrical Impedance |
| **DIFFERENTIAL LEUCOCYTIC COUNT (DLC)** | | | | | |
| NEUTROPHILS | 60 | L | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34 | L | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 02 | L | % | 1-6 | Electrical Impedance |
| MONOCYTES | 04 | L | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | L | % | <1-2 | Electrical Impedance |
| **ABSOLUTE LEUCOCYTE COUNT** | | | | | |
| NEUTROPHILS | 3240 | L | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1836 | L | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 108 | L | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 216 | L | Cells/cu.mm | 200-1000 | Calculated |
| **PLATELET COUNT** | 225000 | L | cells/cu.mm | 150000-410000 | Electrical impedence |
| **ERYTHROCYTE SEDIMENTATION RATE (ESR)** | 10 | L | mm at the end of 1 hour | 0-15 | Modified Westergren |
| **PERIPHERAL SMEAR** | | L | | | |

| | |
|---|---|
| RBCs | Predominantly Normocytic Normochromic |
| WBCs | Are essentially unremarkable. No abnormal cells seen. |



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

SIN No:BED240022643

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| | | | |
|---|---|---|---|
| Patient Name | : Mr.SHAKTI SINGH | Collected | : 30/Jan/2024 03:05PM |
| Age/Gender | : 53 Y 9 M 16 D/M | Received | : 30/Jan/2024 04:46PM |
| UHID/MR No | : SKAR.0000101094 | Reported | : 30/Jan/2024 06:49PM |
| Visit ID | : SKAROPV130965 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 145424 | | |

## DEPARTMENT OF HAEMATOLOGY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| | |
|---|---|
| Platelets | Adequate in number, verified on smear |
| | No Hemoparasites seen in smears examined. |
| Impression | Normal peripheral smear study |
| Advice | Clinical correlation |



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

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| | | | |
|---|---|---|---|
| Patient Name | : Mr.SHAKTI SINGH | Collected | : 30/Jan/2024 03:05PM |
| Age/Gender | : 53 Y 9 M 16 D/M | Received | : 30/Jan/2024 04:46PM |
| UHID/MR No | : SKAR.0000101094 | Reported | : 30/Jan/2024 07:49PM |
| Visit ID | : SKAROPV130965 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 145424 | | |

## DEPARTMENT OF HAEMATOLOGY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **BLOOD GROUP ABO AND RH FACTOR ,** *WHOLE BLOOD EDTA* | | | | | |
| BLOOD GROUP TYPE | AB | L | | | Gel agglutination |
| Rh TYPE | POSITIVE | L | | | Gel agglutination |



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

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| | | | |
|---|---|---|---|
| Patient Name | : Mr.SHAKTI SINGH | Collected | : 30/Jan/2024 03:07PM |
| Age/Gender | : 53 Y 9 M 16 D/M | Received | : 30/Jan/2024 05:23PM |
| UHID/MR No | : SKAR.0000101094 | Reported | : 30/Jan/2024 05:54PM |
| Visit ID | : SKAROPV130965 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 145424 | | |

## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **GLUCOSE, FASTING ,** *NAF PLASMA* | 88 | L | 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.

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **GLUCOSE, POST PRANDIAL (PP), 2 HOURS ,** *SODIUM FLUORIDE PLASMA (2 HR)* | 110 | L | 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.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:PLP1413166

**Apollo Speciality Hospitals Private Limited**
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CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

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BENGALURU | CHENNAI | DELHI | GWALIOR | HYDERABAD | JAIPUR | KANPUR | MUMBAI | PUNE

Apollo Spectra HOSPITALS
TOUCHING LIVES

| | | | |
|---|---|---|---|
| Patient Name | : Mr.SHAKTI SINGH | Collected | : 30/Jan/2024 03:05PM |
| Age/Gender | : 53 Y 9 M 16 D/M | Received | : 30/Jan/2024 05:44PM |
| UHID/MR No | : SKAR.0000101094 | Reported | : 30/Jan/2024 06:03PM |
| Visit ID | : SKAROPV130965 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 145424 | | |

## DEPARTMENT OF BIOCHEMISTRY

## ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **HBA1C (GLYCATED HEMOGLOBIN) ,** *WHOLE BLOOD EDTA* | | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 6.1 | N | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 128 | N | 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)



Dr.Aiman Jafri
B.Sc(Biotechnology),
M.Sc(Toxicology),Ph.D(Biochemistry)
Consultant Molecular Biologist and Biochemist

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

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

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| | | | |
|---|---|---|---|
| Patient Name | : Mr.SHAKTI SINGH | Collected | : 30/Jan/2024 03:05PM |
| Age/Gender | : 53 Y 9 M 16 D/M | Received | : 30/Jan/2024 05:24PM |
| UHID/MR No | : SKAR.0000101094 | Reported | : 30/Jan/2024 05:57PM |
| Visit ID | : SKAROPV130965 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 145424 | | |

## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **LIPID PROFILE ,** *SERUM* | | | | | |
| TOTAL CHOLESTEROL | **267** | H | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 123 | L | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 75 | L | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | **192** | H | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | **167.32** | H | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 24.68 | L | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.56 | L | | 0-4.97 | 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<br>Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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BENGALURU | CHENNAI | DELHI | GWALIOR | HYDERABAD | JAIPUR | KANPUR | MUMBAI | PUNE

Apollo Spectra HOSPITALS
TOUCHING LIVES

| | | | |
|---|---|---|---|
| Patient Name | : Mr.SHAKTI SINGH | Collected | : 30/Jan/2024 03:05PM |
| Age/Gender | : 53 Y 9 M 16 D/M | Received | : 30/Jan/2024 05:24PM |
| UHID/MR No | : SKAR.0000101094 | Reported | : 30/Jan/2024 05:57PM |
| Visit ID | : SKAROPV130965 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 145424 | | |

## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **LIVER FUNCTION TEST (LFT) ,** *SERUM* | | | | | |
| BILIRUBIN, TOTAL | 0.45 | L | mg/dL | 0.20-1.20 | Colorimetric |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | L | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.35 | L | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 57.6 | L | U/L | 21-72 | UV with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 58.6 | L | U/L | 17-59 | UV with P-5-P |
| ALKALINE PHOSPHATASE | **134.00** | H | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.87 | L | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.58 | L | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.29 | L | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.39 | L | | 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 > 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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## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

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| ALKALINE PHOSPHATASE | **134.00** | H | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.87 | L | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.58 | L | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.29 | L | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.39 | L | | 0.9-2.0 | Calculated |
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) | **166.20** | H | U/L | 15-73 | Glyclyclycine Nitoranalide |

**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.

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• 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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## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) ,** *SERUM* | | | | | |
| CREATININE | 0.95 | L | mg/dL | 0.66-1.25 | Creatinine amidohydrolase |
| UREA | 25.90 | L | mg/dL | 19-43 | Urease |
| BLOOD UREA NITROGEN | 12.1 | L | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.25 | L | mg/dL | 3.5-8.5 | Uricase |
| CALCIUM | 9.60 | L | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 2.90 | L | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | **134.3** | L | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | **5.6** | H | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | **97.8** | L | mmol/L | 98 - 107 | Direct ISE |



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## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **ALKALINE PHOSPHATASE** , *SERUM* | **134.00** | H | U/L | 38-126 | p-nitrophenyl phosphate |



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## DEPARTMENT OF IMMUNOLOGY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **THYROID PROFILE TOTAL (T3, T4, TSH)** , *SERUM* | | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.08 | L | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 7.85 | L | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | **8.030** | H | 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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## DEPARTMENT OF IMMUNOLOGY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324



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## DEPARTMENT OF IMMUNOLOGY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **VITAMIN D (25 - OH VITAMIN D) ,** *SERUM* | **24.7** | L | ng/mL | 30-100 | CLIA |

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

| VITAMIN D STATUS | VITAMIN D 25 HYDROXY (ng/mL) |
|---|---|
| DEFICIENCY | <10 |
| INSUFFICIENCY | 10 – 30 |
| SUFFICIENCY | 30 – 100 |
| TOXICITY | >100 |

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

**Increased levels:**

Vitamin D intoxication.



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## DEPARTMENT OF IMMUNOLOGY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **VITAMIN B12 ,** *SERUM* | 215 | L | pg/mL | 107.2-653.3 | CLIA |

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
  Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) ,** *SERUM* | 0.710 | L | ng/mL | 0-4 | CLIA |



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| Visit ID | : SKAROPV130965 | Status | : Final Report |
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| Emp/Auth/TPA ID | : 145424 | | |

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324**

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **COMPLETE URINE EXAMINATION (CUE) ,** *URINE* | | | | | |
| **PHYSICAL EXAMINATION** | | | | | |
| COLOUR | PALE YELLOW | L | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | L | | CLEAR | Visual |
| pH | 6.0 | L | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.025 | L | | 1.002-1.030 | Dipstick |
| **BIOCHEMICAL EXAMINATION** | | | | | |
| URINE PROTEIN | NEGATIVE | L | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | L | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | L | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | L | | NEGATIVE | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | L | | NORMAL | EHRLICH |
| BLOOD | NEGATIVE | L | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | L | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | L | | NEGATIVE | PYRROLE HYDROLYSIS |
| **CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY** | | | | | |
| PUS CELLS | 2-3 | L | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | L | /hpf | <10 | MICROSCOPY |
| RBC | NIL | L | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | L | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | L | | ABSENT | MICROSCOPY |



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

SIN No:UR2271463

**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

Address:
66A/2, New Rohtak Road, Near Liberty Cinema, Karol Bagh, New Delhi

| | | | |
|---|---|---|---|
| Patient Name | : Mr.SHAKTI SINGH | Collected | : 30/Jan/2024 03:05PM |
| Age/Gender | : 53 Y 9 M 16 D/M | Received | : 30/Jan/2024 04:27PM |
| UHID/MR No | : SKAR.0000101094 | Reported | : 30/Jan/2024 04:31PM |
| Visit ID | : SKAROPV130965 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 145424 | | |

## DEPARTMENT OF CLINICAL PATHOLOGY

### ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **URINE GLUCOSE(POST PRANDIAL)** | NEGATIVE | L | | NEGATIVE | Dipstick |

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|---|
| **URINE GLUCOSE(FASTING)** | NEGATIVE | L | | NEGATIVE | Dipstick |

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



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