

Name : Mr. G NAGESHA

Age: 35 Y

Sex: M

UHID:CBAS.0000091734



OP Number:CBASOPV100449

Bill No :CBAS-OCR-61005

Date : 24.02.2024 08:48

Address :blr

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) .	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

→ physico

→ Dental

~~Vitamin A D pack~~

Ht - 176

Wt - 64.6

BP - 130/88

PR - 67

W.d - 80

HP - 95

Fwd: Health Check up Booking Confirmed Request(bobE10405),Package Code-
PKG10000366, Beneficiary Code-307973

Nagesh G <nagesh104@gmail.com>

Sat 2/24/2024 8:48 AM

To:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Wed, Feb 21, 2024, 4:13 PM

Subject: Health Check up Booking Confirmed Request(bobE10405),Package Code-PKG10000366,
Beneficiary Code-307973

To: <nagesh104@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **MR. G NAGESHA,**

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 20-02-2024
Hospital Package Name : Mediwheel Full Body Annual Plus
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital- : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019
City : Bangalore
State :
Pincode : 560019
Appointment Date : 24-02-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. G NAGESHA	35 year	Male

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

24/2/24

Mr. Nyerba,

HT - 176

WT - 64.6g

IBW - 68.7g

* Milk, 2g/week

* Egg, 2/day

* Flour - 6-8g/day

Boiled greens - 50g/day

* Fish - twice/week

Soaked dog joints - a handful

Dr. Williams



ಭಾರತ ಸರ್ಕಾರ
Government of India



ನಾಗೇಶ ಜಿ
Nagesha G
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/05/1988
ಪುರುಷ / Male



4771 7234 0868

ಆಧಾರ್ - ಶ್ರೀನಾಮಾನ್ಯನ ಅಧಿಕಾರ

Date: IST: 2024-02-24 11:19:52

Personal Details
UHID: 01P3FGAT6T10VGH
PatientID: 91734
Name: B NAGESHA
Age: 35
Gender: Male
Mobile: 6564959945995

**Pre-Existing Medical-
Conditions**

Vitals

Measurements
HR: 65 BPM
PR: 146 ms
PD: 123 ms
QRSD: 93 ms
QRS Axis: - deg
QT/QTc: 341/341 ms

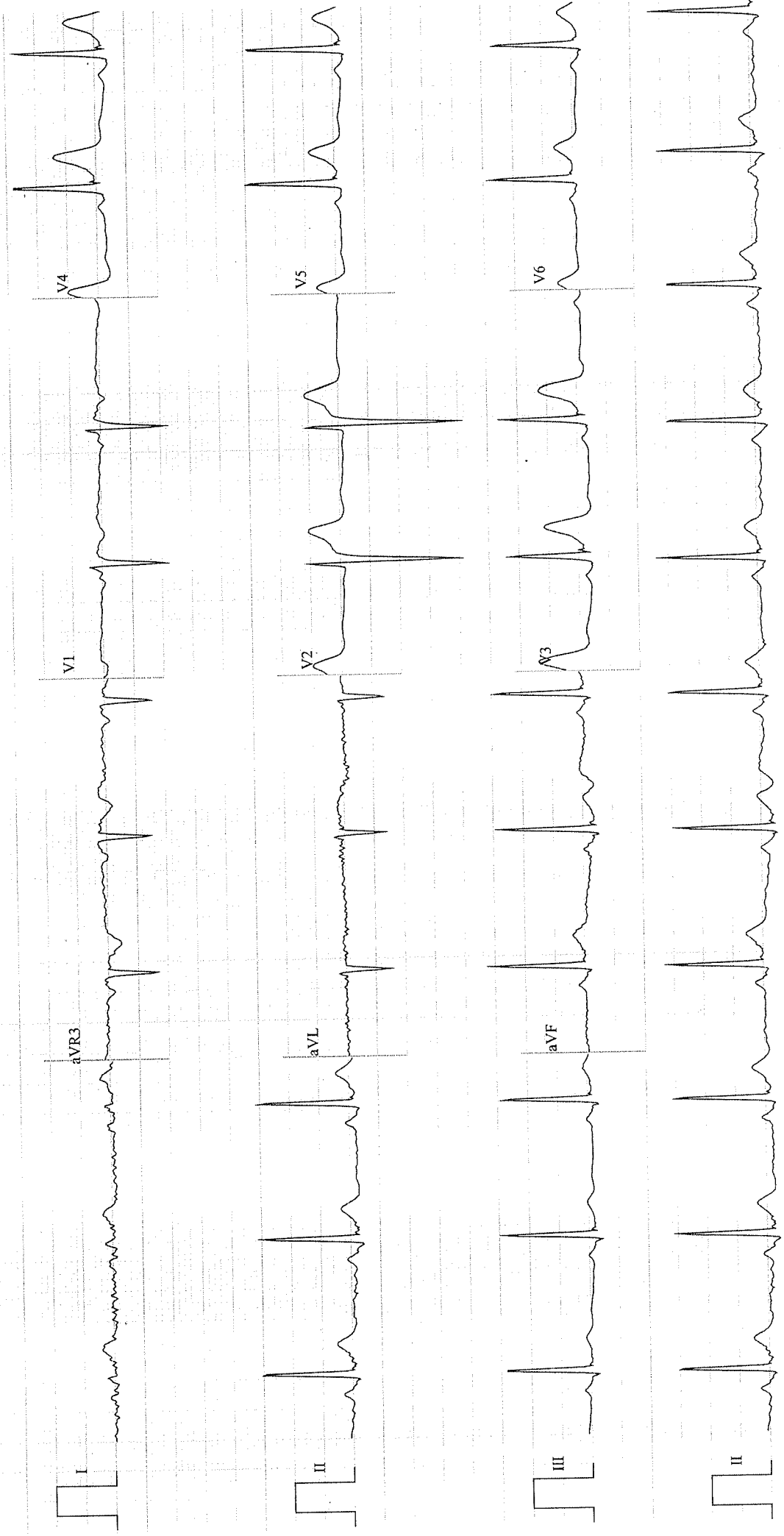
Interpretation

Normal sinus rhythm
Normal axis

Author:
go

Dr. Yogesh
MD,DNB,
Reg No- K

This trace is generated by KardioScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRYX



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Disclaimer: Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.

ECHOCARDIOGRAPHY REPORT

Name: MR NAGESHA G

Age: 35 YEARS

GENDER: MALE

Consultant: Dr.VISHAL KUMAR.H.

Date : 24/02/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.68	m/sec	A	0.44	m/sec	NO MR
Tricuspid Valve	E	0.48	m/sec	A	0.30	m/sec	No TR
Aortic Valve	Vmax	1.16	m/sec				NO AR
Pulmonary Valve	Vmax	0.80	m/sec				No PR
astolic Dysfunction							

MULTI-MODE MEASUREMENTS

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.8	2.6-3.6	cm
L	left Atrium	3.0	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	0.9	0.9-1.1	cm
L	left Ventricle-Diastole	4.6	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.1	1.3-1.5	cm
LL	left Ventricle-Systole	2.8	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.4	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S.
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

SUBJECT

Mr - Nagesh
35/M

24/2/24

Dr Anubha Inamli
MBBS, MS, DNB, FRCO.

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for routine health check up.
It is already on go for OSMF
outside

O/E: Ear | w/m
Nose | w/m

Oral cavity: mild TRISMUS ⊕
OSMF ⊕

Adv.: To continue the K.

Follow up date:

Doctor Signature

Dr Anubha Inamli

Customer Pending Tests
DENTAL,OPHAL,FITNESS
BY GP
PENDING

Patient Name	: Mr. G NAGESHA	Age/Gender	: 35 Y/M
UHID/MR No.	: CBAS.0000091734	OP Visit No	: CBASOPV100449
Sample Collected on	:	Reported on	: 24-02-2024 15:16
LRN#	: RAD2246569	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 365784		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

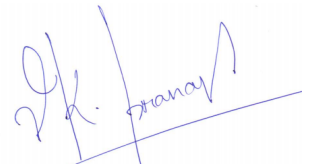
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mr. G NAGESHA

Age/Gender : 35 Y/M

UHID/MR No. : CBAS.0000091734

OP Visit No : CBASOPV100449

Sample Collected on :

Reported on : 24-02-2024 15:53

LRN# : RAD2246569

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 365784

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (12.6 cm) and appears normal in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 9.3x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 8.6x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size (volume 17 cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

-

IMPRESSION:-

No significant abnormality detected.

Suggested clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. V K PRNAV VENKATESH
MBBS, MD
Radiology

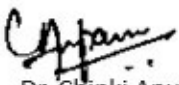
Patient Name : Mr.G NAGESHA	Collected : 24/Feb/2024 09:31 AM
Age/Gender : 35 Y 6 M 0 D/M	Received : 24/Feb/2024 11:58 AM
UHID/MR No : CBAS.0000091734	Reported : 24/Feb/2024 02:07 PM
Visit ID : CBASOPV100449	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 365784	

DEPARTMENT OF HAEMATOLOGY

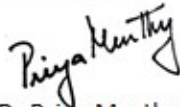
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.1	g/dL	13-17	Spectrophotometer
PCV	49.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.24	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	95	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,000	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedence
LYMPHOCYTES	31.4	%	20-40	Electrical Impedence
EOSINOPHILS	0.7	%	1-6	Electrical Impedence
MONOCYTES	7.8	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4800	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2512	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	56	Cells/cu.mm	20-500	Calculated
MONOCYTES	624	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.91		0.78- 3.53	Calculated
PLATELET COUNT	218000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 14



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



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



SIN No:BED240048242

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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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)

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Karnataka - 560034

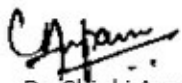
 1860 500 7788
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Patient Name : Mr.G NAGESHA	Collected : 24/Feb/2024 09:31 AM
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Emp/Auth/TPA ID : 365784	

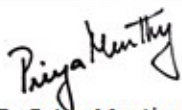
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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SIN No:BED240048242

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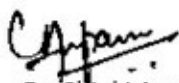
 **1860 500 7788**
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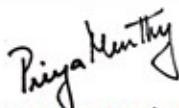
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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



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SIN No:BED240048242

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	94	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				



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

SIN No:EDT240021648

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Emp/Auth/TPA ID : 365784	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

HBA1C, GLYCATED HEMOGLOBIN	5.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL	Calculated


Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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SIN No:EDT240021648

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Patient Name : Mr.G NAGESHA	Collected : 24/Feb/2024 09:31 AM
Age/Gender : 35 Y 6 M 0 D/M	Received : 24/Feb/2024 04:19 PM
UHID/MR No : CBAS.0000091734	Reported : 24/Feb/2024 07:41 PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

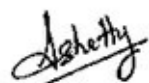
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	192	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	67	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.86		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 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	2.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.36	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	2.08	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	80.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.67-1.17	Jaffe's, Method
UREA	30.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	31.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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)	9.40	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.698	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes




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SIN No:SPL24031778

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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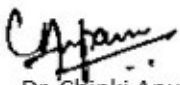
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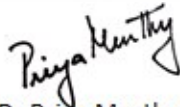
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/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



Dr. Chinki Anupam
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Consultant Pathologist



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SIN No:UR2290354

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.G NAGESHA	Collected : 24/Feb/2024 09:36AM
Age/Gender : 35 Y 6 M 0 D/M	Received : 24/Feb/2024 01:04PM
UHID/MR No : CBAS.0000091734	Reported : 24/Feb/2024 03:45PM
Visit ID : CBASOPV100449	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 365784	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

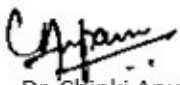
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

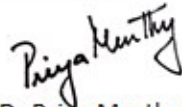
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 14 of 14



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SIN No:UF010741

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