



Corporate Health
Checks

45/91

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

09-03-2024



Patient Details

Patient First Name

RAJESH KUMAR

Patient Last Name

SINHA

Patient Mobile Number

8850902951

Patient E-mail ID

rajesh.sinha259@gmail.com

Date of Birth

01-03-1970

Gender

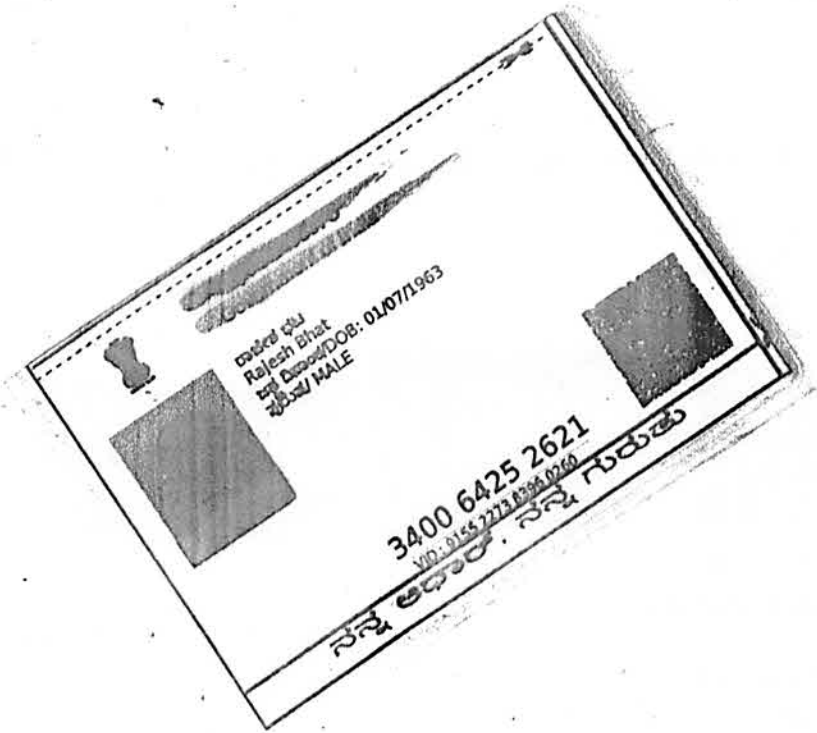
male

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

(1) ARCOFEMI MEDIWHEEL MALE AHC CREDIT



ಮೋದ ಶು
Rajesh Bhat
1st Deputy/DOB: 01/07/1963
ಶಬ್ದ/ MALE

3400 6425 2621
NO. 9155 7773 8888 0260

ಸಬ್ ಉಪ ನಿರ್ದೇಶಕರು
ಸಬ್ ನಿರ್ದೇಶಕರು

Name : Mr. RAJESH

Age: 60 Y

UHID:CJPN.0000092646

Sex: M



OP Number:CJPNOPV190466

Address : blr

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :CJPN-OCR-69873

Date : 09.03.2024 09:27

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	LIVER-FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	PERIPHERAL SMEAR	
9	ECG	
10	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
11	DENTAL CONSULTATION	
12	HbA1c, GLYCATED HEMOGLOBIN	
13	X-RAY CHEST PA	
14	ENT CONSULTATION	
15	FITNESS BY GENERAL PHYSICIAN	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN	
20	ULTRASOUND - WHOLE ABDOMEN	
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Weight = 95.0 kgs

Height = 170 cm

BP = 120/90 mm/Hg

PP = 75 b/min.

Name - Rajesh
Age - 60yrs/m

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

General Examination / Allergies
History

Cl - Routine
Eye checkup
H/O PUPD - using
glasses

Clinical Diagnosis & Management Plan

UUVH $\left\{ \begin{array}{l} 6/18 \quad N_{18} \\ 6/12 \quad N_{18} \end{array} \right.$

\rightarrow PUPD $\left\{ \begin{array}{l} 6/9 \quad N_6 \\ 6/9 \quad N_6 \end{array} \right.$

Continue the same power.

Follow up date:

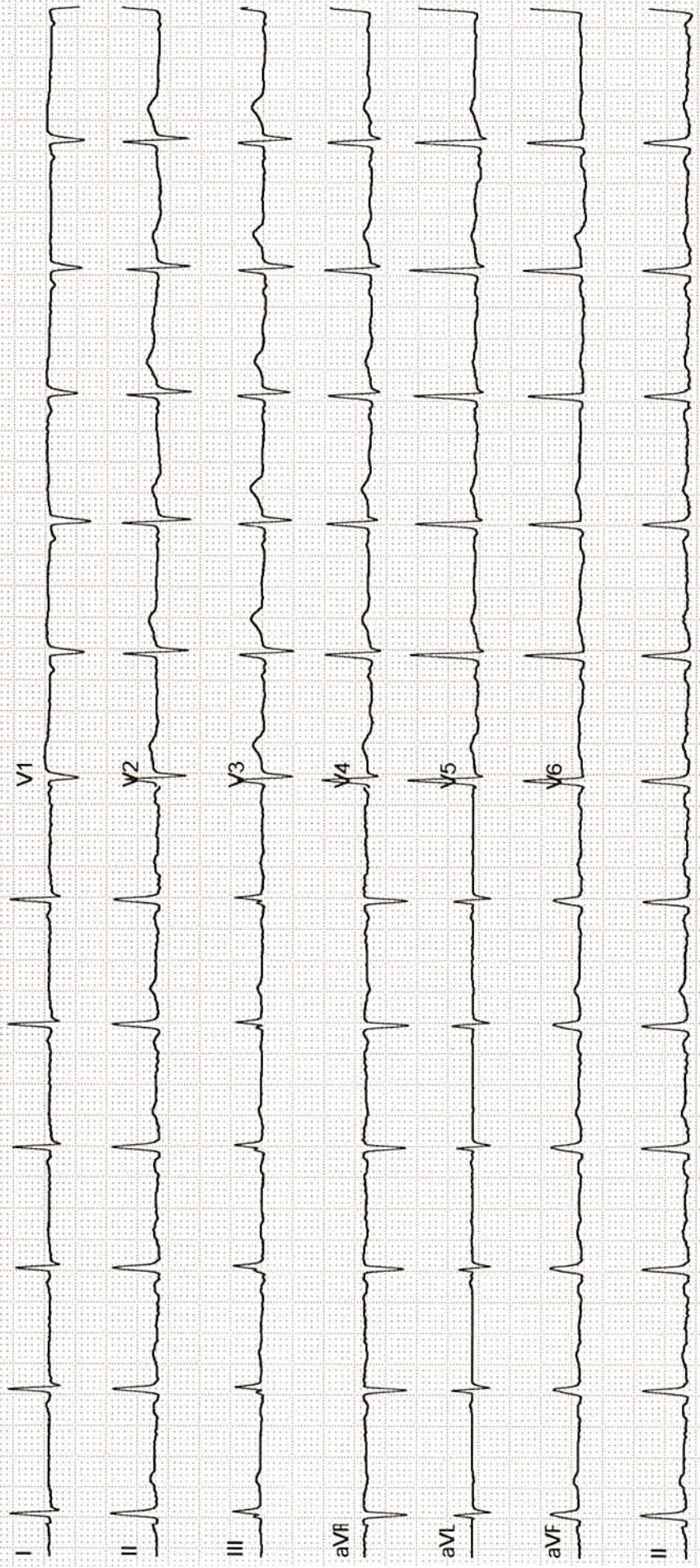
After 6 months.

Doctor Signature

170 cm Male Unknown
95.0 kg

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

QRS : 76 ms
QT / QTcBaz : 360 / 402 ms
PR : 136 ms
P : 104 ms
RR / PP : 800 / 800 ms
P / QRS / T : 49 / 59 / 83 degrees



Name : Mr. RAJESH

Age: 60 Y

UHID: CJPN.0000092646

Address :blr

Sex: M



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11	DENTAL CONSULTATION - 22.	
12	HbA1c, GLYCATED HEMOGLOBIN	
13	X-RAY CHEST PA	
14	ENT CONSULTATION - 5	
15	FITNESS BY GENERAL PHYSICIAN	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN - 3	
20	ULTRASOUND - WHOLE ABDOMEN	
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Ophthal- front.

Physio-OK.

Audi-21.

BP : 120 / 90 mm

PR : 84 bbl

WT : 95.3 kg

Ht : 170 cm

waiste: 103

Hip: 117

Mr. rajesh
ID: c1pn192646

60 Years 170 cm Male
95.0 kg

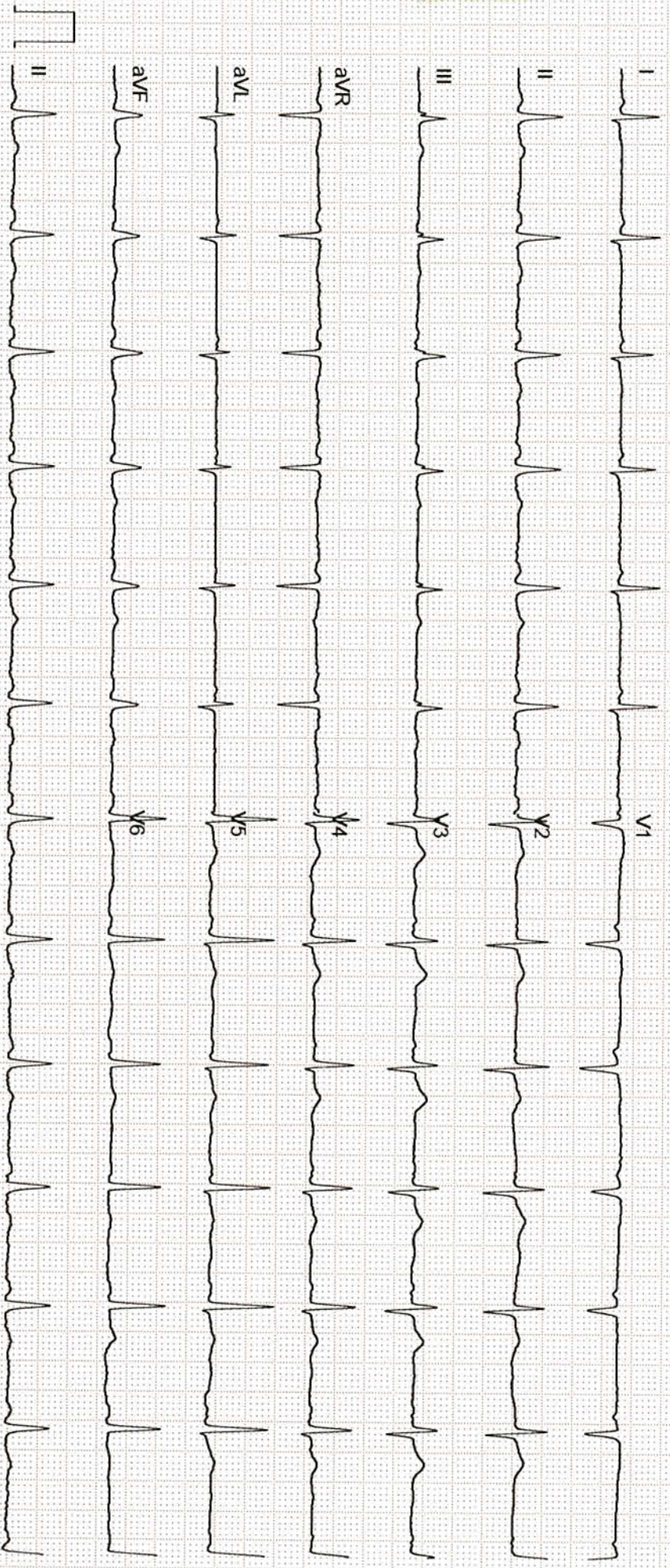
09.03.2024 11:56:54
Apollo Clinic
J.P. Nagar
Bangalore

75 bpm
120 / 90 mmHg

QRS	76 ms
QT / QTcBaz	360 / 402 ms
PR	136 ms
P	104 ms
RR / PP	800 / 800 ms
P / QRS / T	49 / 59 / 83 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

WNV
RS



GE MACC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6_25_R1

Unconfirmed

PATIENT CASE SHEET



Name: Mr. Rajesh Age: 60 Gender: M

Address: _____

UHID / Emp Id: _____

Ref. by Doctor

Treating Doctor
Dr. Sijo

Past Dental History:

Past Medical History:

Chief Complaint(s):

Regular Dental checkup

Investigation: RVG OPG CBCT

Patient Name	: Mr. RAJESH	Age/Gender	: 60 Y/M
UHID/MR No.	: CJPN.0000092646	OP Visit No	: CJPNOPV190466
Sample Collected on	:	Reported on	: 09-03-2024 13:01
LRN#	: RAD2261681	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8867259396		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size (11.5 cm) and increased in echotexture. No focal lesion seen.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal.

GALL BLADDER : Partially distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Appeared normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis .

Right kidney measures: 10.0 x 1.1 cm.

Left kidney measures : 10.1 X 1.4 cm. **Midpole calculi measuring ~3mm.**

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.

Volume-19 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.


**IMPRESSION : 1) GRADE I FATTY LIVER .
2) LEFT RENAL CALCULUS.**

Please Note : No preparation done before scanning.

(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.

Patient Name : Mr. RAJESH

Age/Gender : 60 Y/M



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mr. RAJESH

Age/Gender : 60 Y/M

UHID/MR No. : CJPN.0000092646

OP Visit No : CJPNOPV190466

Sample Collected on :

Reported on : 09-03-2024 13:44

LRN# : RAD2261681

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8867259396

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

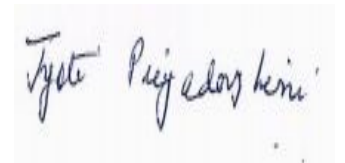
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. JYOTI PRIYADARSHINI
MBBS, MD

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Visit ID : CJPNOPV190466	Status : Final Report
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Emp/Auth/TPA ID : 8867259396	

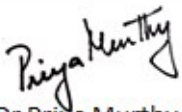
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	45.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.14	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,450	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	54.6	%	40-80	Electrical Impedance
LYMPHOCYTES	31.9	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4613.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2695.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	397.15	Cells/cu.mm	20-500	Calculated
MONOCYTES	692.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	50.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	256000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	36	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Page 1 of 14



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



SIN No:BED240062974

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.RAJESH	Collected : 09/Mar/2024 09:32AM
Age/Gender : 60 Y 8 M 8 D/M	Received : 09/Mar/2024 12:21PM
UHID/MR No : CJPN.0000092646	Reported : 09/Mar/2024 03:25PM
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Emp/Auth/TPA ID : 8867259396	

DEPARTMENT OF HAEMATOLOGY

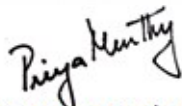
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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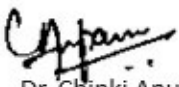
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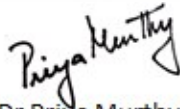
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

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



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



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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	113	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated

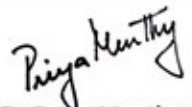
Comment:

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

Page 4 of 14


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


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



SIN No:EDT240028646

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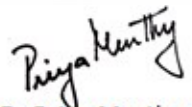
POOR CONTROL

>10

Note: Dietary preparation or fasting is not required.

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


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


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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHO-POD
TRIGLYCERIDES	142	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	28	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	155	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.52		0-4.97	Calculated

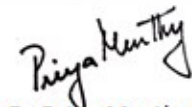
Comment:

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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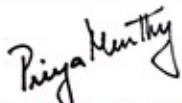
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Visit ID : CJPNOPV190466	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8867259396	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.61	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.31	g/dL	6.6-8.3	Biuret
ALBUMIN	3.97	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		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, Wilson'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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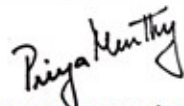
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.00	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.09	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.31	g/dL	6.6-8.3	Biuret
ALBUMIN	3.97	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated



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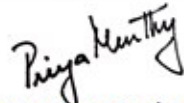
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.15	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.584	µIU/mL	0.34-5.60	CLIA

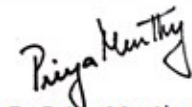
Comment:

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

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

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


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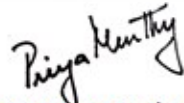
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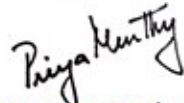
Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	11.120	ng/mL	0-4	CLIA

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.
 Manufacturer: BECKMAN COULTER



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y ADVANCED MALE - 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	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

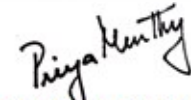
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 14 of 14



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Consultant Pathologist



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SIN No:UR2301210

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

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