

Name : Mr. Nagaraju B Address : Bangalore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 47 Y Sex : M	UHID :CINR.0000162346  <small>* CINR - 0000162346 *</small> OP Number :CINROPV218106 Bill No :CINR-OCR-93618 Date : 05.02.2024 08:50
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	HbA1c, GLYCATED HEMOGLOBIN	
3	LIVER FUNCTION TEST (LFT)	
4	X-RAY CHEST PA - 10	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	FITNESS BY GENERAL PHYSICIAN	
8	COMPLETE URINE EXAMINATION	
9	PERIPHERAL SMEAR	
10	ECG	
11	BLOOD GROUP ABO AND RH FACTOR	
12	LIPID PROFILE	
13	BODY MASS INDEX (BMI) - 6	
14	OPHTHAL BY GENERAL PHYSICIAN	
15	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
16	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 12 p.m	

Audio

Date : 05-02-2024

MR NO : CINR.0000162346

Department : GENERAL

Doctor :

Name : Mr. Nagaraju B

Registration No :

Age/ Gender : 47 Y / Male

Qualification :

Consultation Timing: 08:49

Height : 167cms	Weight : 72.8kg	BMI : 26.10 kg/m ²	Waist Circum : 93 - c
Temp : 98.6 F	Pulse : 78 bpm	Resp : 18 bpm	B.P : 122/80 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : *Mr. nagaraju B.*

DATE : ~~10/23/2016~~ *5/20/14*

UHID NO : *102306*

AGE : *47*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *M*

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>1.25</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1.50</i>	<i>0.75</i>	<i>140</i>	<i>-</i>
Add	<i>1.00</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1.00</i>	<i>-</i>	<i>-</i>	<i>-</i>

PD - RE: *31* - LE: *31* -

Colour Vision: *normal (BG)*

Remarks: *myopia in both*

Apollo clinic Indiranagar

Mr nagaraju b
ID: 162346

01.06.1976
47 Years

Male

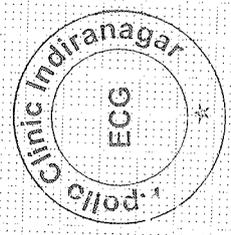
05.02.2024 10:37:22
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Arrow CC

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

68 bpm
-- / -- mmHg

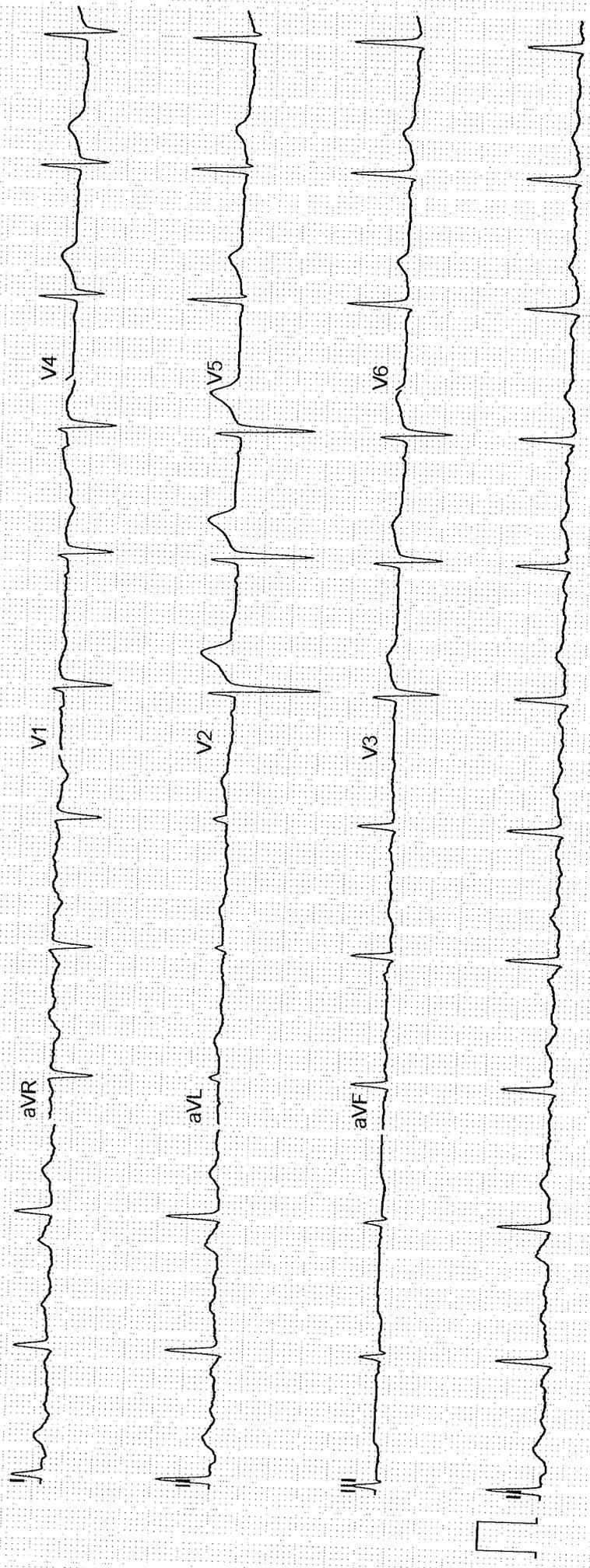
QRS :
QT / QTcBaz : 420 / 446 ms
PR : 148 ms
P : 124 ms
RR / PP : 886 / 882 ms
P / QRS / T : 56 / 53 / 21 degrees



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten signature

Handwritten signature
Dr. M. SUDHAKAR RAO
MBS, MD, DM(Cardi), FACC, FESC, FSCAI
KMC Registrar, Apollo Clinic
KMC Registrar, Apollo Clinic



Nagaraju B

From: Mediwheel <wellness@mediwheel.in>
Sent: 02 February 2024 17:53
To: Nagaraju B
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Request(UBOIES3419), Beneficiary Code-93520

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं). प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](#) पर रिपोर्ट करें

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011-41195959

Dear NAGARAJU B,

We have received your booking request for the following health checkup, please upload HRM Letter as soon as possible.

Upload HRM Letter

Booking Date : 02-02-2024

User Package Name : MediWheel Full Body Health Checkup Male 40 To 50 For Self and Spouse

Hospital Package Name : Mediwheel Full Body Standard Plus

Health Check Code : PKG10000361

Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar

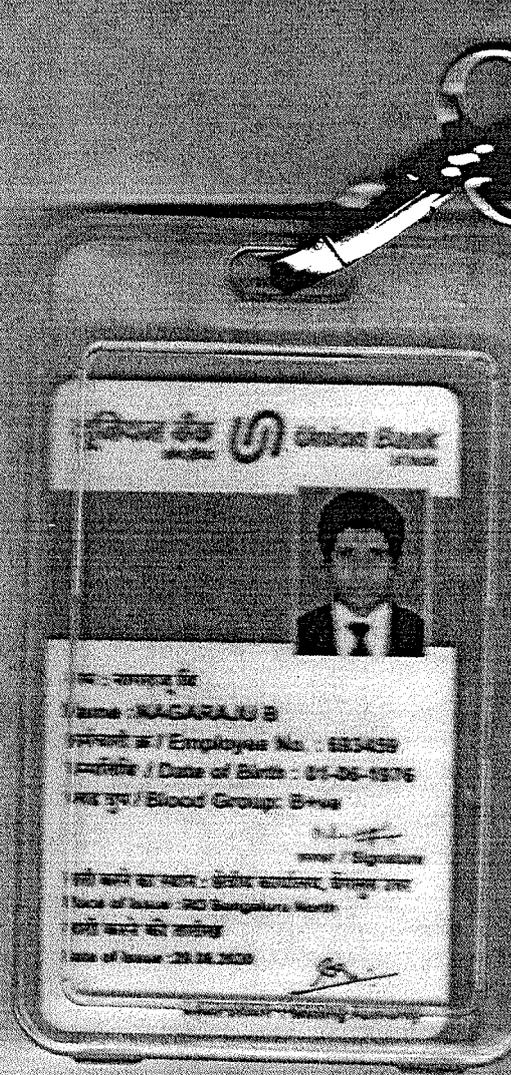
Address of Diagnostic/Hospital- : 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038

Appointment Date : 05-02-2024

Preferred Time : 8:30am

Member Information

Booked Member Name	Age	Gender
NAGARAJU B	47 year	Male
Udayachandrika	45 year	Female



यूनिऑन बँक ऑफ इंडिया Union Bank of India



नाम - नकाराजु ड
नाम - NAGARAJU D
कर्मचारी नं / Employee No. : 653459
जन्मदिनांक / Date of Birth : 04-26-1976
रक्त समूह / Blood Group: B+ve

[Signature]
हस्ताक्षर / Signature

पते का पता - बैंक भवन, बंगलूरु नगर
Place of Issue: 25 Bangalore North
पते का पता - बंगलूरु नगर
Date of Issue: 28.04.2020

[Signature]

Patient Name	: Mr. Nagaraju B	Age/Gender	: 47 Y/M
UHID/MR No.	: CINR.0000162346	OP Visit No	: CINROPV218106
Sample Collected on	:	Reported on	: 05-02-2024 17:57
LRN#	: RAD2226309	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9986815520		

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. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mr.NAGARAJU B	Collected : 05/Feb/2024 09:08AM
Age/Gender : 47 Y 8 M 4 D/M	Received : 05/Feb/2024 11:20AM
UHID/MR No : CINR.0000162346	Reported : 05/Feb/2024 03:22PM
Visit ID : CINROPV218106	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9986815520	

DEPARTMENT OF HAEMATOLOGY

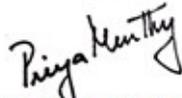
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.4	g/dL	13-17	Spectrophotometer
PCV	40.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.2	%	40-80	Electrical Impedance
LYMPHOCYTES	23.3	%	20-40	Electrical Impedance
EOSINOPHILS	8.5	%	1-6	Electrical Impedance
MONOCYTES	3.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6227.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2260.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	824.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	378.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.7	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	289000	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				

RBCs: are normocytic normochromic



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



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



SIN No: BED240028053

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.NAGARAJU B	Collected : 05/Feb/2024 09:08AM
Age/Gender : 47 Y 8 M 4 D/M	Received : 05/Feb/2024 11:20AM
UHID/MR No : CINR.0000162346	Reported : 05/Feb/2024 03:22PM
Visit ID : CINROPV218106	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9986815520	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate, normal morphology.

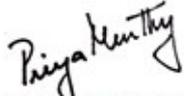
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly correlate clinically.



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Age/Gender : 47 Y 8 M 4 D/M	Received : 05/Feb/2024 11:20AM
UHID/MR No : CINR.0000162346	Reported : 05/Feb/2024 02:41PM
Visit ID : CINROPV218106	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9986815520	

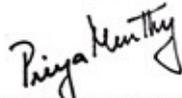
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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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Patient Name : Mr.NAGARAJU B	Collected : 05/Feb/2024 09:08AM
Age/Gender : 47 Y 8 M 4 D/M	Received : 05/Feb/2024 11:44AM
UHID/MR No : CINR.0000162346	Reported : 05/Feb/2024 12:26PM
Visit ID : CINROPV218106	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9986815520	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	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)	87	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				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC



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

SIN No:EDT240012227



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL	Calculated
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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.SHIVARAJA SHETTY
 M.B.B.S,M.D(Biochemistry)
 CONSULTANT BIOCHEMIST

SIN No:EDT240012227

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Patient Name : Mr.NAGARAJU B	Collected : 05/Feb/2024 09:08AM
Age/Gender : 47 Y 8 M 4 D/M	Received : 05/Feb/2024 11:27AM
UHID/MR No : CINR.0000162346	Reported : 05/Feb/2024 12:18PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	211	mg/dL	<200	CHO-POD
TRIGLYCERIDES	148	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	164	mg/dL	<130	Calculated
LDL CHOLESTEROL	134.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Patient Name : Mr.NAGARAJU B	Collected : 05/Feb/2024 09:08AM
Age/Gender : 47 Y 8 M 4 D/M	Received : 05/Feb/2024 11:27AM
UHID/MR No : CINR.0000162346	Reported : 05/Feb/2024 12:18PM
Visit ID : CINROPV218106	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9986815520	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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:

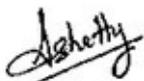
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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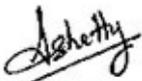
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.67-1.17	Jaffe's, Method
UREA	12.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.85	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.32	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)



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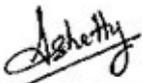
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	39.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

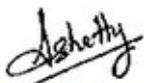
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.53	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.944	µIU/mL	0.34-5.60	CLIA

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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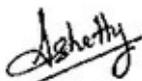
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS 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	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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

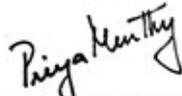
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Result/s to Follow:

Page 12 of 13



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Consultant Pathologist



Dr. Priya Murthy
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SIN No: UR2275438

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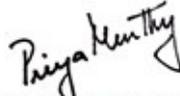
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PERIPHERAL SMEAR



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