Fo KBH

To: Corporate Apollo Clinic; Wellness : Mediwheel : New Delhi
Cc: Customer Care :Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; AHCN Apollo Clinic; Rahul Rai; Dilip Baniya; JP Nagar Apollo Clinic; Fo Kanpur; JP Nagar Apollo Clinic; Rupinder Kaur; Sayan Bhattacharya; Fathma Shaik
Subject: RE: Health checkup booking No. 13

Namaste Team,

Greetings from Apollo clinics,

With regards to the below request, please find the appointment status.

7	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOIES3152	SHRI KRISHAN	54	Male	shrikrishanruhil1969@gmail.com	9728838856	13

S.No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date	Appointment Time	CLINIC NAME	CLINIC STATE
1	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bobE51898	Bimala Devi	34	Female	blbharti679@gmail.com	9415957910	13/01/2023	9:00 AM	Niyanta Diabetes And Heart Clinic	Gujarat
2	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)	bobS51899	vikas khandelwal	39	Male	mamta.khandelwal8@gmail.com	9408689400	13/01/2023	9:00 AM	Niyanta Diabetes And Heart Clinic	Gujarat
3	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D ECHO	bobE52697	MR. BALAT RAJESHKUMAR MAGANBHAI	55	Male	rmbalat@gmail.com	9879014273	13/01/2023	9:00 AM	ROHA Healthcare	Gujarat
4	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOIES3148	G MANCHAIAH	57	Male	ubin0933741@unionbankofindia.bank	9066852401	13/01/2023	9:00 AM	Apollo Clinic- JP Nagar	Karnataka
5	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	UBOIES3148	Ganga	55	Female	ubin0933741@unionbankofindia.bank	9066852401	13/01/2023	9:00 AM	Apollo Clinic- JP Nagar	Karnataka

यूनियन बैंक
ऑफ इंडिया

Union Bank
of India

आन्ध्रा
Andhra

नाम / श्री कृष्ण
Name : **Shri Krishan**

कर्मचारी क्र /Employee No. : **673712**
जन्म तिथि /Birth Date : **26-08-1969**
ब्लड 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 : **01/01/2022**

जारीकर्ता प्राधिकारी / Issuing Authority

Apollo

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:49AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 12:14PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 12:22PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic. Rbc count is raised.
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Mild erythrocytosis.
Advice	Clinical correlation

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

SIN No:BED240009787

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

www.apollodiagnostics.in

Apollo

Apollo DIAGNOSTICS® *Expertise. Empowering you.*

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:49AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 12:14PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 12:22PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	48.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	**5.73**	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	**14.8**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5040	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2856	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168	Cells/cu.mm	20-500	Calculated
MONOCYTES	336	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	309000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

SIN No:BED240009787

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:49AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 12:14PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 04:13PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF HAEMATOLOGY

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

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

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

SIN No:BED240009787

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com
www.apollodiagnostics.in

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 02:07PM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 04:21PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 04:36PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	259	mg/dL	70-100	GOD - POD

Please correlate clinically.

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	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	414	mg/dL	70-140	GOD - POD

Kindly correlate clinically

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.Manju Kumari
M.B.B.S,M.D(Pathology)
Consultant Pathologist.

SIN No:PLP1408560

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 01:33PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 04:33PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	9.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	237	mg/dL		Calculated

COMMENTS

Kindly correlate clinically.

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 Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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

SIN No:EDT240004198

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**300**	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	140	mg/dL	<150	
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	**246**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**218**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28	mg/dL	<30	Calculated
CHOL / HDL RATIO	**5.56**		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

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.

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

SIN No:SE04600340

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48PM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**50**	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	100.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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.

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

SIN No:SE04600340

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF BIOCHEMISTRY

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

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

SIN No:SE04600340

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , *SERUM*				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**50**	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	100.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	50.00	U/L	16-73	Glycylglycine Kinetic method

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:**

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

SIN No:SE04600340

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF BIOCHEMISTRY

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

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

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

SIN No:SE04600340

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.67	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	23.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE

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

SIN No:SE04600340

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	100.00	U/L	32-111	IFCC

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

SIN No:SE04600340

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 05:29PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 06:38PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.57	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.39	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.960	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

Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist
SIN No:SPL24006552

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 05:29PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 06:11PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	25.71	ng/mL		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.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	164	pg/mL	107.2-653.3	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception.

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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

SIN No:SPL24006552

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 05:29PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 06:11PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF IMMUNOLOGY

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

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.

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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

SIN No:SPL24006552

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 05:29PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 06:24PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.960	ng/mL	0-4	CLIA

Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist
SIN No:SPL24006552

Apollo DIAGNOSTICS® Expertise. Empowering you.

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 01:15PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 01:19PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+++)		NEGATIVE	GOD-POD
Manually rechecked.				
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

Please correlate clinically.

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

SIN No:UR2262466

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com
www.apollodiagnostics.in

Patient Name	: Mr.SHRI KRISHAN	Collected	: 13/Jan/2024 10:48AM
Age/Gender	: 54 Y 4 M 18 D/M	Received	: 13/Jan/2024 01:15PM
UHID/MR No	: SKAR.0000101096	Reported	: 13/Jan/2024 01:19PM
Visit ID	: SKAROPV130964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1241541		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Please correlate clinically.

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

Manually rechecked.

Please correlate clinically

*** End Of Report ***

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

SIN No:UF010207

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

APOLLO SPECTRA HOSPITAL

MEDICAL EXAMINATION REPORT

Name: - Shri Krishan Age/Sex: 54y/M DOB: -

ADDRESS: - New Delhi

He is not suffering from following disease

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

BP: - 160/120 mmHg PR: - 100/min. WEIGHT: - 83 Kg

RR: - 18/min HEIGHT: 171 Cm.

Date:- 13/1/24

Place: - New Delhi

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

Doctor Name:

Doctor Signature:

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

NAME: SHRI KISHAN AGE 54 Y /SEX/M

REF. BY: HEALTH CHECK UP UHID: SKAR0000101096 DATE: 13.1.2024

ULTRASOUND WHOLE ABDOMEN

Liver is enlarged in size measuring 16.0cm with diffuse increase in echogenicity s/o Mild hepatomegaly with Grade I fatty infiltration. 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.

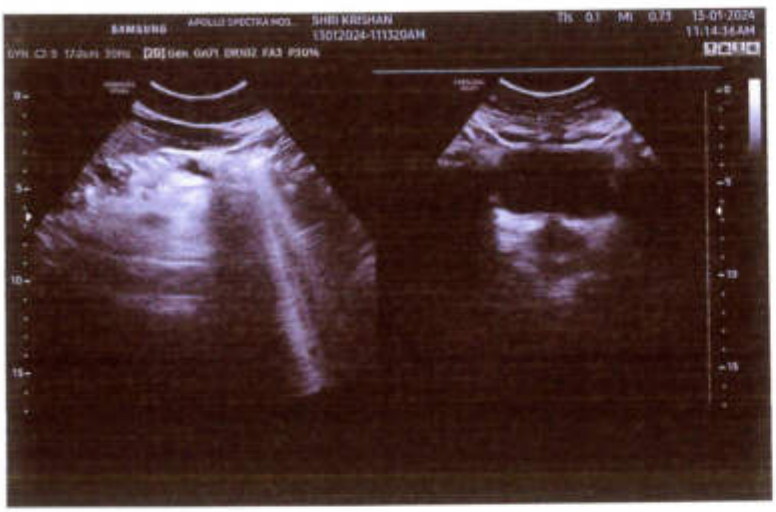
Ultrasound Image Report

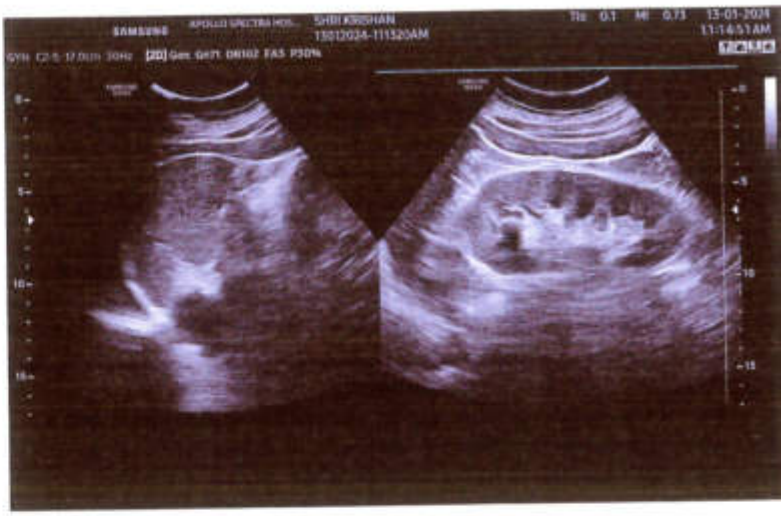
Patient

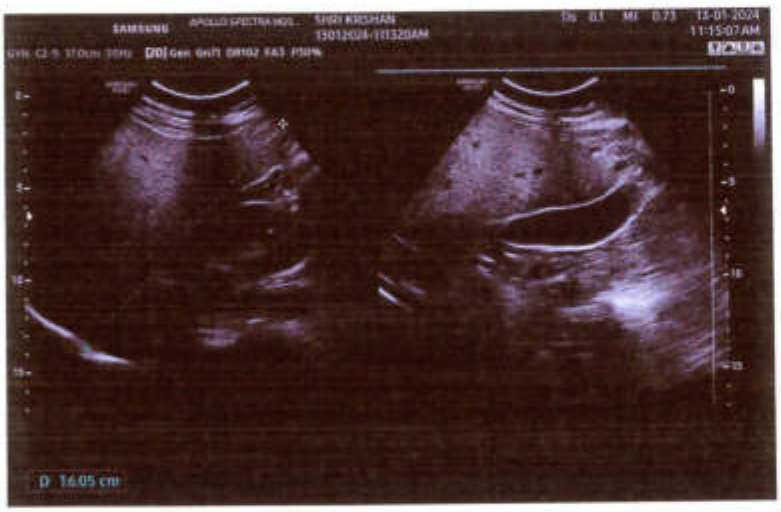
ID	13012024-111320AM
Name	SHRI KRISHAN
Birth Date	
Gender	

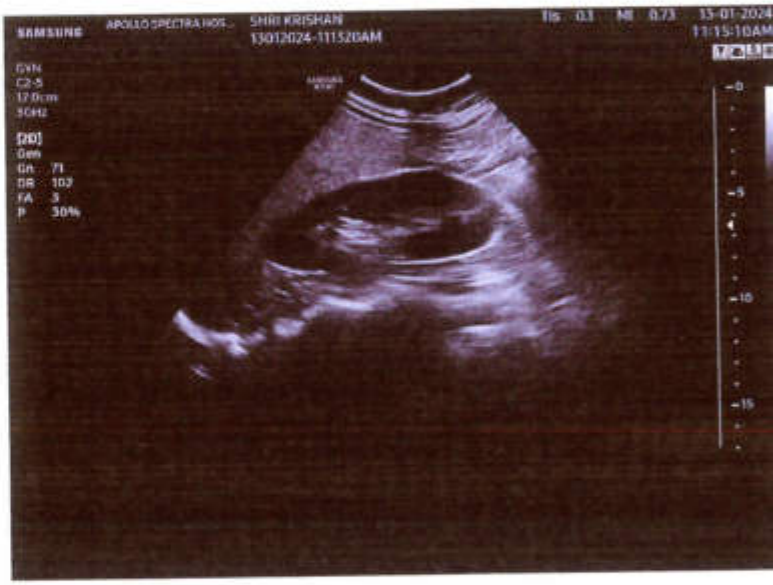
Exam

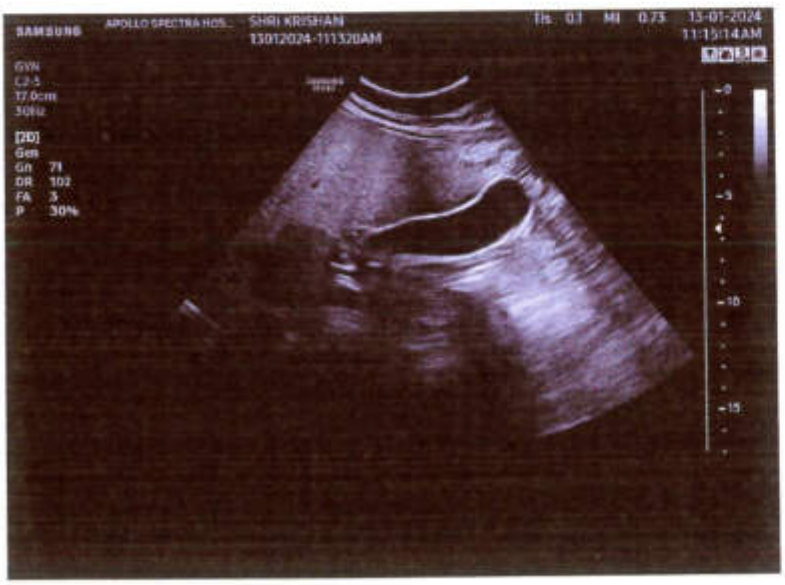
Accession #	
Exam Date	13-01-2024
Description	
Operator	











Shri, Krishan
ID: 101096

171 cm Male
54 Years 83.0 kg

13.01.2024 11:46:21
APOLLO SPECIALITY HOSPITAL
ROHTAK ROAD
DELHI-110005

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

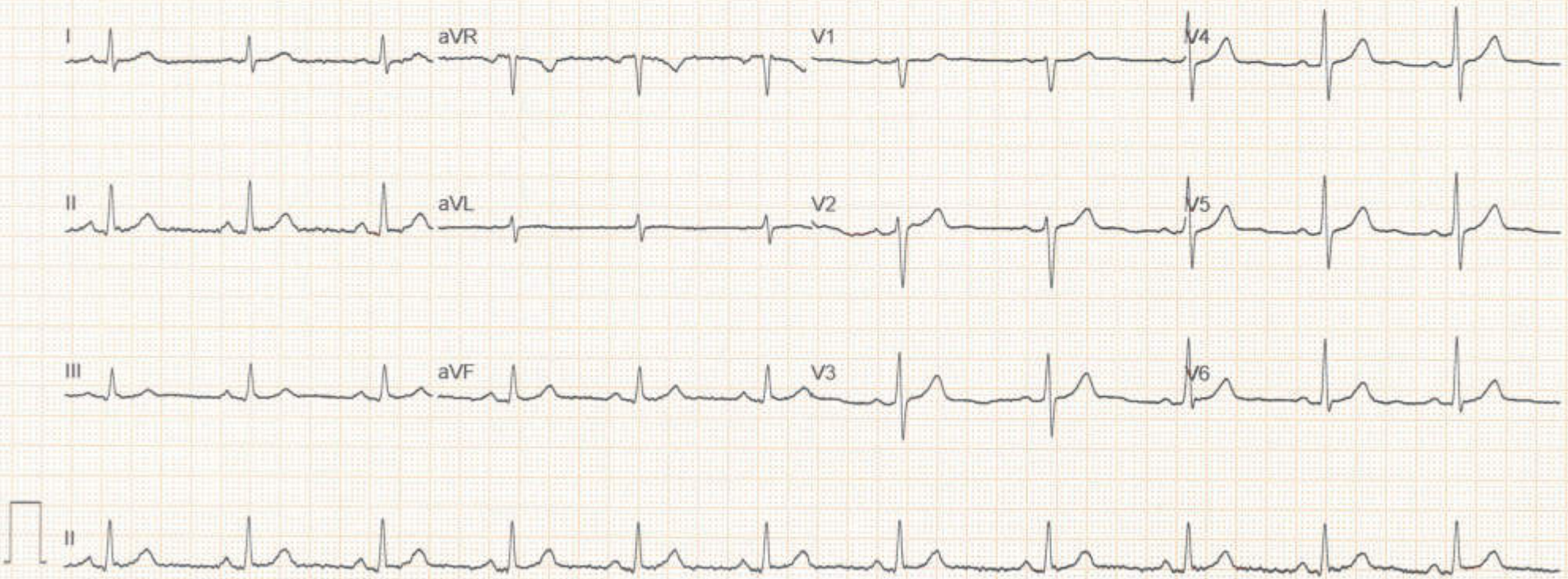
67 bpm
-- / -- mmHg

BP 180/120 mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	96 ms
QT / QTcBaz :	396 / 418 ms
PR :	142 ms
P :	82 ms
RR / PP :	900 / 895 ms
P / QRS / T :	58 / 62 / 57 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed

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

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

APOLLO SPECTRA HOSPITAL

MEDICAL EXAMINATION REPORT

Name: - Shri Krishan Age/Sex: 54y/M DOB: -

ADDRESS: - New Delhi

He is not suffering from following disease

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

BP: - 160/120 mmHg PR: - 100/min. WEIGHT: - 83 Kg

RR: - 18/min HEIGHT: 171 Cm.

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

Date:- 13/1/24

Place: - New Delhi

Doctor Name:

Doctor Signature:

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

NAME: SHRI KISHAN AGE 54 Y /SEX/M

REF. BY: HEALTH CHECK UP UHID: SKAR0000101096

DATE: 13.1.2024 S. NO:14830

X-RAY CHEST PA

Rotation+

Bilateral lungs show prominent bronchovascular markings.

Both costophrenic angles are clear.

Heart and mediastinum appears normal.

Unfolding of aorta is seen.

Bones under view show reduced bone density (osteopenia)

Please correlate clinically.

DR. GLOSSY B SABHARWAL,MD

CONSULTANT RADIOLOGIST

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

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

Mr. Shri Krishan

13/01/24

Age/Sex: 54yr/M

	R	L
vision →	6/6	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

Shri Krishan
M 54 years

MP: ENT: AD
Normal

Chest: clear

Ad

No medication

13.1.2024

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.

बैंक ऑफ़ बड़ौदा
Bank of Baroda

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KHARGA MANOJ KUMAR
EC NO.	156804
DESIGNATION	HEAD CASHIER "E"_II
PLACE OF WORK	NEW DELHI,RAMPURA
BIRTHDATE	22-02-1972
PROPOSED DATE OF HEALTH CHECKUP	13-01-2024
BOOKING REFERENCE NO.	23M156804100082366E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **05-01-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 12:25PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 01:00PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation

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

SIN No:BED240009737

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com
www.apollodiagnostics.in

Apollo

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 12:25PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 01:00PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	44.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.89	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	**14.4**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3570	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1224	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102	Cells/cu.mm	20-500	Calculated
MONOCYTES	204	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	228000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

SIN No:BED240009737

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 12:25PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 04:14PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF HAEMATOLOGY

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

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

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

SIN No:BED240009737

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 02:03PM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 04:21PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 04:36PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	97	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	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	101	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.Manju Kumari
M.B.B.S,M.D(Pathology)
Consultant Pathologist.

SIN No:PLP1408556

Apollo

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 01:32PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 03:53PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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 Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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

SIN No:EDT240004180

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	45	mg/dL	<150	
HDL CHOLESTEROL	84	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	93	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.21		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

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.

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

SIN No:SE04600281

Apollo

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	**146.00**	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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.

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

SIN No:SE04600281

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF BIOCHEMISTRY

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

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

SIN No:SE04600281

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , *SERUM*				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	**146.00**	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	26.00	U/L	16-73	Glycylglycine Kinetic method

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 > IIn 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:**

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

SIN No:SE04600281

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF BIOCHEMISTRY

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

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

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

SIN No:SE04600281

Apollo

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	**16.30**	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	**7.6**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	**7.30**	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE

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

SIN No:SE04600281

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 02:05PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 03:16PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	146.00	U/L	32-111	IFCC

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

SIN No:SE04600281

Patient Name	: Mr.KHARGA MANOJ KUMAR	MC- 6044 Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 05:31PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 06:38PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.64	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.600	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

Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist
SIN No:SPL24006511

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 05:31PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 06:11PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	9.21	ng/mL		CLIA

Kindly correlate clinically.

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	119	pg/mL	107.2-653.3	CLIA

Comment:

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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

SIN No:SPL24006511

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 05:31PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 06:11PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF IMMUNOLOGY

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

- 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.

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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

SIN No:SPL24006511

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 05:31PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 06:28PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	1.190	ng/mL	0-4	CLIA

Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist
SIN No:SPL24006511

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 01:21PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 01:34PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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

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

SIN No:UR2262420

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 02:03PM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 04:41PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 05:02PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

SIN No:UPP016208

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com
www.apollodiagnostics.in

Apollo

Apollo DIAGNOSTICS®
Expertise. Empowering you.

Patient Name	: Mr.KHARGA MANOJ KUMAR	Collected	: 13/Jan/2024 10:27AM
Age/Gender	: 51 Y 10 M 20 D/M	Received	: 13/Jan/2024 01:21PM
UHID/MR No	: SKAR.0000101089	Reported	: 13/Jan/2024 01:33PM
Visit ID	: SKAROPV130957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121241		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

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

SIN No:UF010205

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

www.apollodiagnostics.in

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

APOLLO SPECTRA HOSPITAL

MEDICAL EXAMINATION REPORT

Name: - Khagga Manoj Kumar Age/Sex: 51y/M DOB: -

ADDRESS: - New Delhi

He is not suffering from following disease

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

BP: - 150/90 mmHg PR: - 90/min WEIGHT: - 62 Kg

RR: - 16/min HEIGHT: 162 Cm

Date:- 13/1/24

Place: - New Delhi

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

Doctor Name:

Doctor Signature:

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

TREADMILL TEST REPORT

****

NAME: KHARGE MANOJ KUMAR **AGE 51 Y /SEX/M**
REF. BY: HEALTH CHECK UP **UHID: SKAR0000101089**
Date: 28.10.2023

********** ****

Medication: None
Protocol: BRUCE

	Resting	Peak exercise	Recovery			
			2	4	6	8
HR/min	79	147	87			
B.P. mm Hg	150/90	170/90	150/90			

Reason for termination

- Fatigue
- THR Achieved

Events during exercise and recovery

ECG Changes: Baseline ECG -WNL

Symptoms (Angina) : None

Arrhythmia : None

TET: 9:20 METS: 10.6 MHR (% THR): 86%

Impression

- **TMT is Negative for inducible ischemia.**
- Appropriate chronotropic & BP response.
- Good exercise capacity.

Dr.ALOK KUMAR
CONSULTANT CARDIOLOGIST

51years
Male

Vent. rate	66 bpm
PR interval	144 ms
QRS duration	78 ms
QT/QTc	370/387 ms
P-R-T axes	65 66 54

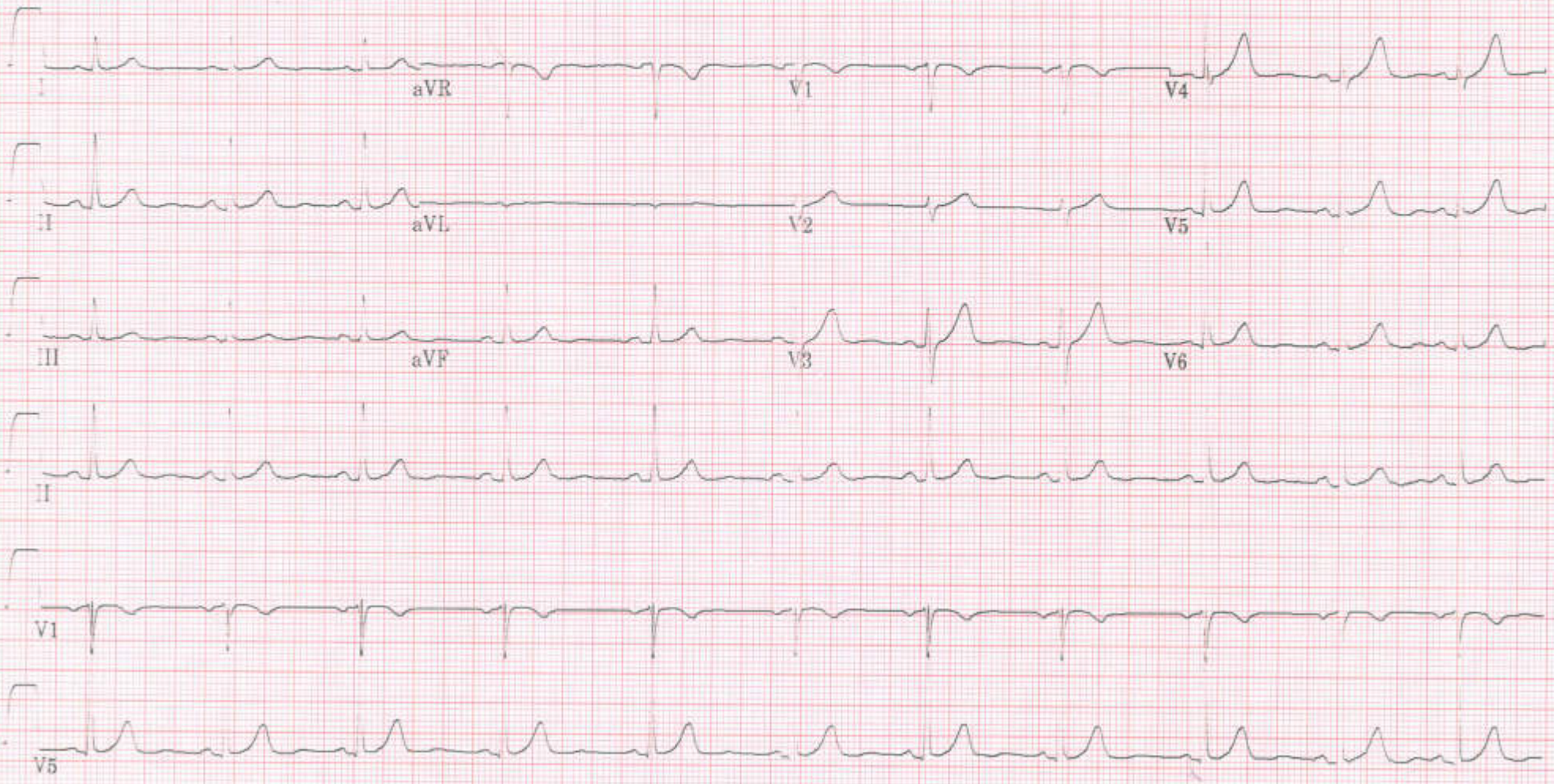
Normal sinus rhythm with sinus arrhythmia
Voltage criteria for left ventricular hypertrophy
Abnormal ECG

MR. Khanga manoj Kumar
SKAR-101069.
B.P. 150/90
Ht 162cm.
wt 62kg
BMI. 23.6.

Technician:
Test ind:

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 3 rhythm lds MAC55 009C 12S/ v239

ARROW CE

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

NAME: MANOJ KUMAR AGE 51 Y /SEX/M

REF. BY: HEALTH CHECK UP UHID: SKAR0000101089 DATE: 13.1.2024

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. 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.

A 38 mm cortical cyst is seen in right kidney. Otherwise 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.

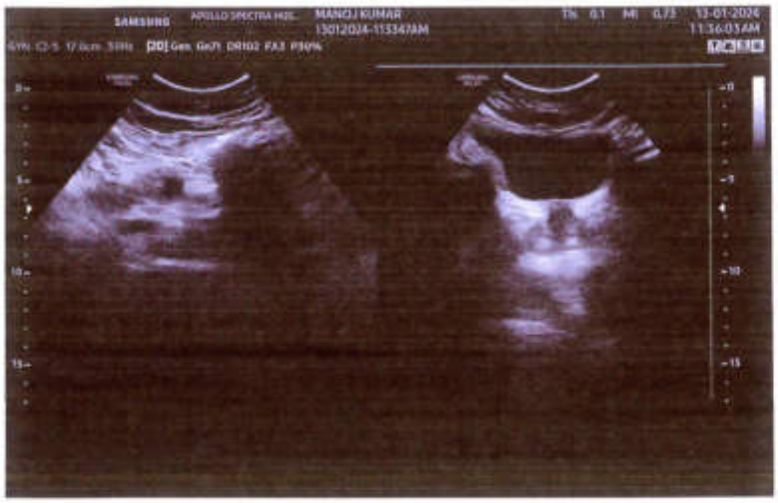
Ultrasound Image Report

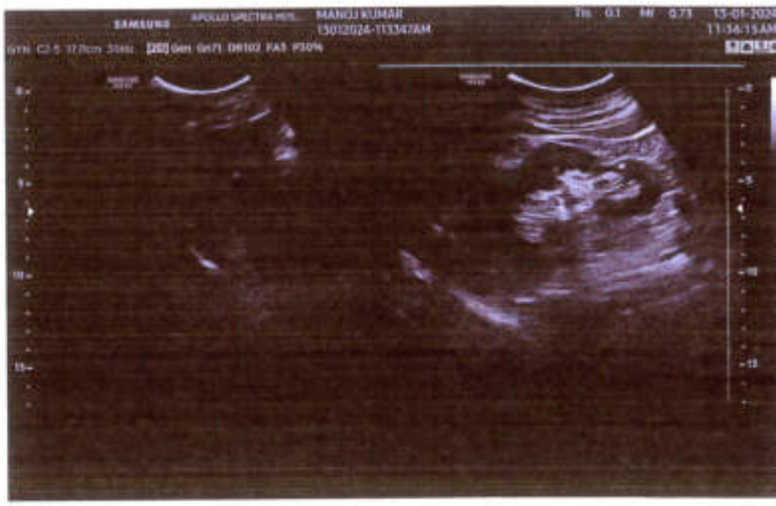
Patient

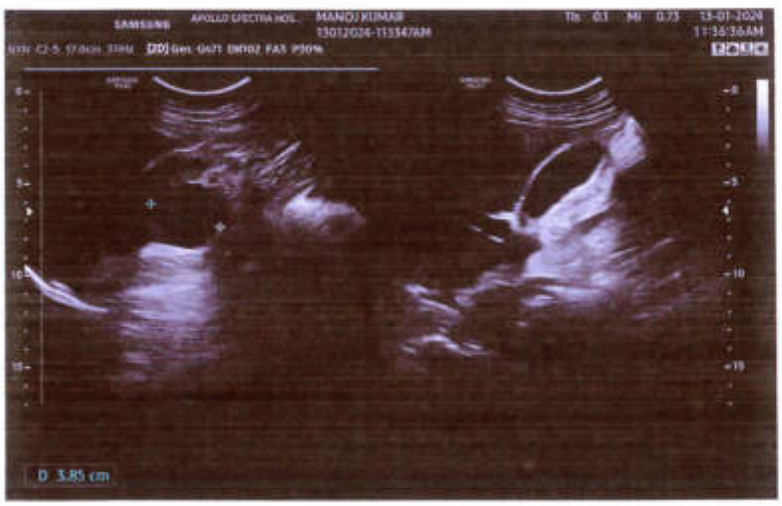
ID	13012024-113347AM
Name	MANOJ KUMAR
Birth Date	
Gender	

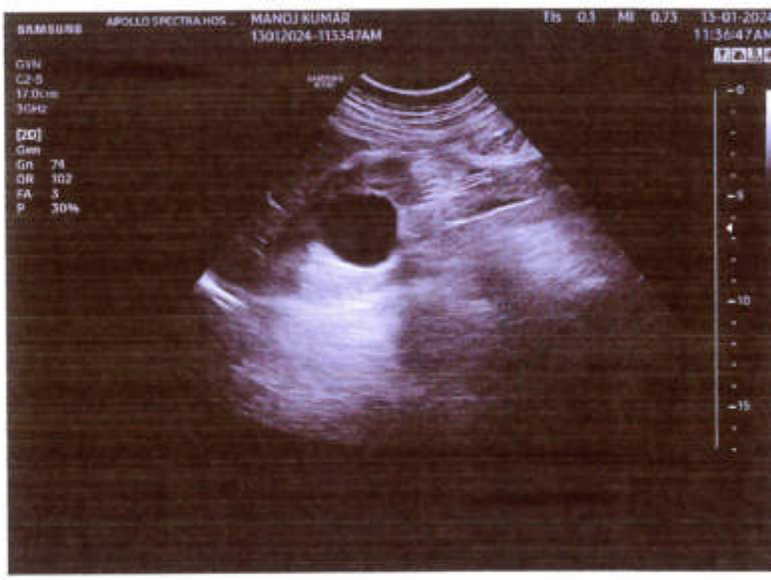
Exam

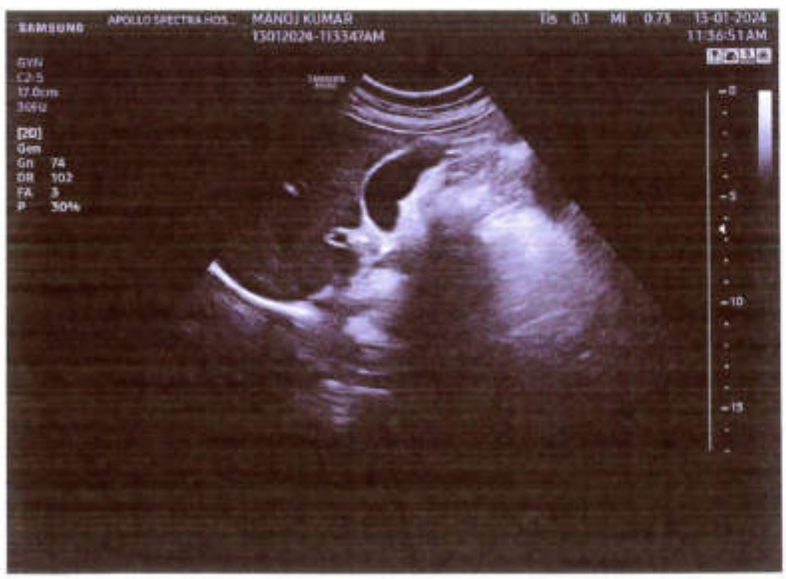
Accession #	
Exam Date	13-01-202
Description	
Operator	

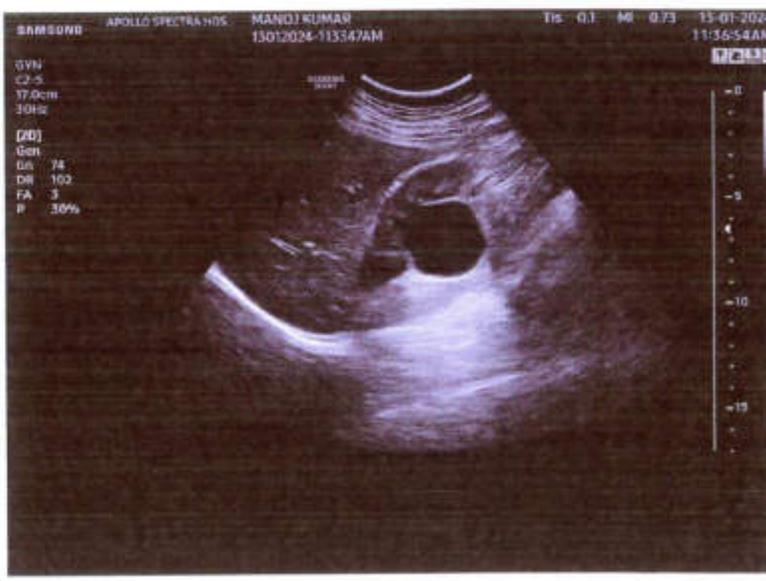












Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

NAME: KHARGE MANOJ KUMAR AGE 51 Y /SEX/M

REF. BY: HEALTH CHECK UP UHID: SKAR0000101089

DATE: 13.1.2024 S. NO:14833

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
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

Name: Mr. Khaiga Manoj Kumar.

13/01/24

Age/Sex: 51yr/M

	(R)	(L)
Vision →	6/6	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

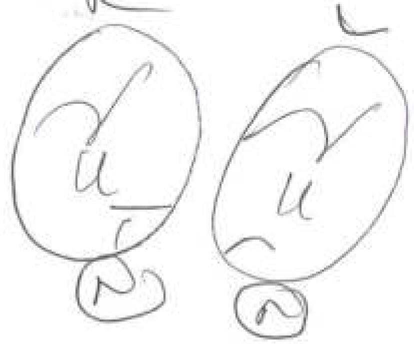
Registered Address
#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038. Telangana.

Apollo HOSPITALS
TOUCHING LIVES

Apollo Spectra HOSPITALS
Specialists in Surgery

Mr. Manoj Kumar
M 51 year

ENT: (N) AD
(N) canal



Adv
No medication

Chest: clear

13.1.2024.