

Name : Mr. JASHWANTH T R

Age: 34 Y

UHID:CJPN.0000092099

Sex: M



Address : blr

OP Number:CJPNOPV188931

 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

Bill No :CJPN-OCR-69383

Date : 23.02.2024 08:49

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO <i>or TMT</i>	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION <i>-16</i>	
12	COMPLETE URINE EXAMINATION	
13	URINE-GLUCOSE(POST PRANDIAL)	
14	PERIPHERAL SMEAR	
15	ECG	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN <i>-3</i>	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION <i>-22</i>	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>11:30AM</i>	

*Audio-21*  
*Physio-4*  
*Diet*

*Bp - 134 / 88 mmHg*  
*Wt - 86 kg*  
*Hb - 17.6 g/dl*  
*Waist - 98 cm*  
*Hip - 104 cm*

Name - Jashwanth TR  
Age - 34yrs

Date - 23/02/24

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Cl - Routine  
Eye checkups

M/O pup - No

M/O Eye Sx - BE

Lasik is done in

2014

UHVH { 6/6 No  
6/6 No

Emetropic

coloured vision is normal in BE

Follow up date:

After 6 months

Doctor Signature



Visit: AHC  
 28-Feb-2024  
 12:39:14

34years  
 176cm  
 Asian  
 86kg  
 Male

Max HR: 173bpm 93% of max predicted 186bpm  
 Max BP: 164/88  
 Reason for Termination:  
 Comments: GOOD EFFORT AND TOLERANCE  
 NORMAL BP/HR RESPONSE  
 NO ANGINA AND ARRHYTHMIA NOTED  
 NO SIGNIFICANT ST-T CHANGES SEEN  
 TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:05	0.8	0.0	1.3	99	104/88	133
EXERCISE	STAGE 1	3:00	1.7	10.3	4.6	116	144/88	167
	STAGE 2	3:00	2.5	12.0	7.0	134	154/88	206
	STAGE 3	3:00	3.4	14.3	10.1	157	164/88	257
RECOVERY	Post	1:52	***	***	1.7	113	134/88	151

**NORMAL**  
 23/5/24

Technician: RAJESHWARI

Unconfirmed

MAC55 010A



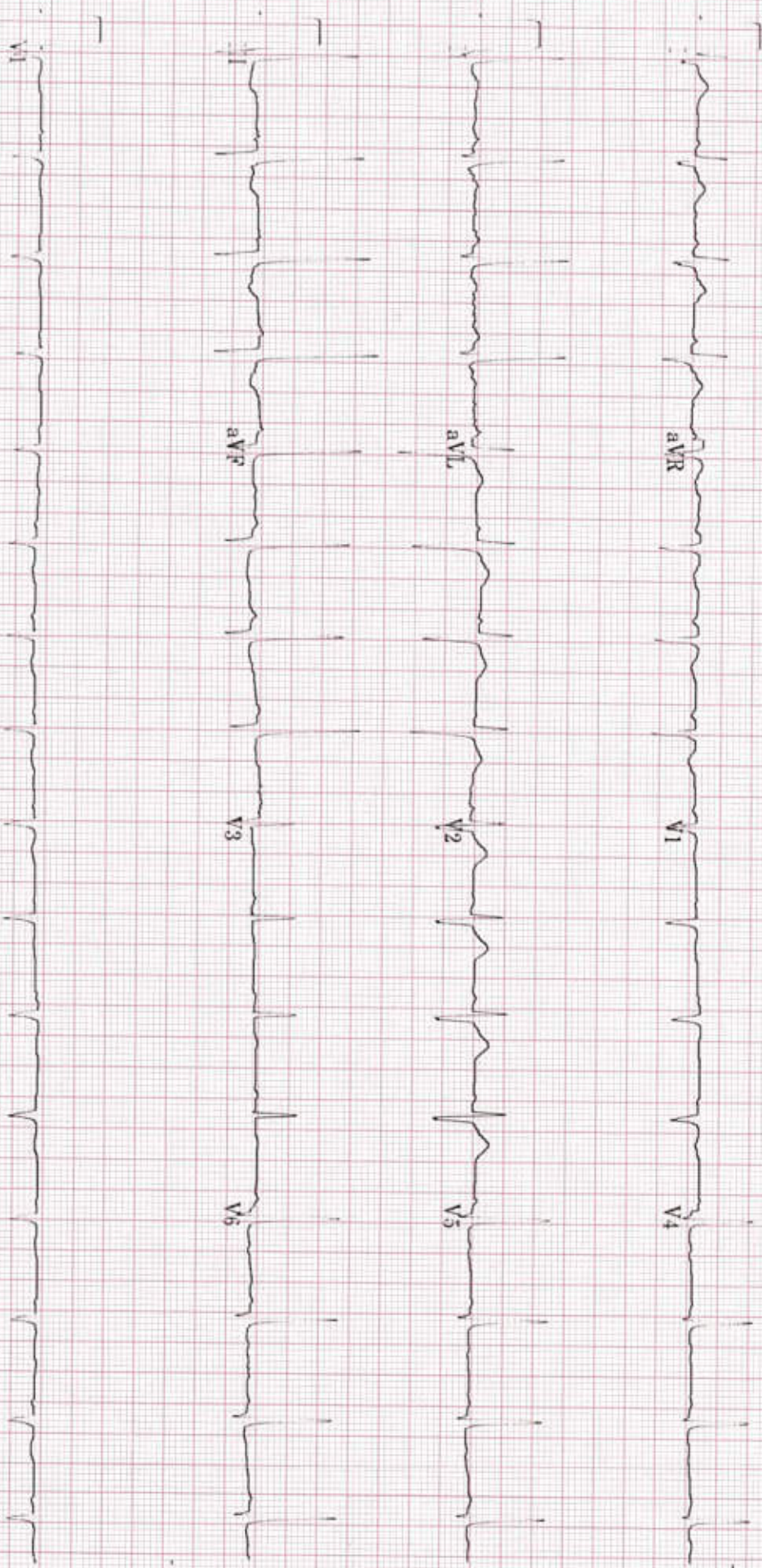
ID: GJPN92099  
Visit: AHC

23-Feb-2024  
12:33:48

93bpm  
BP: 134/88

PRETEST  
SUPINE  
0:35

BRUCE  
\*\*\*mph  
\*\*\*%



40 Hz 25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm 1d

MAC55 010A

II



D: C:\PN92099

Visit AHC

23-Feb-2024

12:43:03

118bpm

BP: 144/88

EXERCISE  
STAGE 1

2:50

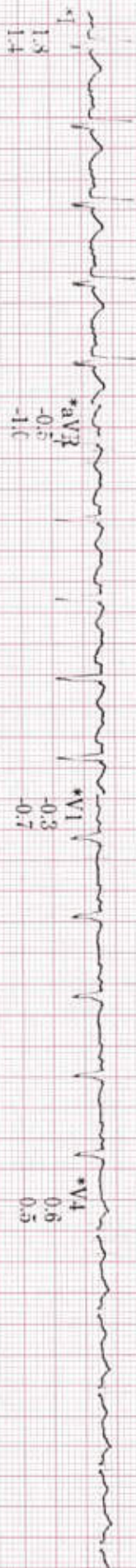
BRUCE

1.7mph

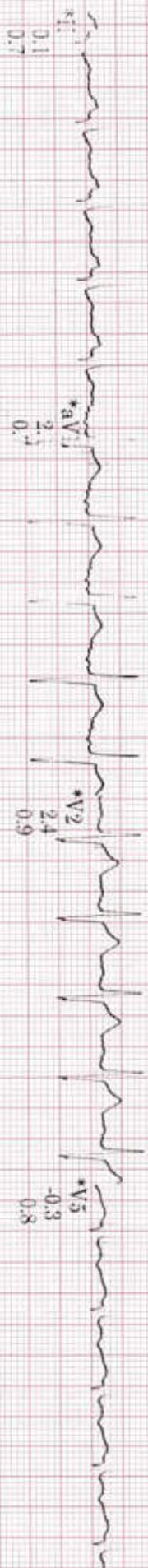
10.0%

ST @ 10mm/mV  
50ms postd

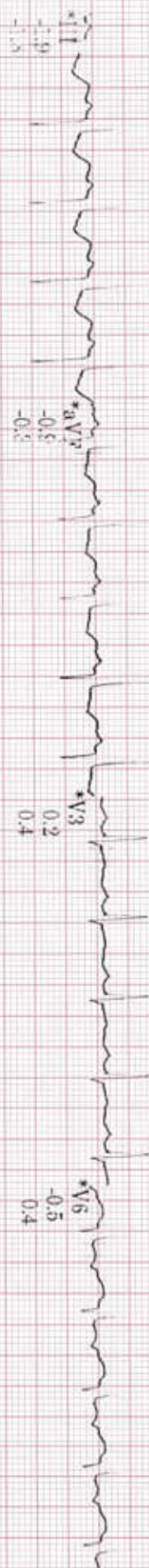
Lead  
ST (mm)  
Slope (mV/s)



\*aVR  
-0.5  
-1.0  
\*V1  
-0.3  
-0.7  
\*V4  
0.6  
0.5



\*aVL  
0.1  
0.7  
\*aV1  
2.2  
0.2  
\*V2  
2.4  
0.9  
\*V5  
-0.3  
0.8



\*aVF  
-1.9  
-0.6  
-0.3  
\*aV2  
-0.6  
-0.3  
\*V3  
0.2  
0.4  
\*V6  
-0.5  
0.4



\*V1  
-0.3  
\*V5  
-0.3  
0.8

Raw Rhythm  
40 Hz  
25.0 mm/s  
10.0 mm/mV  
A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010A

II



D: C:\PN92099

EXERCISE STAGE 2

BRUCE

Visit: AHC

133bpm

5:51

2.5mph

23-Feb-2024

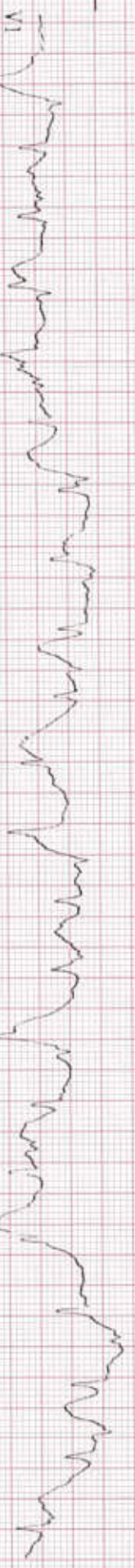
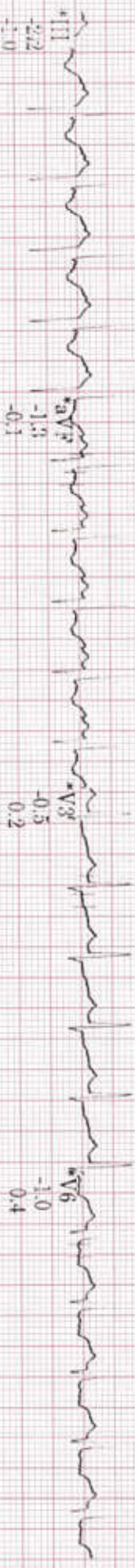
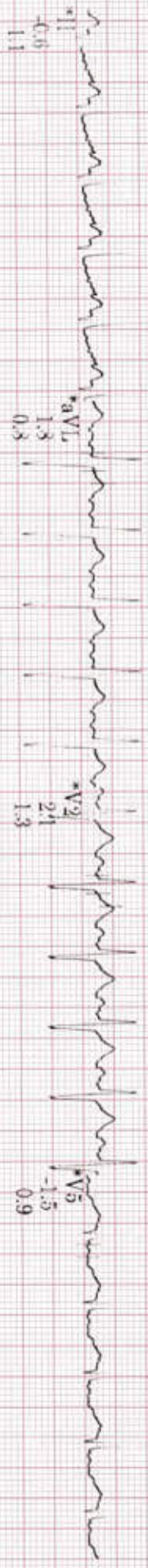
BP: 154/88

12.0%

12:46:08

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010A

II



166bpm

BP: 164/88

EXERCISE  
STAGE 3

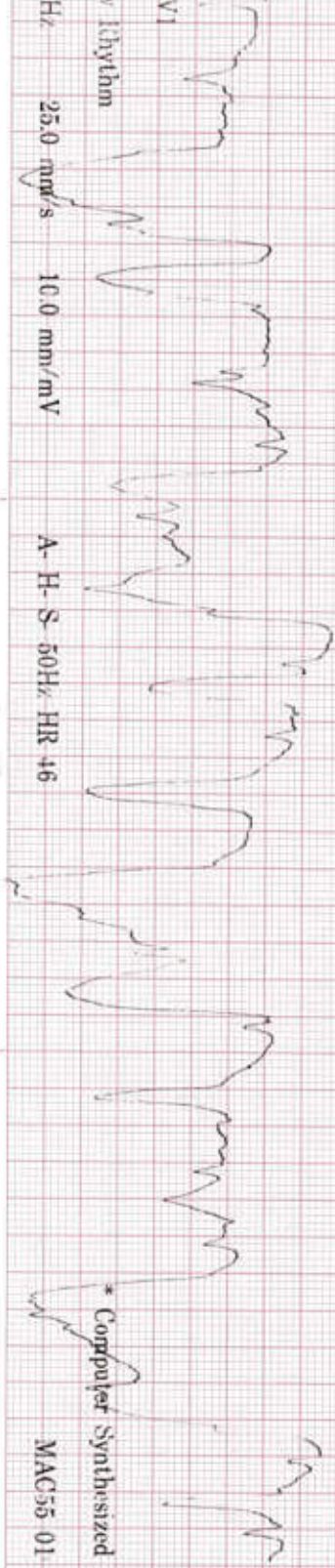
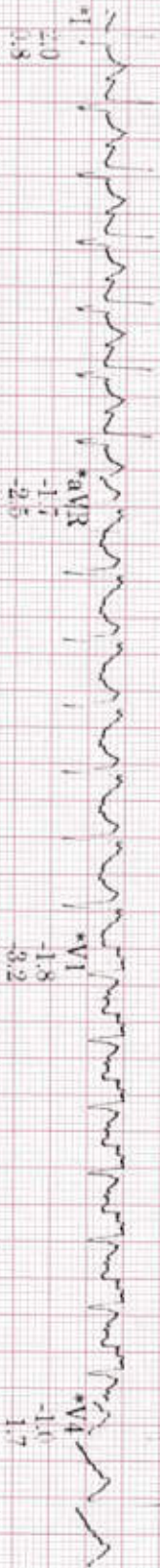
8:51

BRUCE

3.4mph

14.0%

ST @ 10mm/mV  
80ms postJ



Raw Rhythm

40 Hz

250 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

Computer Synthesized

MAC55 01



ID: C:IPN92099

Visit: AHC

23-Feb-2024

12:49:19

157bpm

BP: 164/88

EXERCISE  
STAGE 3  
9:00

9:00

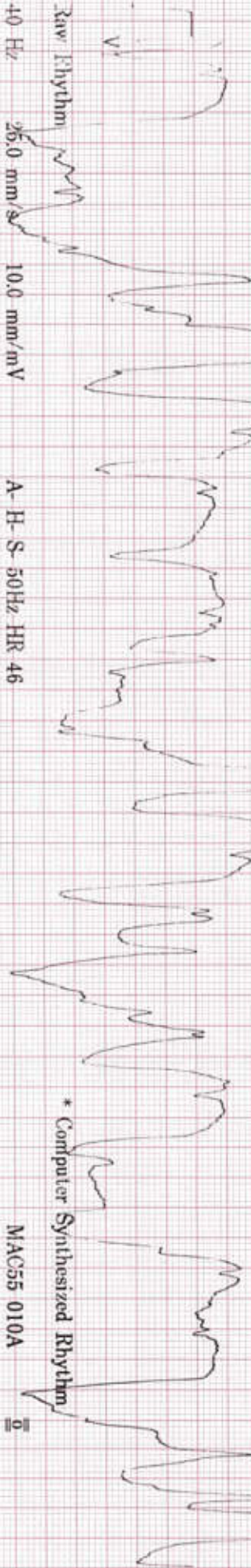
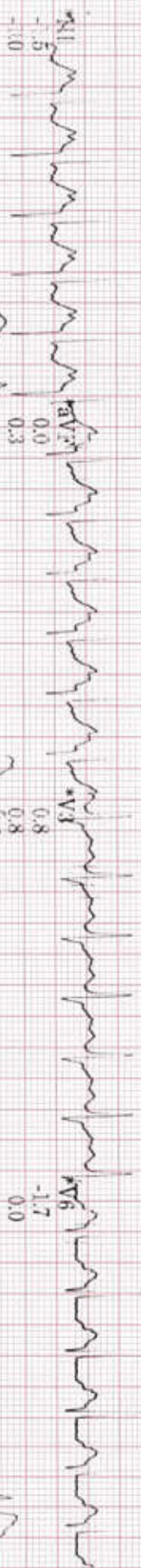
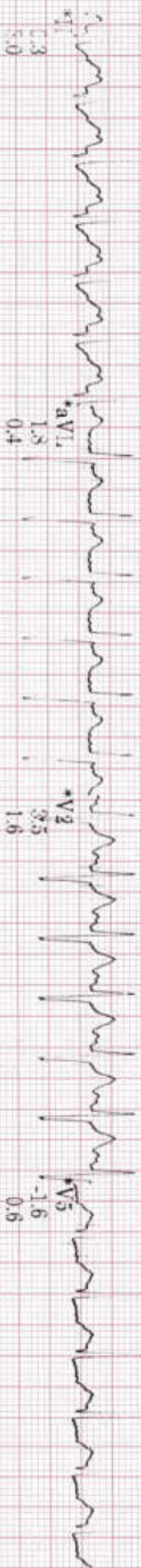
BRUCE

3.4mph

14.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST'(mm)  
Slope(mV/s)



A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010A

II



D: C/12N92099

Visit: AHC

23-Feb-2024

12:50:15

125bpm

BP: 154/88

ST @ 10mm/mV  
80ms postJ

RECOVERY

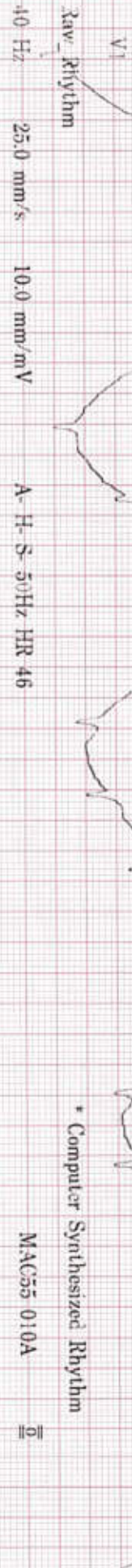
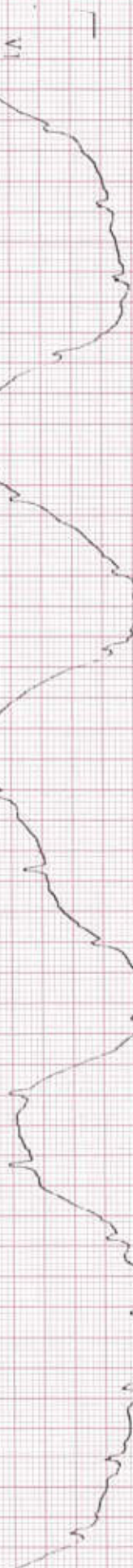
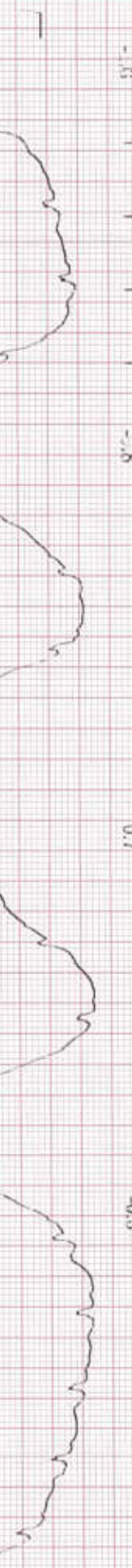
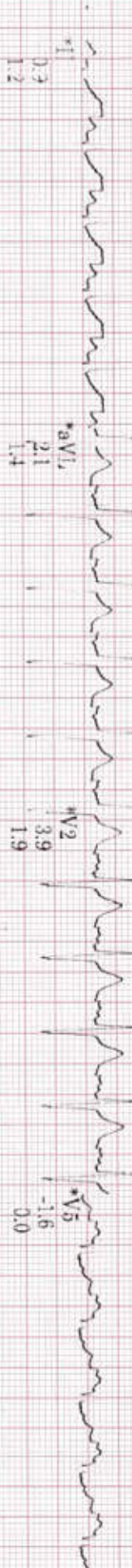
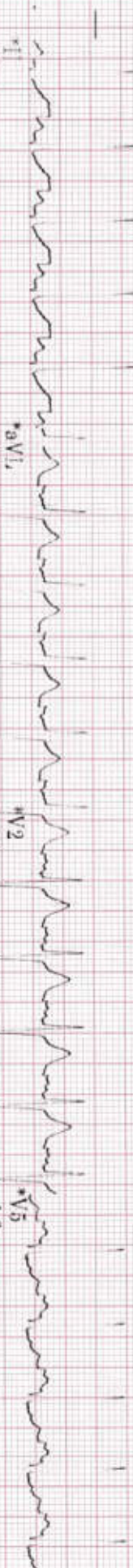
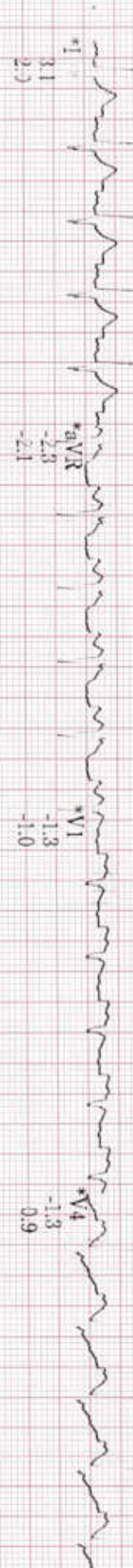
Post

1:00

BRUCE

\*\*\*mph  
\*\*%g

Lead  
ST(mm)  
Slope(mV/s)



Raw rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC55 010A

II



PN92099

VeriAHC

21-Jul-2024  
12:09:4

33 years  
172cm

Asian  
86kg

Male

BRUC3

Total Exercise time: 9:03

25.0 mm/s

Max HR: 164bpm 93% of max predicted 186bpm

Max num workload: 10 METS

10.0 mm/mV  
100hz

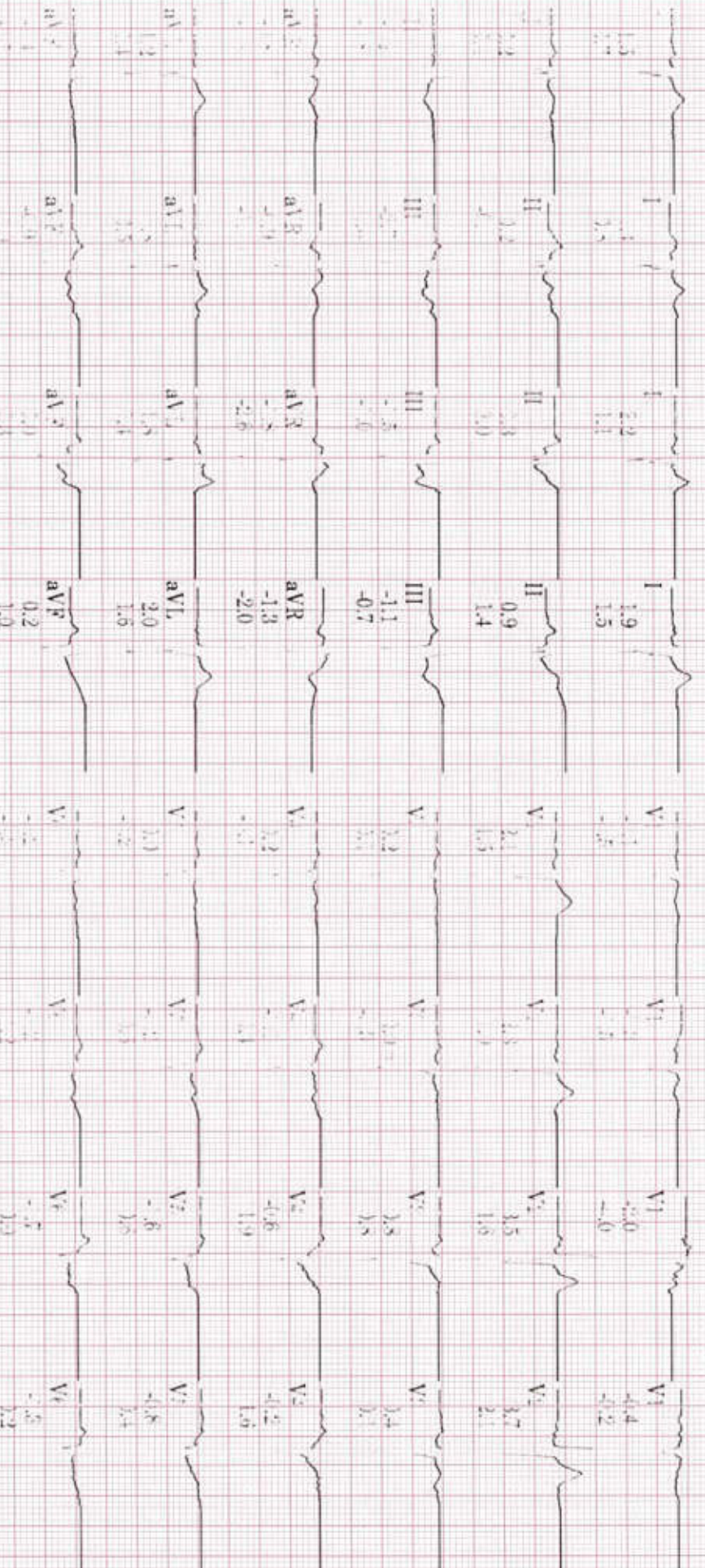
Reason for Termination:  
Comments: (30)D EFFORT AND TOLERANCE  
NORMAL DEFENSE RESPONSE

Referred by: SELF, TAB TRIMA

Test date: 04/88

NO ANGINA AND ARRHYTHMIA NOTED  
NO SIGNIFICANT ST-T CHANGES SEEN  
\*  
TMT IS NEGATIVE FOR INDICIBLE ISCHEMIA

PHASE	HR (bpm)	BP (mmHg)	ST (mm)	ECG Lead
BASILEINE EXERCISE	90	124/88	0.0	I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6
MAX ST EXERCISE	164	144/88	0.4	I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6
PEAK EXERCISE	157	164/88	0.0	I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6
TEST END RECOVERY	113	144/88	0.2	I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6





ID: CJPIN92099

BRUCE

Total Exercise time: 9:00

25.0 mm/s

Visit: AHC

34 years

Asian

Male

Max HR: 173bpm 93% of max predicted 186bpm

10.0 mm/mV

23-Feb-2024

176cm

86kg

Male

Max BP: 164/85

Maximum workload: 10.1METS

100hz

12:39:14

Referred by: SELF, TAB TRIMA  
Test Ind: CAD SCREENING

Reason for Termination:  
Comments: GOOD EFFORT AND TOLERANCE  
NORMAL BP/HR RESPONSE  
NO ANGINA AND ARRHYTHMIA NOTED  
NO SIGNIFIANT ST-T CHANGES SEEN  
\*  
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE

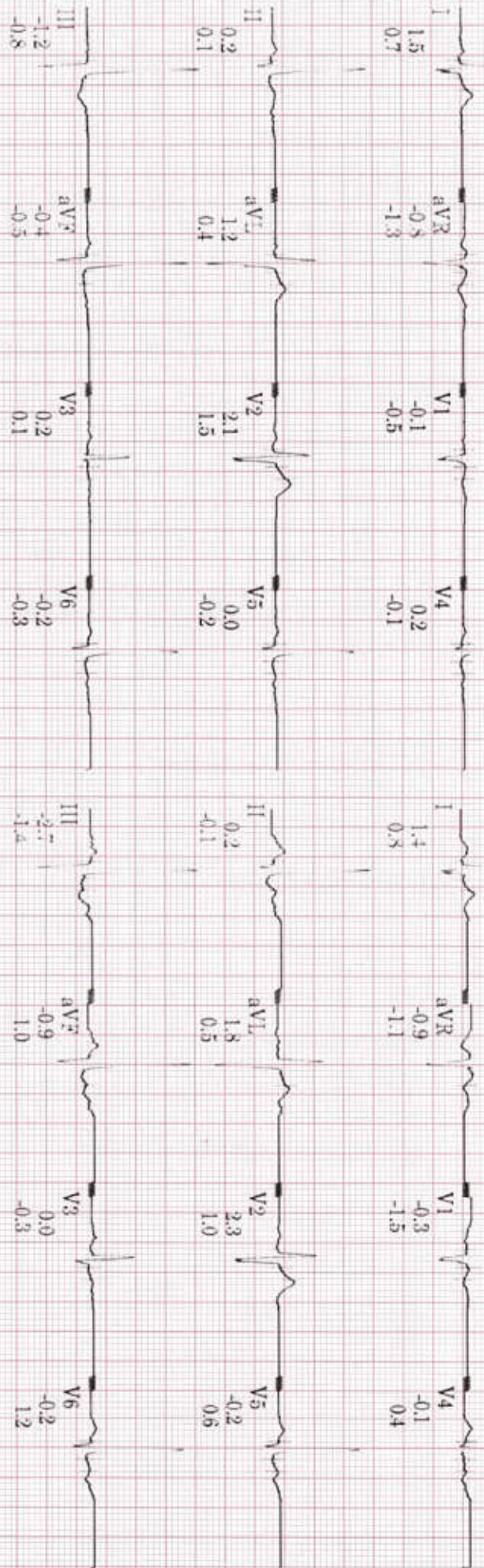
MAX ST

EXERCISE STAGE 1 1.3METS BP: 134/88 ST @ 10mm/mV

Lead ST(mm) Slope(mV/s)

EXERCISE STAGE 2 5.5METS BP: 144/88 ST @ 10mm/mV

Lead ST(mm) Slope(mV/s)



Technician: RAJESHWARI

Unconfirmed

MAG55 010A



ent is pending



**Patient Name** : Mr. JASHWANTH T R

**Age/Gender** : 34 Y/M

**UHID/MR No.** : CJPN.0000092099

**OP Visit No** : CJPNOPV188931

**Sample Collected on** :

**Reported on** : 23-02-2024 10:46

**LRN#** : RAD2245129

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE10574

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**DEPARTMENT OF RADIOLOGY**

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**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. V K PRNAV VENKATESH**

**MBBS,MD**

Radiology



<b>Patient Name</b> : Mr. JASHWANTH T R	<b>Age/Gender</b> : 34 Y/M
<b>UHID/MR No.</b> : CJPN.0000092099	<b>OP Visit No</b> : CJPNOPV188931
<b>Sample Collected on</b> :	<b>Reported on</b> : 23-02-2024 11:57
<b>LRN#</b> : RAD2245129	<b>Specimen</b> :
<b>Ref Doctor</b> : SELF	
<b>Emp/Auth/TPA ID</b> : bobE10574	

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : **Enlarged in size ( 16.5 cm) and increased in echotexture.** No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

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

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

**PANCREAS** : Appeared normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.  
Right kidney measures: 11.2 x 1.6cm.  
Left kidney measures : 10.8 x 1.6 cm.

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

**PROSTATE**: Normal in size and echotexture.  
Volume- 20 cc.

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

**IMPRESSION : GRADE I FATTY LIVER WITH HEPATOMEGALY .**

Please Note :No preparation done before scanning.

(The sonography findings should always be considered in correlation with the clinical and other investigation





**Patient Name** : Mr. JASHWANTH T R

**Age/Gender**

: 34 Y/M

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Dr. V K PRANAV VENKATESH**  
MBBS,MD  
Radiology



Patient Name : Mr.JASHWANTH T R	Collected : 23/Feb/2024 08:53AM
Age/Gender : 34 Y 9 M 5 D/M	Received : 23/Feb/2024 12:06PM
UHID/MR No : CJPN.000092099	Reported : 23/Feb/2024 01:16PM
Visit ID : CJPNOPV188931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10574	

DEPARTMENT OF HAEMATOLOGY

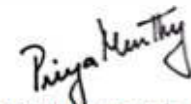
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.5	g/dL	13-17	Spectrophotometer
PCV	47.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	56.7	%	40-80	Electrical Impedance
LYMPHOCYTES	32.8	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4989.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2886.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	387.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	528	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-15	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



Dr. Karishma Dayanand  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:BED240046517

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

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohsl.com | Email ID: enquiry@apollohsl.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 | HSI Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Velasaravakkam | 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.JASHWANTH T R	Collected : 23/Feb/2024 08:53AM
Age/Gender : 34 Y 9 M 5 D/M	Received : 23/Feb/2024 12:06PM
UHID/MR No : CJPN.000092099	Reported : 23/Feb/2024 01:16PM
Visit ID : CJPNOPV188931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10574	

DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



Dr. Karishma Dayanand  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:BED240046517

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

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

**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 | HSI Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Velasaravakkam | 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.JASHWANTH T R	Collected : 23/Feb/2024 08:53AM
Age/Gender : 34 Y 9 M 5 D/M	Received : 23/Feb/2024 12:06PM
UHID/MR No : CJPN.000092099	Reported : 23/Feb/2024 02:21PM
Visit ID : CJPNOPV188931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10574	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Karishma Dayanand  
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Consultant Pathologist



Dr Priya Murthy  
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SIN No:BED240046517

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Patient Name : Mr.JASHWANTH T R	Collected : 23/Feb/2024 08:53AM
Age/Gender : 34 Y 9 M 5 D/M	Received : 23/Feb/2024 12:38PM
UHID/MR No : CJPN.000092099	Reported : 23/Feb/2024 04:20PM
Visit ID : CJPNOPV188931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10574	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	136	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)	186	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	8.7	%		HPLC



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ESTIMATED AVERAGE GLUCOSE (eAG)	203	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)




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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	467	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	135	mg/dL	<100	Calculated
VLDL CHOLESTEROL	93.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.38		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>72</b>	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	88.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.79	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.84	mg/dL	0.67-1.17	Jaffe's, Method
UREA	<b>16.20</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.86	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.48	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>134</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>99</b>	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.00	U/L	<55	IFCC




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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.212	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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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 | HSI Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Velasaravakkam | 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)



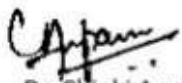
Patient Name : Mr.JASHWANTH T R	Collected : 23/Feb/2024 08:53AM
Age/Gender : 34 Y 9 M 5 D/M	Received : 23/Feb/2024 01:07PM
UHID/MR No : CJPN.000092099	Reported : 23/Feb/2024 03:33PM
Visit ID : CJPNOPV188931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10574	

DEPARTMENT OF CLINICAL PATHOLOGY

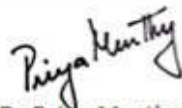
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

Result Rechecked



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



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



SIN No:UR2288936

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

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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DEPARTMENT OF CLINICAL PATHOLOGY

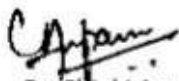
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

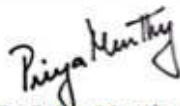
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	POSITIVE (++++)		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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



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



SIN No:UF010671

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