


Name : Mr. Ram Raghav Priyadarshi Address : bangalore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 34 Y Sex : M	UHID :CINR.0000163199  <small>* CINR - 0000163199 *</small> OP Number :CINROPV219877 Bill No :CINR-OCR-94224 Date : 24.02.2024 08:46
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



Date HOSPITALS : 24-02-2024

Department : GENERAL

MR NO : CINR.0000163199

Doctor :

Name : Mr. Ram Raghav Priyadarshi

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Consultation Timing: 08:46

Height : 179cm	Weight : 81.1kg	BMI : 25.3 kg/m ²	Waist Circum : 92cm
Temp : 98.6	Pulse : 94 bpm	Resp : 18 cp	B.P : 122/80 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

24.02.2024

Mr. Ram Raghav P

34 yrs / M

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Arsipian - Altz

Ears: NTD

Nose: NTD

Throat: NTD

Follow up date:

Dr. RAVINDRAN. J. CHIDYA
M.B.B.S., D.L.O.

Doctor Signature



E.N.T. SURGEON
KMC REG. NO. 18554

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Website : www.apolloclinic.com

OPHTHAL PRESCRIPTION

PATIENT NAME : Mr. Ram Raghav.

DATE : 21/2/24

UHID NO : 163199.

AGE : 34

OPTOMETRIST NAME: Ms.Swathi

GENDER: m

This is to certify that I have examined

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

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance		PL	0			PL	0	
Add								

PD - RE: 30 - LE: 30 -

Colour Vision: normal (30)

Remarks: blue cut lens only

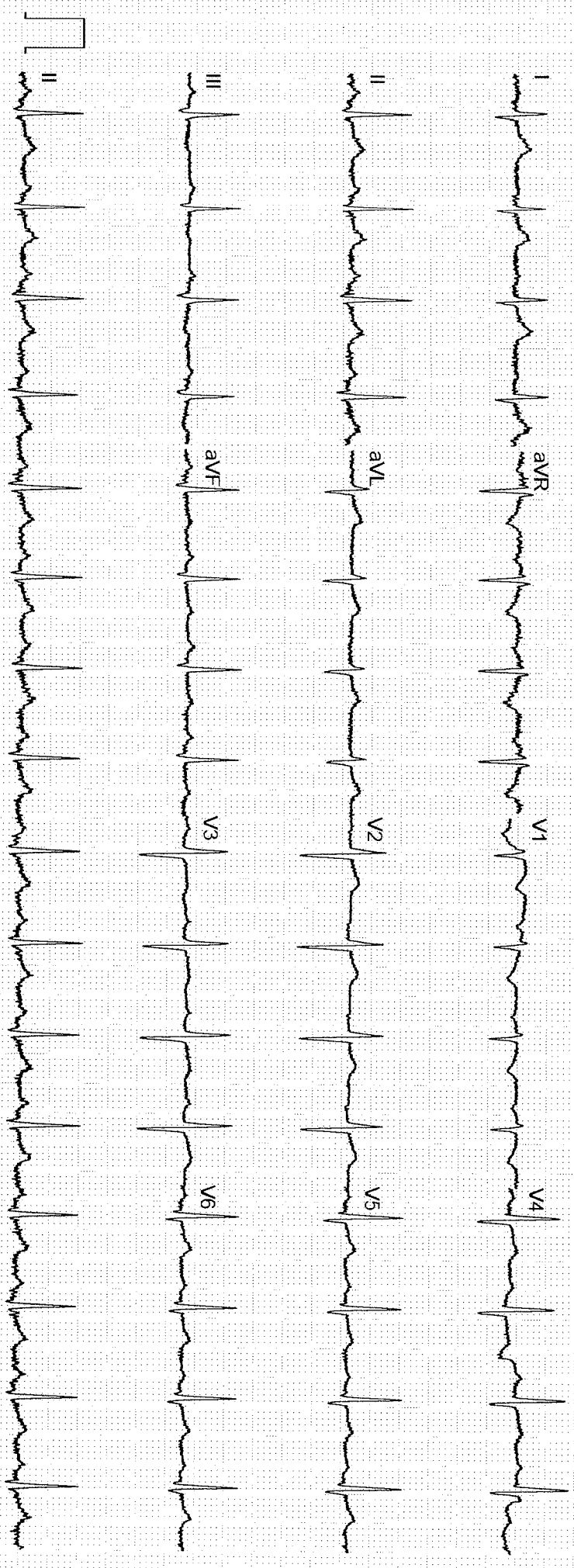
Swathi
Apollo clinic Indiranagar

Male

QRS : 80 ms
QT / QTcBaz : 340 / 431 ms
PR : 150 ms
P : 78 ms
RR / PP : 618 / 618 ms
P / QRS / T : 58 / 76 / 21 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal



NAME: Mr Ram Raghav P	AGE/SEX: 34Y/M	OP NUMBER: 163199
Ref By : SLEF	DATE: 24-02-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.0	IVS(D): 1.0	MV: E Vel: 0.8	A Vel : 0.5
LA: 2.5	LVIDD(D): 4.9	AV Peak: 0.8	
	LVPW(D): 1.1	PV peak: 0.7	
	IVS(S): 1.2		
	LVID(S): 3.4		
	LVPW(S): 1.1		
	LVEF: 58%		
	TAPSE: 1.7		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal

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(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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APOLLO CLINICS NETWORK KARNATAKA

Pericardium:	Normal
IVC:	Normal
Others	---

IMPRESSION :

Normal cardiac chamber and valves

No Regional wall motion abnormality

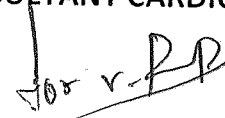
No MR/AR/TR

No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 58%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST



Fwd: Health Check up Booking Confirmed Request(bobS10401),Package Code-PKG10000366, Beneficiary Code-247961

amri.saluja782@gmail.com <amri.saluja782@gmail.com>

Fri 23-02-2024 15:39

To:Service Branch, Bangalore, Karnataka <SERBAN@bankofbaroda.com>

यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर !
N: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK

Sent from my iPhone

Begin forwarded message:

From: Mediwheel <wellness@mediwheel.in>

Date: 21 February 2024 at 4:11:16 PM IST

To: amri.saluja782@gmail.com

Cc: customercare@mediwheel.in

Subject: Health Check up Booking Confirmed Request(bobS10401),Package Code-PKG10000366, Beneficiary Code-247961

011-41195959

Dear **Amrita saluja**,

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

Booking Date : 20-02-2024

Hospital Package Name : Mediwheel Full Body Annual Plus

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Apollo Clinic

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

City : Bangalore

State :

Pincode : 560038

Appointment Date : 24-02-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Ram raghav priyadarshi	34 year	Male

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

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Government of Karnataka



Issue Date: 28/06/2015



ರಮ್ ರಾಘವ್ ಪ್ರಿಯದರ್ಶಿ
Ram Raghav Priyadarshi
ಜನ್ಮ ದಿನಾಂಕ / DOB : 02/02/1990
ಪುರುಷ / Male



6603 6751 4596

मेरा आधार, मेरी पहचान

Patient Name : Mr. Ram Raghav Priyadarshi

Age/Gender : 34 Y/M

UHID/MR No. : CINR.0000163199

OP Visit No : CINROPV219877

Sample Collected on :

Reported on : 24-02-2024 19:54

LRN# : RAD2246551

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 7259118924

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

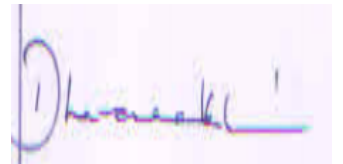
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name	: Mr. Ram Raghav Priyadarshi	Age/Gender	: 34 Y/M
UHID/MR No.	: CINR.0000163199	OP Visit No	: CINROPV219877
Sample Collected on	:	Reported on	: 24-02-2024 17:59
LRN#	: RAD2246551	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 7259118924		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern **minimally increased**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measuring 10.0x4.7 cm.

Left kidney measuring 11.0x5.3 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid is seen.

IMPRESSION:

MINIMAL FATTY LIVER.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

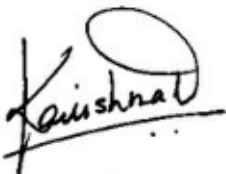
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UHID/MR No : CINR.0000163199	Reported : 24/Feb/2024 11:18AM
Visit ID : CINROPV219877	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7259118924	

DEPARTMENT OF HAEMATOLOGY

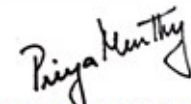
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	42.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82.4	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,750	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55.2	%	40-80	Electrical Impedance
LYMPHOCYTES	30.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.3	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3726	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2085.75	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	357.75	Cells/cu.mm	20-500	Calculated
MONOCYTES	540	Cells/cu.mm	200-1000	Calculated
BASOPHILS	40.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.79		0.78- 3.53	Calculated
PLATELET COUNT	384000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				

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:BED240047953

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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www.apolloclinic.com

Patient Name : Mr.RAM RAGHAV PRIYADARSHI	Collected : 24/Feb/2024 08:59AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 24/Feb/2024 10:15AM
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DEPARTMENT OF HAEMATOLOGY

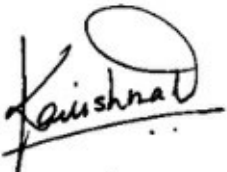
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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



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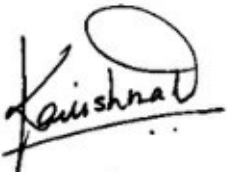
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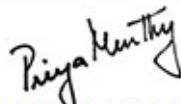
DEPARTMENT OF HAEMATOLOGY

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

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



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



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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	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)	85	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC



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

SIN No:EDT240021454

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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	117	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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SIN No:EDT240021454

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

Patient Name : Mr.RAM RAGHAV PRIYADARSHI	Collected : 24/Feb/2024 08:59AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 24/Feb/2024 11:41AM
UHID/MR No : CINR.0000163199	Reported : 24/Feb/2024 12:32PM
Visit ID : CINROPV219877	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7259118924	

DEPARTMENT OF BIOCHEMISTRY

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

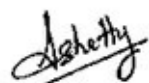
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	151	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	153	mg/dL	<130	Calculated
LDL CHOLESTEROL	122.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.32		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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Visit ID	: CINROPV219877	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7259118924		

DEPARTMENT OF BIOCHEMISTRY

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.33	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	146.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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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SIN No:SE04639817

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.67-1.17	Jaffe's, Method
UREA	25.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.96	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.32	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



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Age/Gender : 34 Y 0 M 22 D/M	Received : 24/Feb/2024 11:41AM
UHID/MR No : CINR.0000163199	Reported : 24/Feb/2024 12:18PM
Visit ID : CINROPV219877	Status : Final Report
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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	26.00	U/L	<55	IFCC



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Patient Name : Mr.RAM RAGHAV PRIYADARSHI	Collected : 24/Feb/2024 08:59AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 24/Feb/2024 11:40AM
UHID/MR No : CINR.0000163199	Reported : 24/Feb/2024 12:42PM
Visit ID : CINROPV219877	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7259118924	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.60	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.533	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



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DEPARTMENT OF IMMUNOLOGY

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



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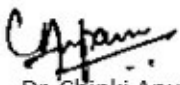


Patient Name : Mr.RAM RAGHAV PRIYADARSHI	Collected : 24/Feb/2024 08:59AM
Age/Gender : 34 Y 0 M 22 D/M	Received : 24/Feb/2024 03:37PM
UHID/MR No : CINR.0000163199	Reported : 24/Feb/2024 05:16PM
Visit ID : CINROPV219877	Status : Final Report
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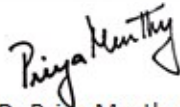
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Chinki Anupam
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Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



SIN No:UR2290082

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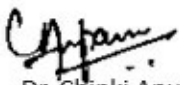
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

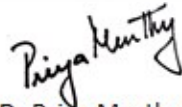
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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:UF010711

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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