

Patient Name : Mr.MANOJ KUMAR UPADHYAY
Age/Gender : 53 Y 6 M 1 D/M
UHID/MR No : SCHI.0000023902
Visit ID : SCHIOPV36534
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 72482

Collected : 14/Sep/2024 09:16AM
Received : 14/Sep/2024 09:38AM
Reported : 14/Sep/2024 03:34PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240227681



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	42.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.53	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.6	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,630	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.1	%	40-80	Electrical Impedance
LYMPHOCYTES	37.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	9.2	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2273.33	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1722.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	152.79	Cells/cu.mm	20-500	Calculated
MONOCYTES	425.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.56	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	195000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	53	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
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NO HEMOPARASITES SEEN





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Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 09:38AM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 07:26PM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 12:28PM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 12:47PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 03:25PM
Visit ID : SCHIOPV36534	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	103	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:PLP1485614



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 12:51PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 01:33PM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	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

SIN No:EDT240090487



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 09:40AM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 11:38AM
Visit ID : SCHIOPV36534	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	204	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.58		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.35		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
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SIN No:SE04824701



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	47.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	91.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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MBBS,MD (Pathology)
Consultant Pathology

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	20.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	3.5-8.5	Uricase
CALCIUM	8.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated



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UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 10:04AM
Visit ID : SCHIOPV36534	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	15-73	Glycylglycine Nitoranalide



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Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 01:00PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 01:55PM
Visit ID : SCHIOPV36534	Status : Final Report
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Emp/Auth/TPA ID : 72482	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.97	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.520	µIU/mL	0.38-5.33	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



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SIN No:SPL24139412



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Age/Gender	: 53 Y 6 M 1 D/M	Received	: 14/Sep/2024 01:00PM
UHID/MR No	: SCHI.0000023902	Reported	: 14/Sep/2024 01:55PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:SPL24139412



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Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 01:00PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 01:44PM
Visit ID : SCHIOPV36534	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	4.950	ng/mL	0-4	CLIA



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UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 07:12PM
Visit ID : SCHIOPV36534	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	7.0		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UR2412049



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
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UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 07:12PM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF012098



Patient Name : Mr.MANOJ KUMAR UPADHYAY
Age/Gender : 53 Y 6 M 1 D/M
UHID/MR No : SCHI.0000023902
Visit ID : SCHIOPV36534
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 72482

Collected : 14/Sep/2024 09:16AM
Received : 14/Sep/2024 06:22PM
Reported : 14/Sep/2024 07:12PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UF012098



Name : Mr. MANOJ KUMAR UPADHYAY

Age: 53 Y

Sex: M

Address : C 84, /86, UTTAM NAGAR JEEVAN PARK

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

UHID: SCHI.0000023902



OP Number: SCHIOPV36534

Bill No : SCHI-OCR-12332

Date : 14.09.2024 09:13

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) ✓	
3	2 D ECHO ✓	
4	LIVER FUNCTION TEST (LFT) ✓	
5	GLUCOSE, FASTING ✓	
6	HEMOGRAM + PERIPHERAL SMEAR ✓	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION ✓	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR ✓	
11	EKG ✓	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
13	DENTAL CONSULTATION ✓	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) . 12:30 PM	
15	URINE GLUCOSE (FASTING) ✓	
16	HbA1c, GLYCATED HEMOGLOBIN ✓	
17	X-RAY CHEST PA ✓	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR ✓	
21	LIPID PROFILE ✓	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN ✓	
24	ULTRASOUND - WHOLE ABDOMEN ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

periflowmetry

Height:	176
Weight:	79.5
B.P.:	130/90
Pulse:	72
SP02:	97%

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Manoj Kumar on 14/9

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Means
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes



PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Manoj</u>	UHID No : <u>23902</u>
AGE / GENDER :- <u>53yrs</u>	RECEIPT No :-
PANEL : <u>Arjoferm</u>	EXAMINED ON :- <u>14/9</u>

blc/od/HT on tt 2009.

Chief Complaints:

Past History:

DM	:	Nil	CVA	:	Nil
Hypertension	:	<u>Yes</u>	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

Personal History:

Alcohol	:	Nil	Activity	:	<u>Active</u>
Smoking	:	Nil	Allergies	:	Nil

Family History: NS

General Physical Examination:

Height	<u>176</u>	:	cms	Pulse	<u>72/m</u>	:	bpm
Weight	<u>79.5</u>	:	Kgs	BP	<u>130/90</u>	:	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Menoj	UHID No :	
AGE :-		SEX :	
PANEL :		RECEIPT No :-	
		EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

HBAIC 6.3

TG - 204

PSA 4.9

Recommendation:

low fat / sugar / alcohol
urologist spinners
uroflowmetry

→ Cap A Actual 102 x 3 months
→ My vit D₃ 60 k once a week
2 mal

Dr. Navneet Kaur
Consultant Physician

Repeat PSA



Apollo Clinic

CONSENT FORM

Patient Name: MANUJ KUMAR UPADHAY Age: 53

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting FUT Consultation

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 14/09/2024



Bank of Baroda

Manoj Kumar Upadhyay

72482



Manoj Kumar Upadhyay

Signature of Holder

[Signature]

Security Authority, Baroda

From: Mediwheel <wellness@mediwheel.in>
Sent: 04 September 2024 13:05
To: phc.klc@apollospectra.com
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(22E32202),Package Code-
PKG10000367, Beneficiary Code-286238



011-41195959

Hi **Apollo Spectra - Nehru Enclave,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male

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

Hospital Address : R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi - 110019

Contact Details : 8777214270

Appointment Date : 14-09-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:00 AM - 9:30 AM

Member Information		
Booked Member Name	Age	Gender
MR. UPADHYAY MANOJ KUMAR	53 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



Mr. Monoj Kumar
53/M

14/9/24

Eye checkup
Holding glass
H/O HTN +ve medication

V
$\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

MCV $\left\{ \begin{array}{l} 16 \\ 15 \end{array} \right.$ Juncity

POCs $\left\{ \begin{array}{l} +0.50 DS \\ +0.50 x 170 \end{array} \right.$

BCV
A $\left\{ \begin{array}{l} \text{No Acceptance } 6/6 \text{ B/C} \\ \text{Add } +2.25 \text{ DS Mc B/C} \end{array} \right.$

colour $\left\{ \begin{array}{l} \text{normal B/C} \end{array} \right.$

slit lamp exam

As Normal B/C

Pupil reaction normal B/C

Fundus (wall B/C)

Adv

continue same glass

Daneshwar
14/9/24

NAME :	MANOJ KUMAR UPADHYAY	AGE/SEX:	53	YRS./M
UHID :	23902			
REF BY :	APOLLO SPECTRA	DATE:-	14.09.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

Gall Bladder: partially distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Post void residual urine: 97 cc

Prostate: is enlarged in size Weighs 45 gms with median lobe hypertrophy abutting the bladder base. No breach in the capsule. Focal prostatic calcification seen .

No free fluid seen.

IMPRESSION:

- **FATTY CHANGES IN LIVER GRADE I**
- **PROSTATOMEGALY WITH SIGNIFICANT POST VOID RESIDUAL URINE VOLUME.**

Please correlate clinically and with lab. Investigations.


Dr. DEEPIKA AGARWAL
 Consultant Radiologist
 DMC No. 56777
 Apollo Speciality Hospitals (P) Ltd.
 A-2, Chirag Enclave, Greater Kailash-1
 New Delhi-110048

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048
 Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
 Ph No: 040-4904 7777 | www.apollohl.com

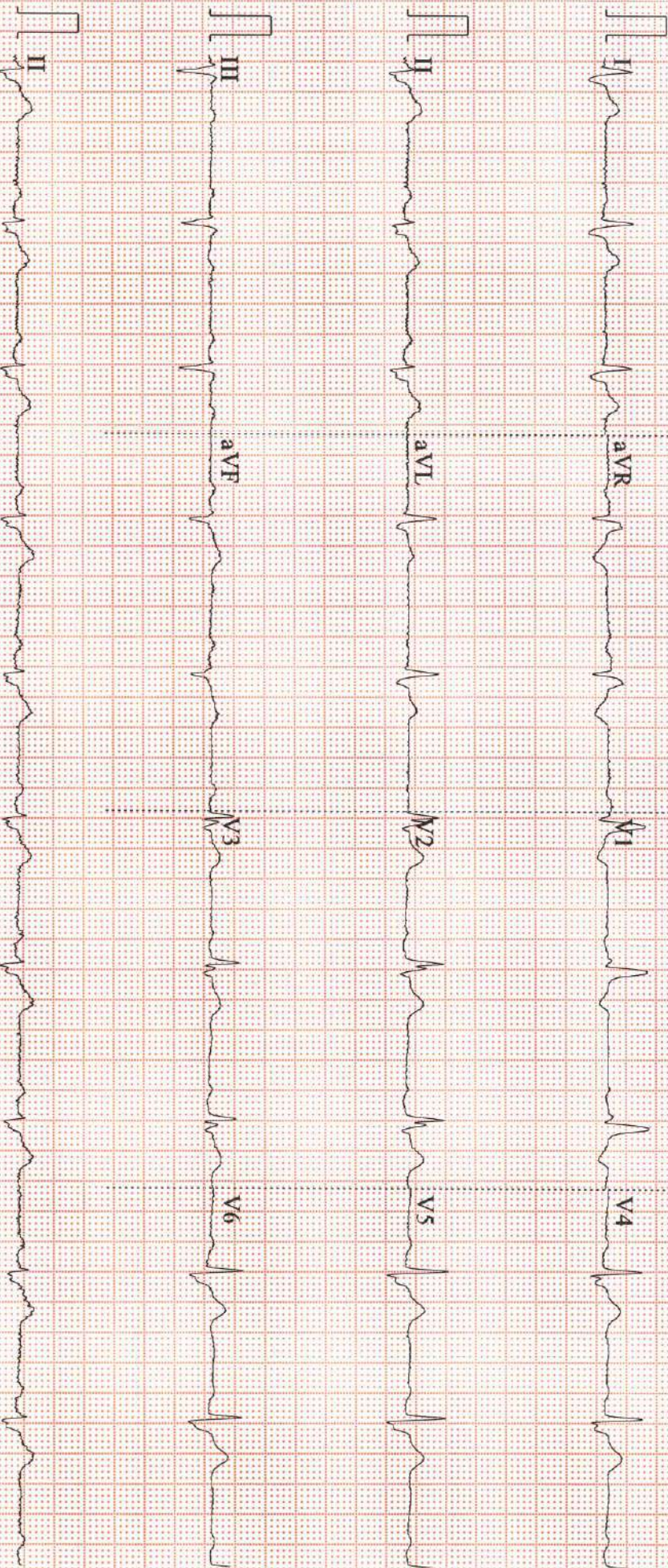
ID: 23902
Manoj Kr. Upadhyay
Male 53 Years
Req. No. :

14-09-2024 11:12:35
HR : 60 bpm
P : 115 ms
PR : 201 ms
QRS : 138 ms
QT/QTcBz : 409/410 ms
P/QRS/T : 62/-56/42
RV5/SV1 : 0.674/0.079 mV

Diagnosis Information:
Sinus Rhythm
Complete Right Bundle Branch Block
Low Voltage(Chest Leads)
Left Axis Deviation

Report Confirmed by:

REPORT WITH LAHB



Patient Name : Mr. MANOJ KUMAR UPADHYAY Age : 53 Y/M
 UHID : SCHL000023902 OP Visit No : SCHIOPV36534
 Conducted By: Dr. MUKESH K GUPTA Conducted Date : 14-09-2024 18:04
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score : _____
 Doppler Normal/Abnormal E>A **E>A**
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____ msec. Pred. RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____ mmHg. End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/**3**/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements	Normal Values	Measurements	Normal values
Aorta	2.9 (2.0 – 3.7cm)	LA es	3.2 (1.9 – 4.0cm)
LV es	2.5 (2.2 – 4.0cm)	LV ed	4.5 (3.7 – 5.6cm)
IVS ed	0.9 (0.6 – 1.1cm)	PW (LV)	0.8 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	65% (54%-76%)	IVS motion	Normal /Flat/Paradoxical

CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy

	Contraction	<u>Normal</u> /Reduced
Regional wall motion abnormality		<u>Absent</u>
LA		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus
RA		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus
RV		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v Grade I LVDD
- v Trivial MR TR
- v No AR,PR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



Dr. M K Gupta
M.B.B.S, MD,FIACM
Senior Consultant Cardiologist

DIGITAL X-RAY REPORT

NAME: MANOJ	DATE: 14.09.2024
UHID NO : 23902	AGE: 53 YRS/ SEX: Male

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. DEEPIKA AGARWAL
Consultant Radiologist

Patient Name : Mr.MANOJ KUMAR UPADHYAY
Age/Gender : 53 Y 6 M 1 D/M
UHID/MR No : SCHI.0000023902
Visit ID : SCHIOPV36534
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 72482

Collected : 14/Sep/2024 09:16AM
Received : 14/Sep/2024 09:38AM
Reported : 14/Sep/2024 03:34PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240227681



Patient Name : Mr.MANOJ KUMAR UPADHYAY
Age/Gender : 53 Y 6 M 1 D/M
UHID/MR No : SCHI.0000023902
Visit ID : SCHIOPV36534
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 72482

Collected : 14/Sep/2024 09:16AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	42.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.53	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.6	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,630	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.1	%	40-80	Electrical Impedance
LYMPHOCYTES	37.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	9.2	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2273.33	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1722.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	152.79	Cells/cu.mm	20-500	Calculated
MONOCYTES	425.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.56	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	195000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	53	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

Page 2 of 16



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:BED240227681



Patient Name : Mr.MANOJ KUMAR UPADHYAY
Age/Gender : 53 Y 6 M 1 D/M
UHID/MR No : SCHI.0000023902
Visit ID : SCHIOPV36534
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 72482

Collected : 14/Sep/2024 09:16AM
Received : 14/Sep/2024 09:38AM
Reported : 14/Sep/2024 03:34PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240227681



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 09:38AM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 07:26PM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240227681



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 12:28PM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 12:47PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 03:25PM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	103	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:PLP1485614



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 12:51PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 01:33PM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	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

SIN No:EDT240090487



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 09:40AM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 11:38AM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	204	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.58		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.35		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04824701



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 09:40AM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 11:38AM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	47.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	91.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:SE04824701



Patient Name : Mr.MANOJ KUMAR UPADHYAY
Age/Gender : 53 Y 6 M 1 D/M
UHID/MR No : SCHI.0000023902
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
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SIN No:SE04824701



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 09:40AM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 11:38AM
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Emp/Auth/TPA ID : 72482	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	20.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	3.5-8.5	Uricase
CALCIUM	8.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04824701



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 09:40AM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 10:04AM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA
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SIN No:SE04824701



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 01:00PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 01:55PM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.97	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.520	µIU/mL	0.38-5.33	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

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

SIN No:SPL24139412



Patient Name	: Mr.MANOJ KUMAR UPADHYAY	Collected	: 14/Sep/2024 09:16AM
Age/Gender	: 53 Y 6 M 1 D/M	Received	: 14/Sep/2024 01:00PM
UHID/MR No	: SCHI.0000023902	Reported	: 14/Sep/2024 01:55PM
Visit ID	: SCHIOPV36534	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 72482		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SPL24139412



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 01:00PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 01:44PM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	4.950	ng/mL	0-4	CLIA



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

SIN No:SPL24139412



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 06:22PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 07:12PM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	7.0		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UR2412049



Patient Name : Mr.MANOJ KUMAR UPADHYAY	Collected : 14/Sep/2024 09:16AM
Age/Gender : 53 Y 6 M 1 D/M	Received : 14/Sep/2024 06:22PM
UHID/MR No : SCHI.0000023902	Reported : 14/Sep/2024 07:12PM
Visit ID : SCHIOPV36534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 72482	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF012098



Patient Name : Mr.MANOJ KUMAR UPADHYAY
Age/Gender : 53 Y 6 M 1 D/M
UHID/MR No : SCHI.0000023902
Visit ID : SCHIOPV36534
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 72482

Collected : 14/Sep/2024 09:16AM
Received : 14/Sep/2024 06:22PM
Reported : 14/Sep/2024 07:12PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UF012098



Patient Name : Mr. MANOJ KUMAR UPADHYAY Age : 53 Y/M
 UHID : SCHI.0000023902 OP Visit No : SCHIOPV36534
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 14-09-2024 18:09
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score : _____

Doppler Normal/Abnormal E>A **E>A**
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____ msec. Pred. RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____ mmHg. End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/**3**/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements **Normal Values** **Measurements** **Normal values**

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Aorta	2.9	(2.0 – 3.7cm)	LA es	3.2	(1.9 – 4.0cm)
LV es	2.5	(2.2 – 4.0cm)	LV ed	4.5	(3.7 – 5.6cm)
IVS ed	0.9	(0.6 – 1.1cm)	PW (LV)	0.8	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVs (ml)		
EF	65%	(54%-76%)	IVS motion		<u>Normal</u> /Flat/Paradoxical

CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy
 Contraction **Normal**/Reduced

Regional wall motion abnormality **Absent**

LA **Normal**/Enlarged/**Clear**/Thrombus

RA **Normal**/Enlarged/**Clear**/Thrombus

RV **Normal**/Enlarged/**Clear**/Thrombus

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v Grade I LVDD
- v Trivial MR TR
- v No AR,PR
- v No I/C clot or mass
- v Good RV function

Patient Name : Mr. MANOJ KUMAR UPADHYAY Age : 53 Y/M
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Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 14-09-2024 18:09
Referred By : SELF

- v Normal pericardium
- v No pericardial effusion

Dr. M K Gupta
M.B.B.S, MD,FIACM
Senior Consultant Cardiologist

Patient Name : Mr. MANOJ KUMAR UPADHYAY
UHID : SCHI.0000023902
Conducted By: :
Referred By : SELF

Age : 53 Y/M
OP Visit No : SCHIOPV36534
Conducted Date :

Patient Name : Mr. MANOJ KUMAR UPADHYAY
UHID : SCHI.0000023902
Conducted By :
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Age : 53 Y/M
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Conducted Date :
