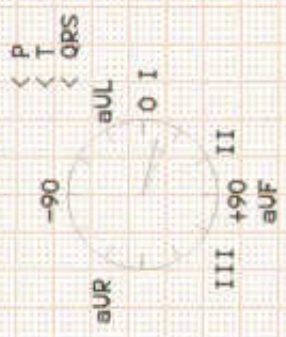


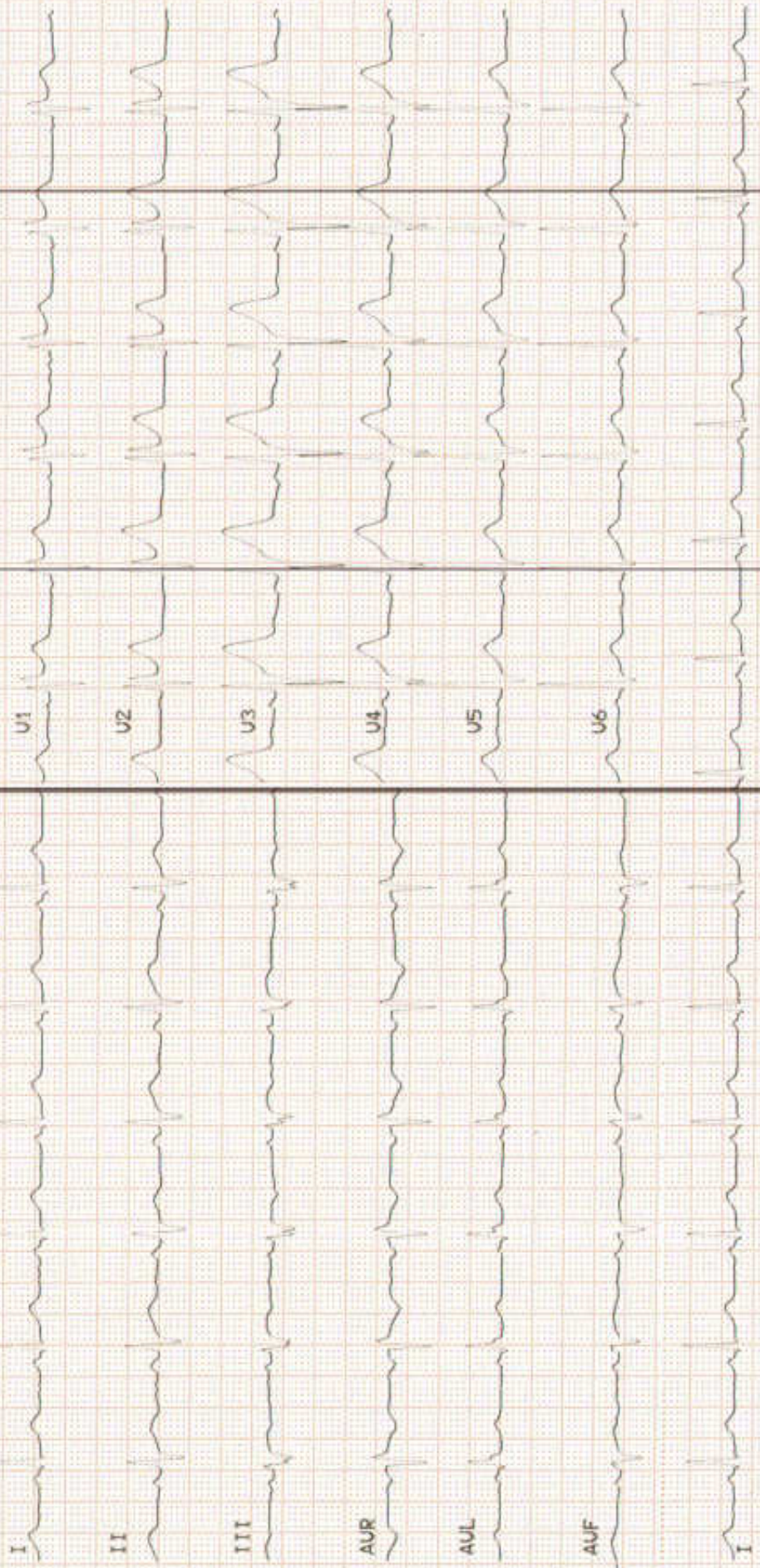
Measurement Results:

QRS : 116 ms
 QT/QTcB : 382 / 445 ms
 PR : 128 ms
 P : 102 ms
 RR/PP : 736 / 730 ms
 P/ORS/T : 55 / 15 / 25 degrees
 QTd/QTcBD : 34 / 40 ms
 Sokolow : 2.1 mV
 NK : 11



Interpretation:
 sinus rhythm
 Incomplete right bundle branch block
 borderline ECG
 on derivatio

Unconfirmed report.





बैंक ऑफ बड़ोदा
Bank of Baroda



नाम

Name

SHREYAS J.

E.C. No. **198726**

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

LETTER OF APPROVAL / RECOMMENDATION

To,

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

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. J SHREYAS
EC NO.	198726
DESIGNATION	JOINT MANAGER
PLACE OF WORK	HUDA
BIRTHDATE	01-12-1992
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M198726100084362E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **16-01-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-


Chief General Manager
HRM Department
Bank of Baroda

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

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

36

Name : Mr. J SHREYAS	Age: 31 Y	UHID:CBEL.0000245166
Address : BELALNDUR	Sex: M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number:CBEL0PV462303
		Bill No :CBEL-OCR-126714
		Date : 10.02.2024 11:01

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO : <i>today 4-30 pm (8)</i>	
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 (RET/KFT)	
12	DENTAL CONSULTATION → <i>(14) 1st floor</i>	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	DENT CONSULTATION - <i>(15) 1st floor, 12.30 pm.</i>	
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 <i>3.00 pm today</i>	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

JSHREYASGONDA@GMAIL.COM
 9599853217

D.O.B - 1/12/1992

BP - 130/85

Ht - 177

Wt - 91.2

Pulse - 85 bpm

Sat_s - 29.1

NAME : MR. J SHREYAS

AGE: 31 YRS

SEX : MALE

DATE : 10.02.2024

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture mildly increased. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER : Minimally distended.

PANCREAS : Obscured by bowel gas. However the visualised parts of the pancreas appear grossly normal. Para - aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size and echotexture. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 9.9 X 4.6 cms, LEFT KIDNEY : 10.0 X 5.4 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Moderately distended. No intraluminal calculi/mass lesion seen.

PROSTATE : Normal in size & echotexture.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : Grade I fatty Liver .



DR. RAMESH .G
CONSULTANT RADIOLOGIST

(The sonography finding should always be considered in correlation with the clinical and other investigation findings applicable). It is only a professional opinion . Not valid for medico-legal purpose) higher imaging techniques to be done, depending on the condition of the patient, If clinically needed.

NAME : MR. J SHREYAS

AGE : 31 YRS

SEX : MALE

DATE : 10.02.2024

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X-ray



DR. RAMESH . G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, depending on the condition of the patient ,if clinically needed.

NAME : MR.J SHREYAS

AGE :31 YRS

SEX : MALE

DATE : 10.02.2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO - 21 (20 – 35)mm LVID(d) - 39 (36 - 52)mm IVS - 10 (06 - 11)mm
LA - 30 (19- 40)mm LVID s - 24 (23- 39)mm PWD - 10 (06- 11)mm
EF - 60 (>50%)

VALVES

Mitral Valve : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal

CHAMBERS

Left Atrium : Normal
Right Atrium : Normal
Left Ventricle : Normal
Right Ventricle : Normal

SEPTAE

IVS : Intact
IAS : Intact

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi) | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal

DOPPLER DATA

Mitral : MVE – 1.17 m/s, MVA – 0.89 m/s, MVE/A – 1.3
Aortic : 1.7 m/s
Pulmonary : 1.3 m/s
E' Septal (TDI) : 9.2 mm/sec
E' Lateral (TDI) : 10.9 mm/sec

WALL MOTION ABNORMALITIES : No RWMA
Pericardium : Normal
Vegetation/Thrombus : No obvious vegetation seen
OTHER FINDINGS :

FINAL DIAGNOSIS

**NORMAL CHAMBER DIMENSIONS
NO RWMA AT REST
NORMAL LV SYSTOLIC FUNCTION (LVEF 60 %)
NO MR, NO AS/ AR
TRIVIAL TR, NO PAH -PASP : 18 mmHg
NO VEGETATION/ CLOT/ EFFUSION
IVC NORMAL (1.2 CM), COLLAPSING**



Dr. PARVEZ AHAMED
MBBS, MS, Mch - CTVS
CARDIO - THORACIC & VASCULAR SURGEON
Karnataka Medical Council No. : 78751
Mob : 9886300038

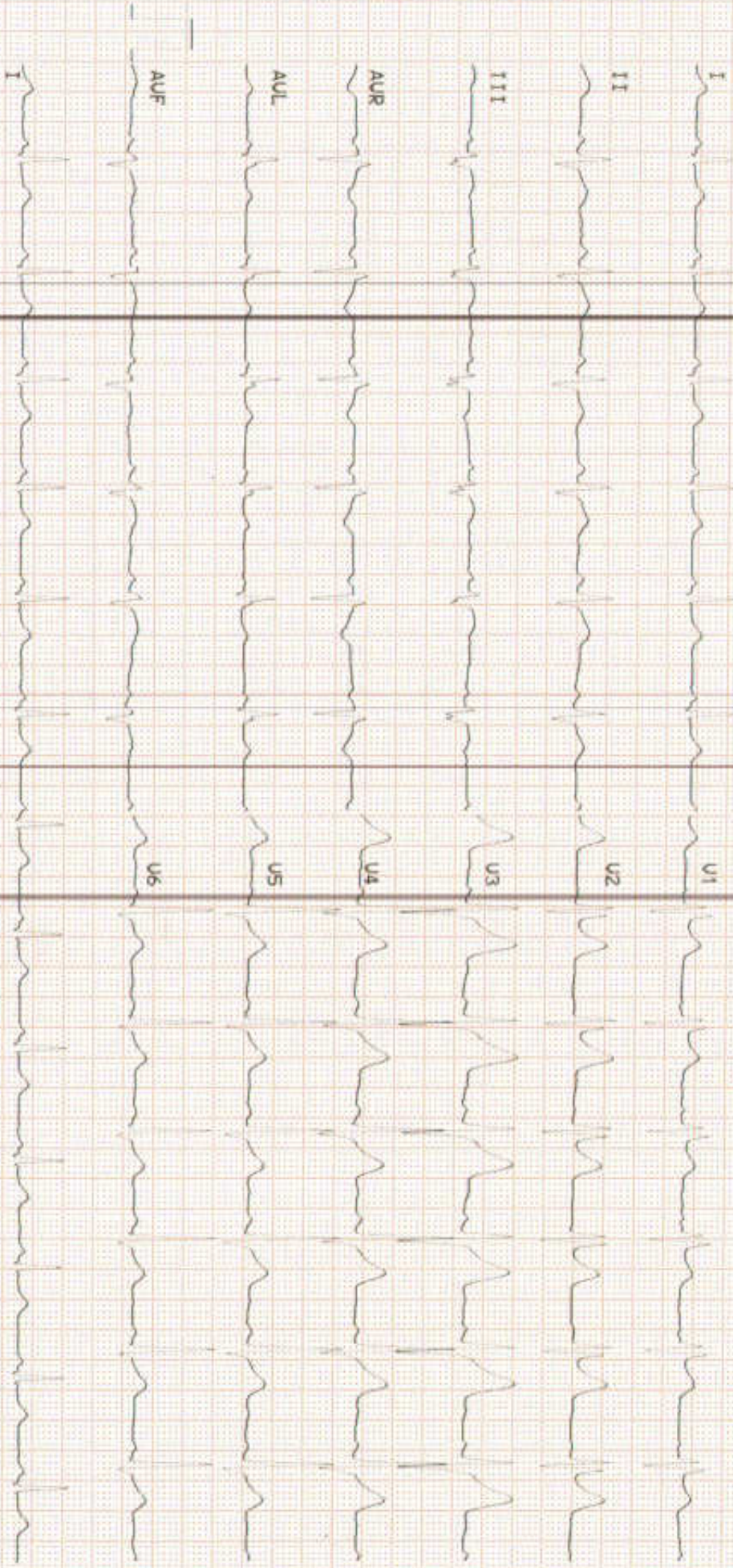
Measurement Results:

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P	102	ms
PR/PP	736 /	730 ms
P/QRS/T	55 / 15 /	25 degrees
QTd/QTcBd	34 /	40 ms
Sokolow	2.1	mV
NX	11	



Interpretation:
Sus Singh
 Incomplete right bundle branch block
 borderline ECG
 CD *an devator*

Unconfirmed report.





Patient Name	: Mr.J SHREYAS	Collected	: 10/Feb/2024 11:43AM
Age/Gender	: 31 Y 2 M 9 D/M	Received	: 10/Feb/2024 03:49PM
UHID/MR No	: CBEL 0000245166	Reported	: 10/Feb/2024 05:17PM
Visit ID	: CBEL0PV462303	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 342028		

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	14.4	g/dL	13-17	Spectrophotometer
PCV	43.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.6	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,590	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	47.7	%	40-80	Electrical Impedance
LYMPHOCYTES	38.5	%	20-40	Electrical Impedance
EOSINOPHILS	4.8	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4097.43	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3307.15	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	412.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	755.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.18	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	356000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				



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

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



MC-8148

Patient Name	: Mr J SHREYAS	Collected	: 10/Feb/2024 11:43AM
Age/Gender	: 31 Y 2 M 9 D/M	Received	: 10/Feb/2024 03:49PM
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Visit ID	: CBELOPV462303	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 13

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

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



SIN No: BED240034249



Patient Name : Mr.J SHREYAS
Age/Gender : 31 Y 2 M 9 D/M
UHID/MR No : CBEL 0000245166
Visit ID : CBEL0PV462303
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 342026

Collected : 10/Feb/2024 11:43AM
Received : 10/Feb/2024 03:49PM
Reported : 10/Feb/2024 06:02PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 , <i>WHOLE BLOOD EDTA</i>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

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





Patient Name	Mr.J SHREYAS	Collected	10/Feb/2024 11:44AM
Age/Gender	31 Y 2 M 9 D/M	Received	10/Feb/2024 04:47PM
UHID/MR No	CBEL 0000245166	Reported	10/Feb/2024 08:30PM
Visit ID	CBELOPV462303	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	342026		

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	92	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 \geq or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of \geq 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)	136	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	6	%		HPLC



DR. SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No:EDT240015217



Patient Name : Mr.J SHREYAS
Age/Gender : 31 Y 2 M 9 D/M
UHID/MR No : CBEL 0000245166
Visit ID : CBELOPV462303
Ref Doctor : Dr SELF
Emp/Auth/TRA ID : 342026
Collected : 10/Feb/2024 11:44AM
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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE 126 mg/dL Calculated
(eAG)

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. SHIVARAJA SHETTY
M.B.B.S, M.D (Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: EDT240015217



Patient Name : Mr.J SHREYAS
 Age/Gender : 31 Y 2 M 9 D/M
 UHID/MR No : CBEL.0000245166
 Visit ID : CBELOPV462303
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 342026

Collected : 10/Feb/2024 11:44AM
 Received : 10/Feb/2024 05:35PM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.98		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Shivaraja Shetty
 DR. SHIVARAJA SHETTY
 M.B.B.S, M.D(Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No:SE04625869



MO: 0140

Patient Name : Mr.J SHREYAS
Age/Gender : 31 Y 2 M 9 D/M
UHID/MR No : CBEL.0000245166
Visit ID : CBELOPV462303
Ref Doctor : Dr.SELF
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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	0.61	mg/dL	0.3--1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	61.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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 > 1 In 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.

Page 7 of 13



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

SIN No:SE04625869



Patient Name : Mr.J SHREYAS
Age/Gender : 31 Y 2 M 9 D/M
UHID/MR No : CBEL 0000245166
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	1.11	mg/dL	0.67-1.17	Jaffe's, Method
UREA	25.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.46	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)



Shetty

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

SIN No: SE04625869



MC 4140

Patient Name	: Mr.J SHREYAS	Collected	: 10/Feb/2024 11:44AM
Age/Gender	: 31 Y 2 M 9 D/M	Received	: 10/Feb/2024 05:35PM
UHID/MR No	: CBEL.0000245166	Reported	: 10/Feb/2024 07:44PM
Visit ID	: CBELOPV462303	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 342026		

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) , <i>SERUM</i>	29.00	U/L	<55	IFCC

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

SIN No: SE04625869





Patient Name : Mr J SHREYAS
 Age/Gender : 31 Y 2 M 9 D/M
 UHID/MR No : CBEL.0000245166
 Visit ID : CBEL0PV462303
 Ref Doctor : Dr.SELF
 Emp/Auth/TRA ID : 342026

Collected : 10/Feb/2024 11:44AM
 Received : 10/Feb/2024 05:48PM
 Reported : 10/Feb/2024 07:34PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.586	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



Shetty

DR. SHIVARAJA SHETTY
 M.B.B.S, M.D (Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No: SPL24022624



MC-6148

Patient Name	: Mr.J SHREYAS	Collected	: 10/Feb/2024 11:44AM
Age/Gender	: 31 Y 2 M 9 D/M	Received	: 10/Feb/2024 05:48PM
UHID/MR No	: CBEL 0000245166	Reported	: 10/Feb/2024 07:34PM
Visit ID	: CBELOPV462303	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 342026		

DEPARTMENT OF IMMUNOLOGY

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

Page 11 of 13

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

SIN No: SPL24022624





Patient Name	: Mr.J SHREYAS	Collected	: 10/Feb/2024 11:44AM
Age/Gender	: 31 Y 2 M 9 D/M	Received	: 10/Feb/2024 06:33PM
UHID/MR No	: CBEL 0000245166	Reported	: 10/Feb/2024 09:31PM
Visit ID	: CBELOPV462303	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 342026		

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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

Page 12 of 13

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:UR2280149



MC 4746

Patient Name	: Mr.J SHREYAS	Collected	: 10/Feb/2024 11:44AM
Age/Gender	: 31 Y 2 M 9 D/M	Received	: 10/Feb/2024 06:33PM
UHID/MR No	: CBEL.0000245166	Reported	: 10/Feb/2024 09:49PM
Visit ID	: CBELOPV462303	Status	: Final Report
Ref.Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 342026		

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)	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



Mr. Sreyas
31/M

(9353788049)

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

General Examination / Allergies
History

O/C - Regular U.C

Clinical Diagnosis & Management Plan

O/E
Ca++ St+

Non vital 1/

H/U - NRMU.

fx
① Sealig
② Crown 1/

Follow up date:

Dr. Anubha
Doctor Signature

Shreyas (31y)

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

came for health checkup
no specific ENT complaints
AE Nose: DMS to (R+L) -

Ear: NAD
Canal: OK wax (A)
Bl TM intact
Nose: NAD

Clinically ENT NAD at present

Follow up date:

Doctor Signature

Apollo Clinic

Consent Form

Patient Name:..... Age:.....

UHID Number: CBEL0000245166 Company Name:.....

I Mr/Mrs/Ms Shreyas Employee of Aico Femi Medihealth

(Company) ~~want to inform you that I am not interested in getting~~ optical screening
+ general physician
Test done which is a part of routine health check package.

And I claim the above statement in my full consciousness.

10/02/24.





Patient Name	: Mr. J SHREYAS	Age/Gender	: 31 Y/M
UHID/MR No.	: CBEL.0000245166	OP Visit No	: CBELOPV462303
Sample Collected on	:	Reported on	: 11-02-2024 13:31
LRN#	: RAD2232676	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 342026		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X- ray

DR. RAMESH . G
CONSULTANT RADIOLOGIST

Dr. RAMESH G
MBBS DMRD
RADIOLOGY



Patient Name	: Mr. J SHREYAS	Age/Gender	: 31 Y/M
UHID/MR No.	: CBEL.0000245166	OP Visit No	: CBELOPV462303
Sample Collected on	:	Reported on	: 11-02-2024 13:36
LRN#	: RAD2232676	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 342026		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture mildly increased. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER :Minimally distended.

PANCREAS : Obscured by bowel gas.However the visualised parts of the pancreas appear grossly normal.Para – aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size and echotexture. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY :9.9 X 4.6 cms, LEFT KIDNEY : 10.0 X 5.4 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture.

No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Moderately distended. No intraluminal calculi/mass lesion seen.

PROSTATE : Normal in size & echotexture.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : **Grade I fatty Liver .**

DR. RAMESH .G

CONSULTANT RADIOLOGIST

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mr.J SHREYAS	Collected : 10/Feb/2024 11:43AM
Age/Gender : 31 Y 2 M 9 D/M	Received : 10/Feb/2024 03:49PM
UHID/MR No : CBEL.0000245166	Reported : 10/Feb/2024 05:17PM
Visit ID : CBEL0PV462303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342026	

DEPARTMENT OF HAEMATOLOGY

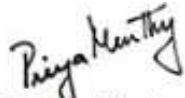
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	43.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.6	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,590	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	47.7	%	40-80	Electrical Impedance
LYMPHOCYTES	38.5	%	20-40	Electrical Impedance
EOSINOPHILS	4.8	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4097.43	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3307.15	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	412.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	755.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.18	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	356000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR



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



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



SIN No: BED240034249

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/52, 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 | Ramdapur | Nallakurta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kuntebhalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annamalai | Kotturpuram | Mogappair | T Nagar) | Volasarakkham | 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:
123/100/123, Doddabangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mr.J SHREYAS	Collected : 10/Feb/2024 11:43AM
Age/Gender : 31 Y 2 M 9 D/M	Received : 10/Feb/2024 03:49PM
UHID/MR No : CBEL.0000245166	Reported : 10/Feb/2024 05:17PM
Visit ID : CBELOPV462303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342026	

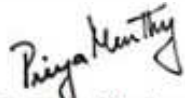
DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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



SIN No: BED240034249

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115B19)
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 | Nallakurta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Moggappair | T Nagar) | Volasarakkum | 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:
123/100/123, Doddathurage Village, Neelabiri Main Road,
Neelabiri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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www.apolloclinic.com

Patient Name : Mr.J SHREYAS	Collected : 10/Feb/2024 11:43AM
Age/Gender : 31 Y 2 M 9 D/M	Received : 10/Feb/2024 03:49PM
UHID/MR No : CBEL.0000245166	Reported : 10/Feb/2024 06:02PM
Visit ID : CBELOPV462303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342026	

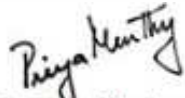
DEPARTMENT OF HAEMATOLOGY

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



Dr. Priya Murthy
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Consultant Pathologist



SIN No: BED240034249

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APOLLO CLINICS NETWORK

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Neelabari Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mr.J SHREYAS	Collected : 10/Feb/2024 11:44AM
Age/Gender : 31 Y 2 M 9 D/M	Received : 10/Feb/2024 04:47PM
UHID/MR No : CBEL.0000245166	Reported : 10/Feb/2024 08:30PM
Visit ID : CBELOPV462303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342026	

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	92	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)	136	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	6	%		HPLC



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

SIN No:EDT240015217



Patient Name : Mr.J SHREYAS	Collected : 10/Feb/2024 11:44AM
Age/Gender : 31 Y 2 M 9 D/M	Received : 10/Feb/2024 04:47PM
UHID/MR No : CBEL.0000245166	Reported : 10/Feb/2024 08:30PM
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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	126	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.

- 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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 Karnataka- 560034


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Patient Name : Mr.J SHREYAS	Collected : 10/Feb/2024 11:44AM
Age/Gender : 31 Y 2 M 9 D/M	Received : 10/Feb/2024 05:35PM
UHID/MR No : CBEL.0000245166	Reported : 10/Feb/2024 08:40PM
Visit ID : CBEL0PV462303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342026	

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	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.98		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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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	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	61.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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:

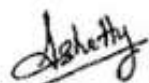
1. Hepatocellular Injury:

- 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 > 1 In 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

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.11	mg/dL	0.67-1.17	Jaffe's, Method
UREA	25.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.46	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	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	29.00	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.586	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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DEPARTMENT OF IMMUNOLOGY

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



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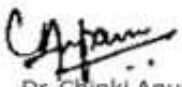
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Patient Name : Mr.J SHREYAS	Collected : 10/Feb/2024 11:44AM
Age/Gender : 31 Y 2 M 9 D/M	Received : 10/Feb/2024 06:33PM
UHID/MR No : CBEL.0000245166	Reported : 10/Feb/2024 09:31PM
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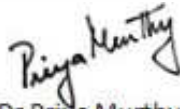
DEPARTMENT OF CLINICAL PATHOLOGY

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Consultant Pathologist



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Patient Name : Mr.J SHREYAS	Collected : 10/Feb/2024 11:44AM
Age/Gender : 31 Y 2 M 9 D/M	Received : 10/Feb/2024 06:33PM
UHID/MR No : CBEL.0000245166	Reported : 10/Feb/2024 09:49PM
Visit ID : CBEL0PV462303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342026	

DEPARTMENT OF CLINICAL PATHOLOGY

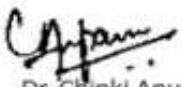
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

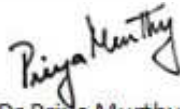
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** 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:UF010574

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

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