

Patient Name : Mr.PRAMOD TIWARY  
Age/Gender : 52 Y 4 M 1 D/M  
UHID/MR No : SCHI.0000018435  
Visit ID : SCHIOPV26725  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 789456123789

Collected : 27/Feb/2024 08:49AM  
Received : 27/Feb/2024 09:20AM  
Reported : 27/Feb/2024 01:52PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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

SIN No:BED240051081



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	17	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	<b>53.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.96</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.9	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	31.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,750	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51.2	%	40-80	Electrical Impedance
LYMPHOCYTES	35.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	9.9	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2432	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1672	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	133	Cells/cu.mm	20-500	Calculated
MONOCYTES	470.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.75	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.45		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	173000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	02	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

Page 2 of 17



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

NO HEMOPARASITES SEEN



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**DEPARTMENT OF HAEMATOLOGY**

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



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SIN No:BED240051081



Patient Name : Mr.PRAMOD TIWARY	Collected : 27/Feb/2024 11:49AM
Age/Gender : 52 Y 4 M 1 D/M	Received : 27/Feb/2024 01:31PM
UHID/MR No : SCHI.0000018435	Reported : 27/Feb/2024 02:02PM
Visit ID : SCHIOPV26725	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	95	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:**

- 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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	94	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.



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SIN No:PLP1424564



Patient Name : Mr.PRAMOD TIWARY	Collected : 27/Feb/2024 08:49AM
Age/Gender : 52 Y 4 M 1 D/M	Received : 27/Feb/2024 01:37PM
UHID/MR No : SCHI.0000018435	Reported : 27/Feb/2024 03:08PM
Visit ID : SCHIOPV26725	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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)

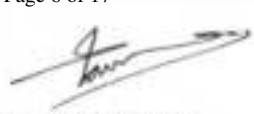
Page 6 of 17



Dr. Aiman Jafri  
B.Sc(Biotechnology),  
M.Sc(Toxicology), Ph.D(Biochemistry)  
Consultant Molecular Biologist and Biochemist



Dr. Tanish Mandal  
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Dr. Tanish Mandal  
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Age/Gender : 52 Y 4 M 1 D/M	Received : 27/Feb/2024 09:20AM
UHID/MR No : SCHI.0000018435	Reported : 27/Feb/2024 12:58PM
Visit ID : SCHIOPV26725	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	71	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	57	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.86		0-4.97	Calculated

**Comment:**

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

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

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

  
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SIN No:SE04643112



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	43.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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'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 8 of 17

  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
BILIRUBIN, TOTAL	1.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	<50	Visible with P-5-P
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ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	19.00	U/L	15-73	Glycylglycine Nitoranalide

**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:

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- 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**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	25.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5-8.5	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated



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UHID/MR No : SCHI.0000018435	Reported : 27/Feb/2024 10:44AM
Visit ID : SCHIOPV26725	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	99.00	U/L	38-126	p-nitrophenyl phosphate

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.23	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.09	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.030	µIU/mL	0.25-5.0	ELFA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 12 of 17

  
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Patient Name : Mr.PRAMOD TIWARY	Collected : 27/Feb/2024 08:49AM
Age/Gender : 52 Y 4 M 1 D/M	Received : 27/Feb/2024 01:40PM
UHID/MR No : SCHI.0000018435	Reported : 27/Feb/2024 02:34PM
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**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>VITAMIN D (25 - OH VITAMIN D) , SERUM</b>	<b>19.9</b>	ng/mL	30-100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.



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

SIN No:IM07042395



Patient Name : Mr.PRAMOD TIWARY	Collected : 27/Feb/2024 08:49AM
Age/Gender : 52 Y 4 M 1 D/M	Received : 27/Feb/2024 01:40PM
UHID/MR No : SCHI.0000018435	Reported : 27/Feb/2024 03:40PM
Visit ID : SCHIOPV26725	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

DEPARTMENT OF IMMUNOLOGY

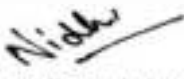
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	333	pg/mL	107.2-653.3	CLIA


**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Page 14 of 17



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



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



SIN No:IM07042395

Patient Name : Mr.PRAMOD TIWARY	Collected : 27/Feb/2024 08:49AM
Age/Gender : 52 Y 4 M 1 D/M	Received : 27/Feb/2024 01:40PM
UHID/MR No : SCHI.0000018435	Reported : 27/Feb/2024 02:34PM
Visit ID : SCHIOPV26725	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

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



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

SIN No:IM07042395



Patient Name : Mr.PRAMOD TIWARY	Collected : 27/Feb/2024 08:49AM
Age/Gender : 52 Y 4 M 1 D/M	Received : 27/Feb/2024 12:15PM
UHID/MR No : SCHI.0000018435	Reported : 27/Feb/2024 02:03PM
Visit ID : SCHIOPV26725	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	COLOURLESS		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	MICROSCOPY
RBC	ABSNET	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSNET		ABSENT	MICROSCOPY

Page 16 of 17

  
Dr. SHWETA GUPTA  
MBBS, MD (Pathology)  
Consultant Pathology  
SIN No:UR2292365





Patient Name : Mr.PRAMOD TIWARY	Collected : 27/Feb/2024 08:49AM
Age/Gender : 52 Y 4 M 1 D/M	Received : 27/Feb/2024 12:15PM
UHID/MR No : SCHI.0000018435	Reported : 27/Feb/2024 02:03PM
Visit ID : SCHIOPV26725	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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 \*\*\*



  
**Dr. SHWETA GUPTA**  
 MBBS,MD (Pathology)  
 Consultant Pathology  
 SIN No:UF010826

Name : Mr. PRAMOD TIWARY

Age: 52 Y

UHID: SCHL000018435

Sex: M



Address : DELHI

OP Number: SCHIOPV26725

Plan : ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : SCHI-OCR-9608

Date : 27.02.2024 08:48

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING) ✓	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) ✓	
3	LIVER FUNCTION TEST (LFT) WITH GGT ✓	
4	HbA1c, GLYCATED HEMOGLOBIN ✓	
5	2D ECHO ✓ 1.10	
6	ALKALINE PHOSPHATASE - SERUM/PLASMA ✓	
7	CALCIUM, SERUM ✓	
8	LIVER FUNCTION TEST (LFT) ✓	
9	X-RAY CHEST PA ✓	
10	GLUCOSE, FASTING ✓	
11	HEMOGRAM + PERIPHERAL SMEAR ✓	
12	HEIGHT ✓	
13	DENT CONSULTATION ✓	
14	FITNESS BY GENERAL PHYSICIAN ✓	
15	PULMONARY FUNCTION TEST ✓	
16	DIET CONSULTATION ✓	
17	COMPLETE URINE EXAMINATION ✓	
18	URINE GLUCOSE(POST PRANDIAL) ✓	
19	BP MEASUREMENT ✓	
20	PERIPHERAL SMEAR ✓	
21	ECG ✓	
22	BLOOD GROUP ABO AND RH FACTOR ✓	
23	VITAMIN B12 ✓	
24	LIPID PROFILE ✓	
25	BODY MASS INDEX (BMI) ✓	
26	WEIGHT ✓	
27	OPHTHAL BY GENERAL PHYSICIAN ✓	
28	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
29	ULTRASOUND - WHOLE ABDOMEN ✓	
30	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
31	DENTAL CONSULTATION ✓	
32	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 1135	
33	VITAMIN D - 25 HYDROXY (D2+D3) ✓	

Height: 170 cm  
 Weight: 75.2 kg  
 B.P.: 130/80 mmHg  
 Pulse: 88/mts  
 SpO2: 96%



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नमांकन क्रम/ Enrolment No.: 0648/00915/00555

To  
श्री प्रमोद तिवारी  
Pramod Tiwary  
S/O Sudarshan Tiwary  
Plot No - 677/25, Ashok Vatika  
Patliputra Apartment, Flat No - D1, 3rd Floor  
Devi  
South Delhi Delhi - 110080  
9968481747



आपका आधार क्रमांक / Your Aadhaar No. :

**6192 0906 1028**

VID : 9105 6948 0125 9629

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



श्री प्रमोद तिवारी  
Pramod Tiwary  
जन्म तिथि/DOB: 26/10/1971  
पुरुष/ MALE

**6192 0906 1028**

VID : 9105 6948 0125 9629

मेरा आधार, मेरी पहचान



Government of India



### सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O सुदर्शन तिवारी, प्लॉट नं - 677/25, अशोक वाटिका,  
पटलीपुत्रा अपार्टमेंट, फ्लॉट नं - डी1, तीसरा फ्लोर,  
देवी, पश्चिम दिल्ली,  
दिल्ली - 110080

Address:  
S/O Sudarshan Tiwary, Plot No - 677/25,  
Ashok Vatika, Patliputra Apartment, Flat No -  
D1, 3rd Floor, Devi, South Delhi,  
Delhi - 110080



**6192 0906 1028**

VID : 9105 6948 0125 9629

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. TIWARY PRAMOD
क.कू.संख्या	105496
पदनाम	BRANCH OPERATIONS
कार्य का स्थान	PARTAPUR
जन्म की तारीख	26-10-1971
स्वास्थ्य जांच की प्रस्तावित तारीख	27-02-2024
बुकिंग संदर्भ सं.	23M105496100093792E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 26-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

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. TIWARY PRAMOD
EC NO.	105496
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	PARTAPUR
BIRTHDATE	26-10-1971
PROPOSED DATE OF HEALTH CHECKUP	27-02-2024
BOOKING REFERENCE NO.	23M105496100093792E

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 **26-02-2024** 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**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
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
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
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
<b>General Tests</b>	<b>General Tests</b>
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

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ramod Tiwary on 27/2/24

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

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <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>	
<ul style="list-style-type: none"><li>• Currently Unfit. Review after _____ recommended</li><li>• Unfit</li></ul>	

Dr. N. Kaur  
Medical Officer  
The Apollo Clinic, Uppal

*This certificate is not meant for medico-legal purposes*



PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Pranod Tiwary	UHID No :	18435
AGE / GENDER :-	52y	RECEIPT No :-	
PANEL :	Arcoferri	EXAMINED ON :-	27/2/24

R/C

**Chief Complaints:**

No Scurvy  
K/O Bronchus Asthma

**Past History:**

DM	:	<del>Nil</del>	CVA	:	<del>Nil</del>
Hypertension	:	<del>Nil</del>	Cancer	:	<del>Nil</del>
CAD	:	<del>Nil</del>	Other	:	<del>Nil</del>

**Personal History:**

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

**Family History:** NS.

**General Physical Examination:**

Height	170	:	cms	Pulse	58	:	bpm
Weight	72	:	Kgs	BP	130/80	:	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

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

hepato (+)



## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>hemant</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

### Investigations:

- All the reports of tests and investigations are attached herewith

S. Bil 1.50

vit D<sub>3</sub> 19.9

### Recommendation:

- Refer to Pulmonologist

low fat diet

Turmed 300mg  $\xrightarrow{\quad\quad\quad}$  x 1 month

- My vita D<sub>3</sub> 60 k once a week

- Cep D - Achive once a day <sup>2 months</sup>

Small

Dr. Navneet Kaur  
Consultant Physician



**Dr. Prachi Sharma**

BDS, MDS - Prosthodontics and Crown & Bridge  
DDC No: A-14151



Specialists in Surgery

For Appointment : +91 11 4046 5555  
Mob.: +91 9910995018  
Email: drusha.maheshwari@apollospectra.com

27/02/2024

Mr. Pramod Tiwary  
524 / Male

C/C :- Regular Dental check-up

M/H :- N.R.

PDH :- RCT, 4 year back.

O/E :- Calculus + , Stains + sev -

Faulty Restoration

Previous RCT

Advised :- X-Ray

Crown

Scaling & Oral Prophylaxis

PS.

ID: 18435

Pramod tiwary

Male 52Years

Req. No. :

27-02-2024 12:16:34

HR : 72 bpm

P : 116 ms

PR : 173 ms

QRS : 87 ms

QT/QTcBz : 349/383 ms

P/QRS/T : 75/71/65 °

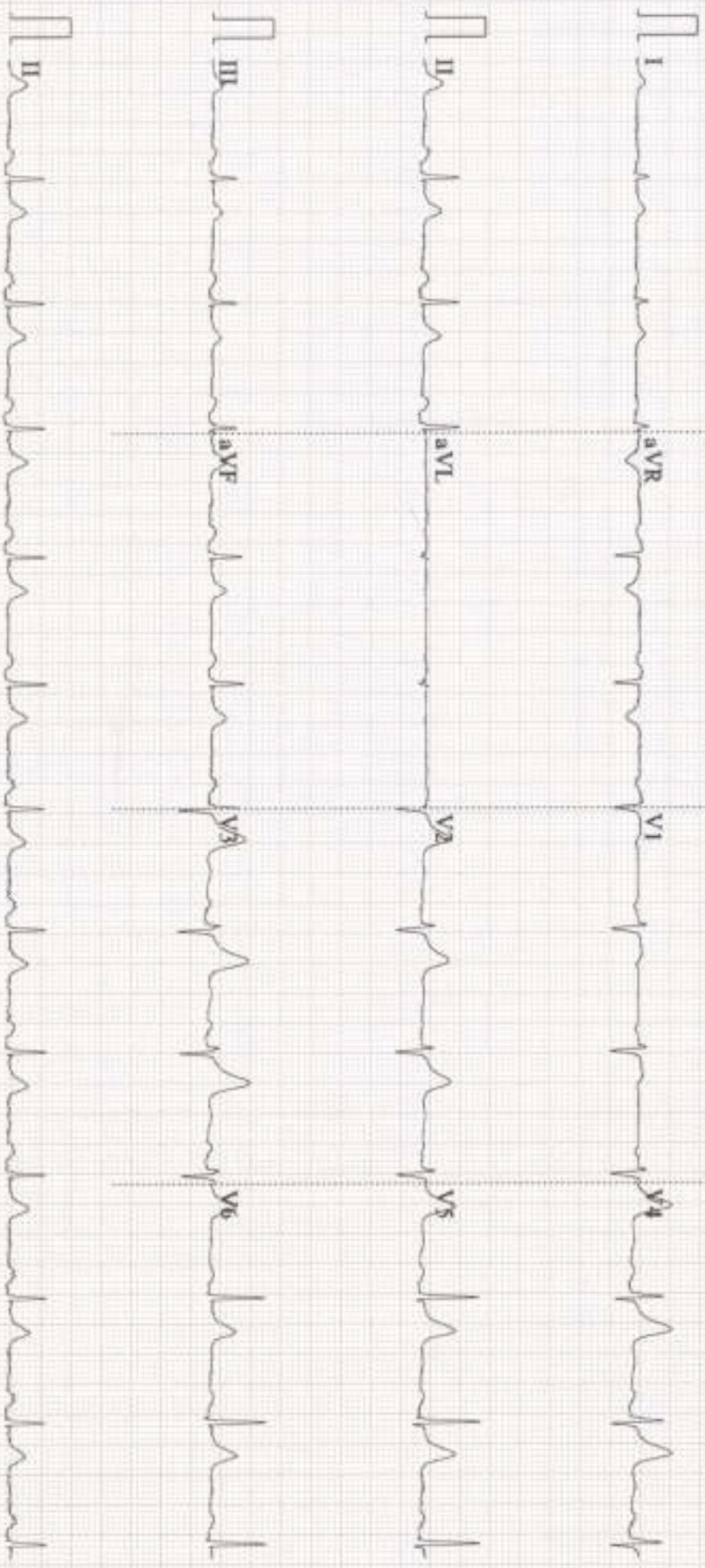
RV5/SV1 : 1.029/0.452 mV

Diagnosis-Information:

Sinus Rhythm

\*\*\*Normal ECG\*\*\*

Report Confirmed by:



Patient Name: Mr. PRAMOD TIWARY      Age: 42 Y/M  
 UHID: SCH000018433      OP Visit No: SC1008P/2025  
 Conducted By: Dr. MUKESH K GUPTA      Conducted Date: 25-02-2024 16:04  
 Referred By: SELF

### MITRAL VALVE

Morphology: AML-**Normal**/Thickening/Calcification/Flap/ Vegetation/Prolapsa/SAM/ Doming  
 PML-**Normal**/Thickening/Calcification/Prolapsa/Paradoxical motion/ Fixed  
 Subvalvular deformity Present/**Absent**      Score \_\_\_\_\_  
 Doppler: Normal/Abnormal      E>A      **E>A**  
 Mitral Stenosis: Present/**Absent**      RR interval \_\_\_\_\_ msec  
 EDD \_\_\_\_\_ mmHg      MDG \_\_\_\_\_ mmHg      MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation: **Absent**/Trivial/Mild/Moderate/Severe

### TRICUSPID VALVE

Morphology: **Normal**/Atresia/Thickening/Calcification/Prolapsa/ Vegetation/ Doming  
 Doppler: Normal/Abnormal  
 Tricuspid stenosis: Present/**Absent**      RR interval \_\_\_\_\_ msec  
 EDD \_\_\_\_\_ mmHg      MDG \_\_\_\_\_ mmHg  
 Tricuspid regurgitation: **Absent**/Trivial/Mild/Moderate/Severe/ Fragmented systolic  
 Velocity \_\_\_\_\_ m/sec      Prot. RVSP=RAAP= \_\_\_\_\_ 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/Flap/ 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: 2.8 (2.0 - 3.7cm)      LA: 2.9 (1.9 - 4.0cm)  
 LV es: 3.0 (2.2 - 4.0cm)      LV ed: 4.4 (3.7 - 5.0cm)  
 IVS ed: 0.9 (0.6 - 1.1cm)      PW (LV): 0.8 (0.6 - 1.1cm)  
 RV ed: (0.7 - 2.6cm)      RV Ampur wall: cupo 5 mm  
 LVEDV (ml)      LVEDV (ml)  
 EF: 40% (34%-76%)      IVS motion: **Normal** For Diastolic

### CHAMBERS:

L.V: **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Connection: **Normal**/Reduced  
 Regional wall motion abnormality: **Absent**  
 LA: **Normal**/Enlarged/**Clear**/Thrombus  
 RA: **Normal**/Enlarged/**Clear**/Thrombus  
 RV: **Normal**/Enlarged/**Clear**/Thrombus

### PERICARDIUM

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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

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**COMMENTS & SUMMARY**

- ✓ Normal LV systolic function
- ✓ No RWMA, LVEF=60%
- ✓ Grade I LVDD
- ✓ No AI, PL, MR & TR
- ✓ No IC clot or mass
- ✓ Good RV function
- ✓ Normal pericardium
- ✓ No pericardial effusion



*Dr. M K Gupta*  
**M.B.B.S., MD, F.I.A.C.M**  
Senior Consultant Cardiologist

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NAME :	PRAMOD TIWARY	AGE/SEX:	52 YRS./M
UHID :	18435		
REF BY :	APOLLO SPECTRA	DATE:-	27.02.2024

### 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:** normally 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:** right kidney is smaller than left . They are normal in 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.

**Prostate:** normal in size, weight 20Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

### **IMPRESSION: FATTY CHANGES IN LIVER GRADE 1**

Please correlate clinically and with lab. Investigations.

DR. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

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DR. MONICA CHHABRA

## Pulmonary Function Test Report

FVL (ex/in)

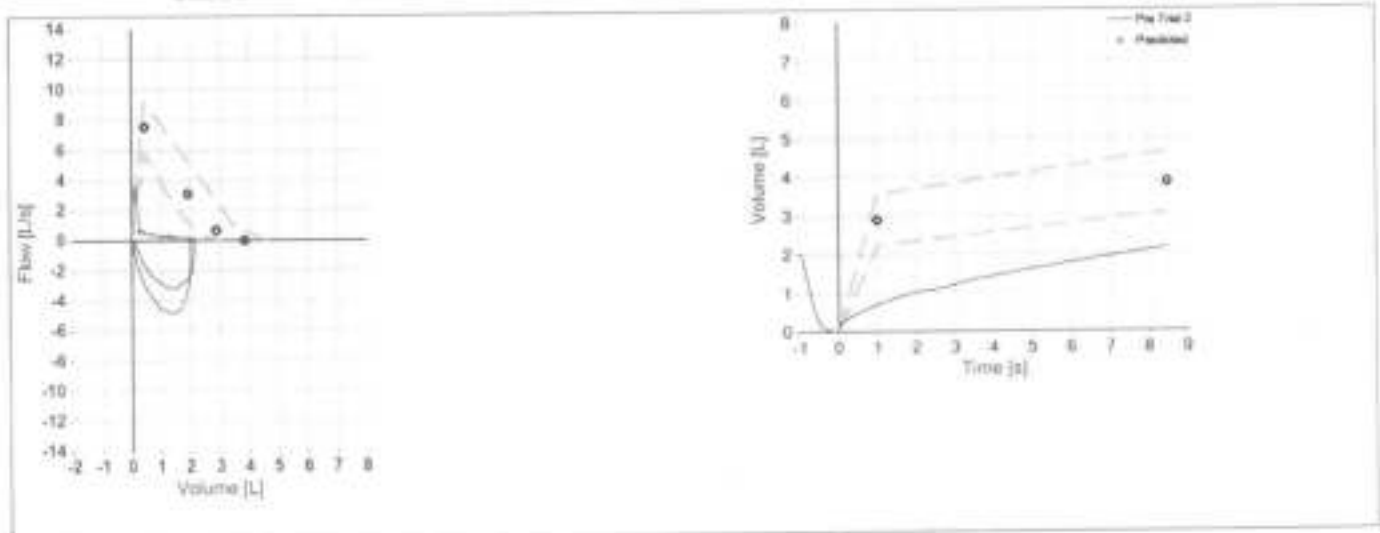
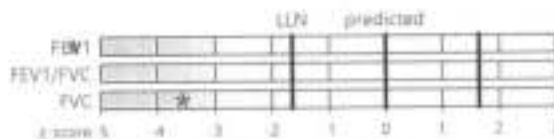
### Patient Information

<b>Name</b>	TIWARY, PRAMOD	<b>ID</b>	18435
<b>Gender</b>	Male	<b>Test Type</b>	FVL (ex/in)
<b>Age</b>	52	<b>Test Date</b>	27-02-2024 13:23:06
<b>Height</b>	170 cm	<b>Post Time</b>	
<b>Weight</b>	75 kg	<b>Interpretation</b>	GOLD(2008)/Hardie
<b>Smoker</b>	No	<b>Predicted</b>	Chhabra (India), 2014 * 1.00
<b>Ethnicity</b>	Asian	<b>Physician</b>	
<b>BMI</b>	26		

Parameter	Pred	LLN	Pre		Z-Score
			Best	%Pred	
FVC [L]	3.85	3.07	2.15*	56	-3.56
FEV1 [L]	2.89	2.23	0.69*	24	-5.46
FEV1/FVC	0.753	0.661	0.322*	-	-7.70
FEF25-75 [L/s]	2.29	1.46	0.25*	11	-4.08
PEF [L/s]	7.54	5.82	3.71*	49	-3.65
FET [s]	-	-	<b>8.5</b>	-	-
FIVC [L]	3.85	3.07	2.03*	53	-3.82
PIF [L/s]	-	-	<b>3.19</b>	-	-

System Interpretation Pre Very Severe Obstruction

\* Indicates value outside normal range or significant post change.



Physician Signature

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27/02/24

Mr. Prasad  
Towers  
50038

In p @ 1/6 - 10p  
① 1/6 - 11p  
(Contracted)

Go - ML  
Srinivas Reddy  
MMS

11/10/15  
14 mm - 4

add 1/10/15 @ 11p

1/10/15

Ref p @ 1/10/15  
① 1/10/15 - 1/10/15  
add + 1/10/15

1/10/15  
1/10/15

Adv. - Resolving glass



## DIGITAL X-RAY REPORT

NAME: PRAMOD TIWARY	DATE: 27.02.2024
UHID NO : 18435	AGE: 52 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

  
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Consultant Radiologist

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