

Health Check up Booking Confirmed Request(bobE4048),Package Code-PKG10000366, Beneficiary Code-297797

Mediwheel <wellness@mediwheel.in>

Sat 06-01-2024 12:26

To:Rahul Kumar <RAHUL.KUMAR3@bankofbaroda.com>

C:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

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

011-41195959

Dear Rahul kumar,

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

Booking Date : 02-01-2024
Hospital Package Name : Mediwheel Full Body Annual Plus
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Apollo Medical Centre - Kondapur
Address of Diagnostic/Hospital : Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-Royal Restaurants , Kondapur - 500084
City : Hyderabad
State :
Pincode : 500084
Appointment Date : 13-01-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am-9:00am
Booking Status : Booking Confirmed


Member Information

Booked Member Name	Age	Gender
MR. KUMAR RAHUL	32 year	Male

Note - Please note to not pay any amount .

Instructions to undergo Health Check:


7

 **बैंक ऑफ बरोडा**
Bank of Baroda

नाम
Name
राहुल कुमार
Rahul Kumar

कार्यालय क्र. 5
E.C. No. 110695

भारतीय भण्डारण
Issuing Authority


राहुल
Rahul

भण्डारण अधिकारी
Manager of Branch

Patient Name : Mr. KUMAR RAHUL
 UHID : CNEZ.0000113788
 Conducted By: : Dr. RAMU ANKAM
 Referred By : SELF

Age : 32 Y/M
 OP Visit No : CKONOPV630488
 Conducted Date : 13-01-2024 11:27

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.4 CM
LA (es)	3.7 CM
LVID (ed)	4.3 CM
LVID (cs)	2.7 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	65.00%
%FD	33.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

AJV: 1.0
E: 0.9 m/s
A: 0.6 m/s

IMPRESSION :-
NORMAL CHAMBERS
NO RWMA
GOOD LV/ RV FUNCTION
NO MR/ TR/ AR/ PAH
NO CLOT/ PE.



Dr. RAMU
ANKAM

Name *Mr. Kumar Rahul*
 Age *32y*
 Male Female
 Ref. Diagnosis

Date *13/01/2024*
 UHID No. *113788*
 Ref. Physician *Dr. Ramu*

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. Wt. BSA

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL
Ao (ed)	<i>3.4</i> cm	(1.5cm / m2)	IVS (Ed)	<i>1.1</i> cm	(0.6 - 1.2 cm)
LA (es)	<i>3.7</i> cm	(1.5cm / m2)	LVPW (Ed)	<i>1.1</i> cm	(0.6 - 1.1 cm)
RVID (ed)	<i>3.2</i> cm	(0.9 cm / m2)	EF	<i>65</i>	(0.62 - 0.85)
LVID (ed)	<i>4.3</i> cm	(2.6 - 3.4 cm / m2)	% FD	<i>35</i>	(2.8% - 42%)
LVID (es)	<i>2.8</i>				

MORPHOLOGICAL DATA

Mitral Valve	AML	<i>2</i>	Interatrial septum	<i>2</i>
	PML	<i>2</i>	Interventricular septum	<i>2</i>
Aortic Valve		<i>2</i>	Pulmonary artery	<i>2</i>
Tricuspid valve		<i>2</i>	Aorta	<i>2</i>
Pulmonary valve		<i>2</i>	Right atrium	<i>2</i>
Right ventricle		<i>2</i>	Left atrium	<i>2</i>



APOLLO MEDICAL CENTER

PHYSICAL EXAMINATION FORM

DATE: 13/01/24.

UHID: 113788

NAME: Mr. Kumar, Rahul

AGE: 32/10

HEIGHT

BMI

WEIGHT

CHEST MEASUREMENT

OUT

ABDOMEN

WAIST

PULSE

HIP

BP

Patient Name : Mr. KUMAR RAHUL
UHID : CNIZ.0000113788
Reported By: : Dr. RAMU ANKAM
Referred By : SELF

Age : 32 Y/M
OP Visit No : CKONOPV630488
Conducted Date : 13-01-2024 11:25

ECG REPORT

Observation :-

1. Sinus bradycardia.
2. Heart rate is 55beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

SINUS BRADYCARDIA.

----- END OF THE REPORT -----



Dr. RAMU ANKAM

R Kumar rahul
ID: 113788

13.01.2024 9:06:24
APOLLO MEDICAL CENTRE

Location:

Room:

55 bpm

32 Years

Male

HYDERABAD

Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

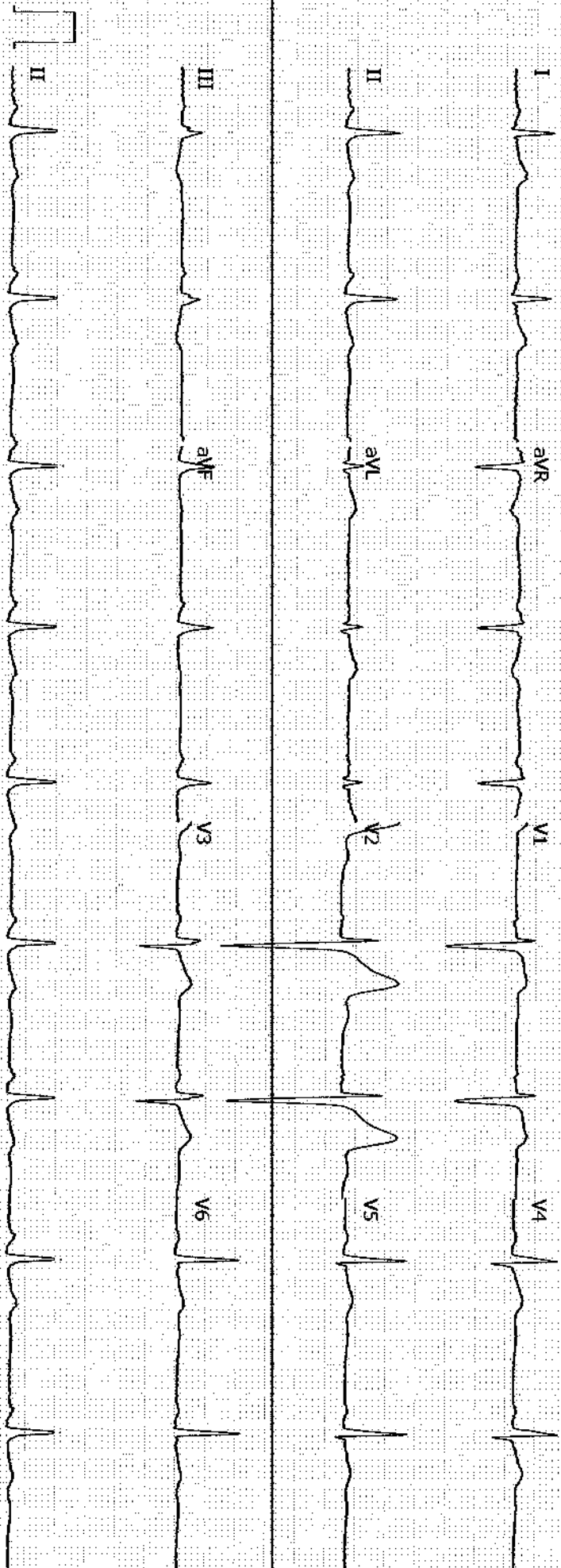
-- / -- mmHg

Technician:
Referring Ph:
Attending Ph:

QRS : 102 ms
QT / QTcBaz : 432 / 413 ms
PR : 154 ms
P : 100 ms
RR / PP : 1082 / 1090 ms
P / QRS / T : 57 / 52 / 12 degrees

Sinus bradycardia
Otherwise normal ECG

Sinus
bradycardia



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz Unconfirmed 4x2 5x3 25_R1 1/1

Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION.
ophthal test pending

Patient Name : Mr. KUMAR RAHUL

Age/Gender : 32 Y/M

UHID/MR No. : CNIZ.0000113788

OP Visit No : CKONOPV630488

Sample Collected on :

Reported on : 13-01-2024 14:35

LRN# : RAD2206949

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 110695

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

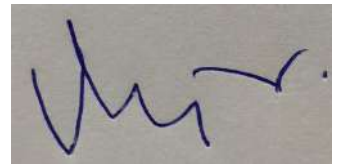
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name	: Mr. KUMAR RAHUL	Age/Gender	: 32 Y/M
UHID/MR No.	: CNIZ.0000113788	OP Visit No	: CKONOPV630488
Sample Collected on	:	Reported on	: 13-01-2024 14:35
LRN#	: RAD2206949	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 110695		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and mild increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is Partially distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained.

Right kidney measures 102 x 44 mm.

Left kidney measures 104 x 40 mm.**Two to three calculi noted largest measuring 4.7 mm.**

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen. prostate measures 29 x 30 x 30mm,Volume--16cc.

Patient Name : Mr. KUMAR RAHUL

Age/Gender : 32 Y/M

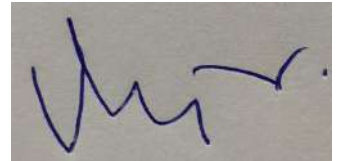
IMPRESSION:-

****MILD FATTY CHANGES IN LIVER.**

****LEFT RENAL CALCULI.**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 09:09AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 10:18AM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

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	13.4	g/dL	13-17	Spectrophotometer
PCV	41.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.61	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	37	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3520	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2368	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	128	Cells/cu.mm	20-500	Calculated
MONOCYTES	384	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	172000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 02:41PM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 08:13PM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

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	B			Microplate technology
Rh TYPE	Negative			Microplate technology



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY



SIN No:HA06335248

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 09:09AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 10:09AM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

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	91	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.



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 10:23AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 12:08PM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 12:44PM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	mg/dL	70-140	GOD - POD

Comment:

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

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 11:55AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 01:00PM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

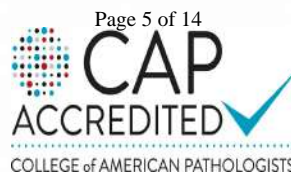
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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)

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 11:55AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 01:00PM
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DEPARTMENT OF BIOCHEMISTRY

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

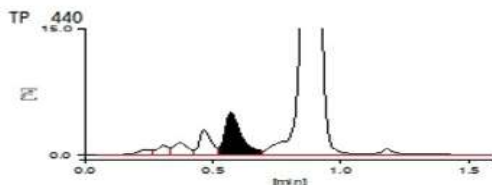
Chromatogram Report

V5.28 1 2024-01-13 12:27:23
 ID EDT240003688
 Sample No. 01130060 SL 0002 - 05
 Patient ID
 Name
 Comment

GALIB Name	%	Time	Area
A1A	0.5	0.24	6.90
A1B	0.7	0.31	9.37
F	1.0	0.37	14.37
LA1C+	1.8	0.47	24.70
SA1C	5.1	0.57	56.74
A0	93.0	0.88	1305.71
H-V0			
H-V1			
H-V2			

Total Area 1417.79

HbA1c 5.1 % IFCC 33 mmol/mol
 HbA1 6.3 % HbF 1.0 %



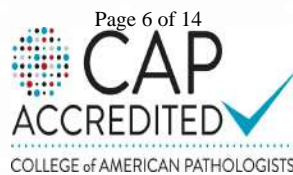
13-01-2024 12:27:24 APOLLO

1 / 1

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

Maruthi

Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist



Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 09:09AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 10:19AM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

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	171	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	90	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	113	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.28		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.



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 09:09AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	135	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	76.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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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Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 09:09AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 10:19AM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

DEPARTMENT OF BIOCHEMISTRY

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




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 12:40PM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 02:07PM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

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	1.12	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	23.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.91	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.71	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.76	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 09:09AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 09:34AM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

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	39.00	U/L	15-73	Glycylglycine Nitoranalide




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 09:09AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 09:47AM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.91	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.674	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 09:31AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 10:03AM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

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	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Patient Name : Mr.KUMAR RAHUL	Collected : 13/Jan/2024 07:55AM
Age/Gender : 32 Y 6 M 8 D/M	Received : 13/Jan/2024 09:31AM
UHID/MR No : CNIZ.0000113788	Reported : 13/Jan/2024 10:16AM
Visit ID : CKONOPV630488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110695	

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




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