


Patient ID	10244388		Ref. By	Self
Patient Name	Mr. Anil Kumar Verma		Booked Date	15/11/2024 10:30:11
Gender/Age	Male /46 Yrs 4 Mon 14 Days		Collected Date	15/11/2024 10:32:57
Mobile No.			Received Date	15/11/2024 10:33:00
Organization	Apollo Clinic		Report Date	15/11/2024 16:17:04
Specimen	WB-EDTA		Print Date	15/11/2024 16:43:28

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Arcofemi Mediwheel- Standard Male

Complete Blood Count (CBC)

Automation+ Manual

Hemoglobin (Hb) <small>Colorimetric Method</small>	13.7	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) <small>Flow Cytometry method</small>	6550	cells/uL	4000 - 10000
Erythrocyte Count (RBC Count) <small>Fluorescence method</small>	4.69	10 ⁶ /uL	4.50 - 5.50
Packed Cell Volume (PCV) <small>Calculated</small>	42.7	%	40.0 - 50.0
Mean Corpuscular Volume (MCV) <small>Calculated</small>	91.0	fL	83.0 - 101.0
MCH (Mean Corp Hb) <small>Calculated</small>	29.2	pg	27.0 - 32.0
MCHC (Mean Corp Hb Conc) <small>Calculated</small>	32.1	gm/dL	31.5 - 34.5
Platelet Count <small>Electric Impedence Method</small>	1.53	10 ⁵ /uL	1.50 - 4.50
RDW (CV) <small>Calculated</small>	14.9	%	11.5 - 14.0
MPV <small>Calculated</small>	10.7	fL	9.1 - 11.9
PCT <small>calculated</small>	0.16	%	0.18 - 0.39
PDW-SD <small>Calculated</small>	19.6	fL	9.0 - 15.0

Differential Leucocyte Count (DLC)

Automation+Manual

Neutrophil <small>Electrochemical method & Microscopy</small>	63	%	40 - 70
Lymphocyte <small>Electrochemical method & Microscopy</small>	26	%	20 - 45
Eosinophil <small>Laser Flow Cytometry & Microscopy</small>	04	%	01 - 07



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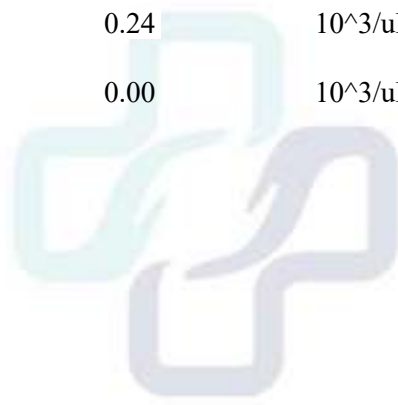
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Organization	Apollo Clinic		Report Date	15/11/2024 16:43:02
Specimen	WB-EDTA		Print Date	15/11/2024 16:43:29

Test Name	Value	Unit	Biological Ref Interval
Monocyte <small>Estimated from manual differential</small>	07	%	00 - 10
Basophil <small>Estimated from manual differential</small>	00	%	00 - 01
Absolute Neutrophils Count (ANC) <small>Calculated</small>	4.15	10 ³ /uL	2.00 - 7.00
Absolute Lymphocytes Count (ALC) <small>Calculated</small>	1.70	10 ³ /uL	1.00 - 3.00
Absolute Monocytes Count (AMC) <small>Calculated</small>	0.44	10 ³ /uL	0.20 - 1.00
Absolute Eosinophil Count (AEC) <small>Calculated</small>	0.24	10 ³ /uL	0.02 - 0.50
Absolute Basophil count (ABC) <small>Calculated</small>	0.00	10 ³ /uL	0.00 - 0.10




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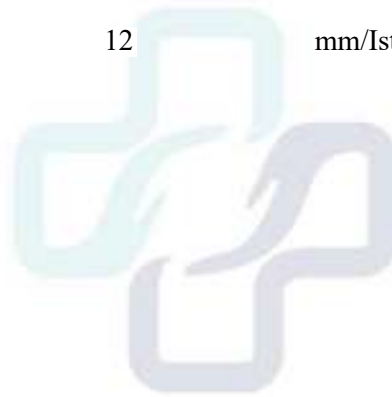
Peripheral Blood Smear (P/S)

Cellular morphology

WBC's	Non-neutrophilic mononuclear
WBC's	Total and differential leucocyte count are within normal limits
Platelets	Adequate
Hemoparasites	Not seen
Immature cells	Not seen

Impression: Normal Peripheral smear

Erythrocyte Sedimentation Rate (ESR) 12 mm/1st hr. 00 - 20
Automated




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Mobile No.			Received Date	15/11/2024 11:20:31
Organization	Apollo Clinic		Report Date	15/11/2024 16:43:02
Specimen	Fluoride- F, Fluoride- PP		Print Date	15/11/2024 16:43:31

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

Glucose- Fasting Blood <small>Urea-None</small>	88.0	mg/dl	74.0 - 100.0
Glucose Postprandial Blood <small>Urea-None</small>	115.6	mg/dl	74.0 - 140.0



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HAEMATOLOGY

Glycosylated Hemoglobin (HbA1C)

HbA1C	5.1	%
Estimated average plasma Glucose	100	%

Interpretation:

As per American Diabetes Association (ADA):

Reference Group	HbA1c (%)
Non-diabetic adults > 18 years	<5.7
At risk (Pre-diabetes)	5.7-6.4
Diagnosing Diabetes	≥6.5
Therapeutic goals for glycaemic control	Age <18 years: Goal of therapy <5.7 Age ≥18 years: Goal of therapy <7.5

Note

- Since HbA1c reflects long-term fluctuations in the blood glucose concentration, a diabetic patient who is normally under good control may still have a high concentration of HbA1c. Conversely is true for a diabetic previously under good control but now poorly controlled.
- Target goals of <7.5% may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive comorbid conditions, targeting a goal of <7.5% may not be appropriate.

Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long-term glycaemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.


HbA1c (%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298



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Specimen	WB-EDTA		Print Date	15/11/2024 16:43:32

Test Name	Value	Unit	Biological Ref Interval
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Blood Grouping (A,B,O) and Rh Factor

Tube method

Blood Group ABO <small>Tube method</small>	A		
Rh Typing <small>Tube method</small>	POSITIVE		



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Specimen	Serum		Print Date	15/11/2024 16:43:33

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

Liver Function Test (LFT)- 2

Bilirubin Total <small>Method-Spectrophotometry</small>	0.61	mg/dl	0.00 - 1.20
Bilirubin Direct <small>Method-Spectrophotometry</small>	0.20	mg/dl	0.00 - 0.40
Bilirubin Indirect <small>Spectrophotometry</small>	0.41	mg/dl	0.00 - 0.75
Aspartate Aminotransferase (AST/ SGOT) <small>Spectrophotometry</small>	11.8	U/L	0.0 - 35.0
Alanine Transaminase ALT/ SGPT <small>(Method-Spectro-photometry)</small>	15.7	U/L	0.0 - 45.0
Alkaline Phosphatase (ALP) <small>Spectro-photometry</small>	83.0	IU/L	53.0 - 128.0
Protein Total <small>(METHOD:BIURET)</small>	7.1	gm/dl	6.4 - 8.3
Albumin <small>(Method-Spectro-photometry)</small>	4.2	gm/dl	3.5 - 5.2
Globulin <small>(METHOD:BCG)</small>	2.9	g/dl	2.3 - 3.5
A/G Ratio <small>Colorimetric</small>	1.45		1.30 - 2.10
Gamma Glutamyl Transferase (GGT) <small>Method:Colorimetric</small>	25.9	U/L	<55.0

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Specimen	Serum		Print Date	15/11/2024 16:43:34

Test Name	Value	Unit	Biological Ref Interval
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Kidney Function Test/Renal Function Test

Urea <small>Method: Creatinine (JIF)</small>	15.6	mg/dl	19.0 - 45.0
Blood Urea Nitrogen (BUN) <small>Urea: Creatinine</small>	7.3	mg%	6.0 - 20.0
Creatinine <small>Method: Spectrophotometry</small>	0.83	mg/dl	0.70 - 1.30
Uric Acid <small>Method: X-COMPO 1100</small>	5.3	mg/dl	3.5 - 7.2
Sodium <small>Method: ISE</small>	136.90	meq/l.	136.00 - 145.50
Potassium <small>(Done on EasyLite)</small>	4.25	meq/L	3.50 - 5.50
Chloride <small>Method- IS Electrode</small>	102.3	mmol/L	98.0 - 109.0
Calcium <small>Method: Spectro-photometry</small>	8.6	mg/dl	8.6 - 10.2
Phosphorus <small>UV Molybdate</small>	4.2	mg/dl	2.5 - 4.5

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Specimen	Serum		Print Date	15/11/2024 16:43:35

Test Name	Value	Unit	Biological Ref Interval
Lipid Profile			
Cholesterol - Total <small>Spectrophotometry</small>	179.0	mg/dl	Desirable = < 200 Borderline = 200-239 High Cholesterol = = 240 Child Desirable = < 170 Borderline = 170-199 High Cholesterol = >199
Triglycerides (TG) <small>Spectrophotometry</small>	119.8	mg/dl	0.0 - 161.0 High : 161-199 Hypertriglyceridemic : 200-499 Very High : > 499
Cholesterol - HDL <small>Spectro-Photometry</small>	42.6	mg/dl	35.3 - 79.5
Cholesterol - LDL <small>Spectro-photometry</small>	112.4	mg/dl	60.0 - 130.0
VLDL Cholesterol <small>Calculated</small>	24.0	mg/dl	Borderline High : 130 - 159 High : > 160 4.7 - 22.1
Serum Total / HDL Cholesterol Ratio <small>Calculated</small>	4.20		4.50 - 6.00
Serum LDL / HDL Cholesterol Ratio <small>Calculated</small>	2.64		0.00 - 3.50

CHOLESTEROL in lipoproteins and lipoproteins are the important plasma lipids. In determining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values.

TRIGLYCERIDE level >250 mg/dl is associated with an approximately 5-fold greater risk of coronary vascular disease. Elevation of TRIGLYCERIDE can be seen in obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis.

HDL-CHOLESTEROL level <45 mg/dl is associated with an increased risk of coronary heart disease even in the face of desirable levels of cholesterol and LDL-cholesterol.

LDL-CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as



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Organization	Apollo Clinic		Report Date	15/11/2024 16:43:02
Specimen	Serum		Print Date	15/11/2024 16:43:36

Test Name	Value	Unit	Biological Ref Interval
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Hereditary factors. Based on total cholesterol, LDL-cholesterol, and total cholesterol/HDL-cholesterol ratio, patients may be divided into three risk categories:

	CHOL-CHOLESTEROL	LDL-CHOLESTEROL	CHOL/HDL RATIO
Acceptable/Low Risk	<200 mg/dL	<130 mg/dL	<5.0
Borderline High Risk	200-239 mg/dL	130-159 mg/dL	5.0-6.0
High Risk	≥240 mg/dL	≥160 mg/dL	≥6.0

APOLIPROTEIN A1 & B Recent studies have shown that Apo lipoproteins A1 & B are the best indicators of coronary artery disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B/Apo A1 is 0.1 in absence of increased CHD risk.





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Mobile No.			Received Date	15/11/2024 10:33:00
Organization	Apollo Clinic		Report Date	15/11/2024 16:43:20
Specimen	Urine		Print Date	15/11/2024 16:43:36

Test Name	Value	Unit	Biological Ref Interval
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CLINICAL PATHOLOGY

Urine Routine & Microscopy

Strip/Microscopy

Physical Examination

Volume	30	ml	10
Colour	Light Yellow		Light Yellow
Appearance	Clear		Clear
Deposit	Absent		
Turbidity	Absent		
Reaction	Acidic		
Specific Gravity <small>Refractometric</small>	1.015		1.000 - 1.030

Chemical Examination

Urine Protein <small>Protein Error of Indicator</small>	Nil		Nil
Urine Glucose <small>Oxidase Peroxidase Reaction</small>	Nil		Nil
Urine Ketone body <small>Sodium Nitropruside</small>	Nil		Nil
Nitrite	Nil		Nil
Bile Pigment (Urine) <small>Method- FOUCHET</small>	Nil		Nil
Bile Salt (Urine) <small>Method- SUGLEN</small>	Nil		Nil
PH <small>Colorimetric Method</small>	6.0		4.6 - 8.0
Blood <small>Colorimetric Method</small>	Negative		Negative
Urobilinogen <small>Modified Jendrassik Reaction</small>	Normal		Normal
Urine Bilirubin <small>Colorimetric</small>	Negative		Negative
Leukocyte <small>Microscopic Method</small>	Negative		Negative

Microscopic Examintaion

Pus Cells	1-2	/HPF	2-4
Epithelial Cells	1-2	/HPF	0-3



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Organization	Apollo Clinic		Report Date	15/11/2024 15:54:41
Specimen	Urine		Print Date	15/11/2024 16:43:38

Test Name	Value	Unit	Biological Ref Interval
RBC's	Nil	/HPF	Nil
Casts	Nil		Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Budding yeast cells	Negative		Negative
Others	Nil		Nil



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Specimen	Serum		Print Date	15/11/2024 16:43:39

Test Name	Value	Unit	Biological Ref Interval
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IMMUNOASSAY

Thyroid Profile Total

Triiodothyronine Total (TT3) <small>CLIA</small>	1.25	ng/dL	0.69 - 2.15
Thyroxine - Total (TT4) <small>CLIA</small>	8.69	ug/dl	5.00 - 13.00
Thyroid Stimulating Hormone (TSH) <small>Radioimmunoassay</small>	13.70	uIU/ml	0.30 - 4.50

COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radiiodine scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

PREPARED BY	REFERENCE RANGE (for TSH IN uIU/ml: As per American Thyroid Association)
1 st Trimester	0.01-0.50 uIU/ml
2 nd Trimester	0.01-0.60 uIU/ml
3 rd Trimester	0.01-0.60 uIU/ml

- TSH IS DONE BY ULTRA SENSITIVE 4TH GENERATION CHEMILUMINESCENT ASSAY*

INTERPRETATIONS

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with decreased TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problems in conversion of T4 to T3).
5. Normal T3 & T4 along with low TSH indicate a defect in central HYPERTHYROIDISM.
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM.
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM.
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drug like propranolol.
9. Abnormally elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism).




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Organization	Apollo Clinic		Report Date	15/11/2024 12:02:38
Specimen			Print Date	15/11/2024 16:43:40

Digital X-Ray Chest PA View

Performed on high frequency machine MARS 6 (Horizontal Bucky and HV system)

H/O

Medical Checkup

FINDINGS:

Bilateral lung fields appear grossly clear
Cardiac silhouette appears normal
Bilateral hilar shadows appear normal
Bilateral CP angles appear clear
Both domes of diaphragm are normal in position and contours
Visualized bony cage appears normal

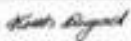
IMP:

No obvious abnormality detected

ADV:

Please correlate clinically & with other investigations. This report is for diagnostic use only and is not valid for medicolegal purpose. We are open for reconsideration of the report if required suggested by treating doctor.

*** End of Report ***



Dr. Kush Dugad
M.D. (Radiodiagnosis)
Consultant Radiologist
DMC/R/15934



If test results are alarming or unexpected, patients are advised to contact the laboratory immediately for the possible remedial action. Page No. 11 of 11

+91-9999 399 344 | +91-11-6138 4456 | +91-11-4998 9190 | dgdlabs@saimanhealthcare.com

For Doctor Consultation & Home Health Care Services contact : +91-9999 500 123



Your Apollo order has been confirmed

Dr. nishant@apolloclinic.com, dr.m.p.wajid@apolloclinic.com, syamalakum@apolloclinic.com, corporate@apolloclinic.com, deepak.godam@apolloclinic.com, nri.g@apolloclinic.com, dovan.10575@apollon.com, itp.b@apolloclinic.com

Respected Sir/Madam,

Please find corporate HC insurance details scheduled for 15-11-2024 at via: SALMAN HEALTHCARE PVT LTD - DELHI CR. (India)

Points to note:

- Upload photograph of employee (i) proof of health check is through an employer.
- Upload photograph of personal ID proof if health check is for insurance.
- Upload PAN card as per corporate orders to get employee's details (relating to work).
- By the end of appointment date, share Work order number & visit status (if available share).
- Upload reports in Adhuzum portal as per specifications given earlier.

Company Name	Employee Name	Package Name	Age	Sex	DOB	Plan	Policy No.	Start Date	End Date	Remarks
ARCOFEM LIMITED	ARCOFEM MALE AHC - FULL CREDIT PAN BODY INDIA CP STANDAR AGREEMENT PLUS MAIL - FY2324	ARCOFEM -Urine Routine (CUE),GGT, Gamma Glutamyl Transpeptidase - Serum,Blood Glucose And Tsping145 And Rauschelet pH Profile (of Parameters)Renal Function Test,Optnl by General Physical,Complete SERUM PLASMA,FASTING AND POST PRANDIAL,THYROID PROFILE - (T3,T4 AND TSH),LIVER FUNCTION TEST (PACKAGE), Filtered by General Physical, Glycosylated Hemoglobin (HbA1C) - Whole Blood,ULTRASOUND (CBC+ESR),X-Ray Chest RA,BNP,PERIPHERAL SMEAR,LIPID PROFILE,HEMOGRAM + PERIPHERAL SMEAR,RENAL PROFILE,RENAL FUNCTION TEST (REF,KFT),LIVER FUNCTION TEST (ALT,GAMMA GLUTAMYL TRANSFERASE (GGT),Doctor,THYROID PROFILE (TOTAL T3, TOTAL T4, TSH),BODY MASS INDEX (BMI),GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL),COMPLETE URINE EXAMINATION,HBA1C, GLYCATED HEMOGLOBIN, BLOOD GROUP ABO AND RH	45	Male	01-05-1978	N/A	INDIA CP STANDAR AGREEMENT PLUS MAIL - FY2324	89167100042024-11-15	08:30-14:00	022-40774112401061

Blood - F, PP
Urine
ECG
* Ray
MR

Date: 15.11.2024

Name: ANIL KUMAR VERMA

Age/Gender: 46Y/M

Mobile No.: 918700204

Ref By: AHCN

Demographics:

Height	Weight	BP	BMI
183 cm	82kgs	116/78 mmHg	24.5

Personal History:

Habits:	Smoking: No
	Alcohol: No
	Drugs/Medicines: No

Family History:

Relation	Age	Health Status
Father	82	
Mother	80	Healthy
Brother	56	Healthy
Sister	53,50,48	Healthy

Past History:

Hypertension	No
Diabetes	No
Asthma	No
Thyroid	No
Tuberculosis	No
Cancer	No

Others:

Allergic History	No
Surgical History	No

Ophthalmic Examination:

Distance vision		Near vision		Colour vision	
Right Eye	Left Eye	Right Eye	Left Eye	Right Eye	Left Eye
6/6	6/6	N6	N6	Normal	Normal

Dr. Suneel Kumar Garg

MD, FNB (Critical Care Medicine), FICCM, EDIC, FICCM, FCCP (USA), FCCM (USA)
Senior Critical Care Physician
DMC-34400

If test results are alarming or unexpected, patients are advised to contact the laboratory immediately for the possible correction.
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