| | | | |
|---|---|---|---|
| Patient Name | : Mr.AYUSH FALOR | Collected | : 02/Oct/2023 08:41AM |
| Age/Gender | : 24 Y 1 M 1 D /M | Received | : 02/Oct/2023 01:43PM |
| UHID/MR No | : APJ1.0025456382 | Reported | : 02/Oct/2023 03:35PM |
| Visit ID | : DELIOPV1875 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Client Name | : PUP 24X7_CREDIT |
| IP/OP NO | : | Patient location | : Malad East,Mumbai |

## DEPARTMENT OF HAEMATOLOGY

### XPERT HEALTH ANNUAL HEALTH CHECK-UP

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **HEMOGRAM ,** *WHOLE BLOOD EDTA* | | | | |
| **HAEMOGLOBIN** | **12** | g/dL | 13-17 | Spectrophotometer |
| PCV | **37.90** | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | **6.22** | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | **61** | fL | 83-101 | Calculated |
| MCH | **19.2** | pg | 27-32 | Calculated |
| MCHC | 31.6 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | **17.5** | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,700 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| **DIFFERENTIAL LEUCOCYTIC COUNT (DLC)** | | | | |
| NEUTROPHILS | 57 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 03 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 06 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| **ABSOLUTE LEUCOCYTE COUNT** | | | | |
| NEUTROPHILS | 3819 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 2278 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 201 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 402 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| **PLATELET COUNT** | 343000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| **ERYTHROCYTE SEDIMENTATION RATE (ESR)** | **32** | mm at the end of 1 hour | 0-15 | Modified Westergren |
| **PERIPHERAL SMEAR** | | | | |

RBC MICROCYTIC HYPOCHROMIC ANISOCYTOSIS
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Comments : Kindly correlate clinically.



SIN No:HA05787066

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

| | | | |
|---|---|---|---|
| Patient Name | : Mr.AYUSH FALOR | Collected | : 02/Oct/2023 08:41AM |
| Age/Gender | : 24 Y 1 M 1 D /M | Received | : 02/Oct/2023 06:16PM |
| UHID/MR No | : APJ1.0025456382 | Reported | : 02/Oct/2023 06:50PM |
| Visit ID | : DELIOPV1875 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Client Name | : PUP 24X7_CREDIT |
| IP/OP NO | : | Patient location | : Malad East,Mumbai |

## DEPARTMENT OF BIOCHEMISTRY

### XPERT HEALTH ANNUAL HEALTH CHECK-UP

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **HBA1C, GLYCATED HEMOGLOBIN ,** *WHOLE BLOOD EDTA* | 5.2 | % | | HPLC |
| **ESTIMATED AVERAGE GLUCOSE (eAG) ,** *WHOLE BLOOD EDTA* | 103 | mg/dL | | Calculated |

## Comment:

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

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

**Note:** Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
   A: HbF >25%
   B: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:BI16355587

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

| | | | |
|---|---|---|---|
| Patient Name | : Mr.AYUSH FALOR | Collected | : 02/Oct/2023 08:41AM |
| Age/Gender | : 24 Y 1 M 1 D /M | Received | : 02/Oct/2023 03:15PM |
| UHID/MR No | : APJ1.0025456382 | Reported | : 02/Oct/2023 04:57PM |
| Visit ID | : DELIOPV1875 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Client Name | : PUP 24X7_CREDIT |
| IP/OP NO | : | Patient location | : Malad East,Mumbai |

## DEPARTMENT OF BIOCHEMISTRY

### XPERT HEALTH ANNUAL HEALTH CHECK-UP

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **LIPID PROFILE ,** *SERUM* | | | | |
| TOTAL CHOLESTEROL | **213** | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 89 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | **31** | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | **182** | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | **164.2** | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 17.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | **6.87** | | 0-4.97 | Calculated |

Result is rechecked. Kindly correlate clinically

**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<br>Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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.



SIN No:BI16355586

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

| | | | |
|---|---|---|---|
| Patient Name | : Mr.AYUSH FALOR | Collected | : 02/Oct/2023 08:41AM |
| Age/Gender | : 24 Y 1 M 1 D /M | Received | : 02/Oct/2023 03:15PM |
| UHID/MR No | : APJ1.0025456382 | Reported | : 02/Oct/2023 04:57PM |
| Visit ID | : DELIOPV1875 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Client Name | : PUP 24X7_CREDIT |
| IP/OP NO | : | Patient location | : Malad East,Mumbai |

## DEPARTMENT OF BIOCHEMISTRY

### XPERT HEALTH ANNUAL HEALTH CHECK-UP

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **LIVER FUNCTION TEST (LFT) ,** *SERUM* | | | | |
| BILIRUBIN, TOTAL | **1.70** | mg/dL | 0.20-1.20 | Colorimetric |
| BILIRUBIN CONJUGATED (DIRECT) | **0.70** | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 1.00 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 21 | U/L | 21-72 | UV with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 23.0 | U/L | 17-59 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 77.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 6.80 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.40 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 2.40 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.83 | | 0.9-2.0 | Calculated |

Result is rechecked. Kindly correlate clinically

**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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.



SIN No:BI16355586

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

| | | | |
|---|---|---|---|
| Patient Name | : Mr.AYUSH FALOR | Collected | : 02/Oct/2023 08:41AM |
| Age/Gender | : 24 Y 1 M 1 D /M | Received | : 02/Oct/2023 03:15PM |
| UHID/MR No | : APJ1.0025456382 | Reported | : 02/Oct/2023 04:57PM |
| Visit ID | : DELIOPV1875 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Client Name | : PUP 24X7_CREDIT |
| IP/OP NO | : | Patient location | : Malad East,Mumbai |

## DEPARTMENT OF BIOCHEMISTRY

### XPERT HEALTH ANNUAL HEALTH CHECK-UP

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) ,** *SERUM* | | | | |
| CREATININE | 0.69 | mg/dL | 0.66-1.25 | Creatinine amidohydrolase |
| UREA | 27.80 | mg/dL | 19-43 | Urease |
| BLOOD UREA NITROGEN | 13.0 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.00 | mg/dL | 3.5-8.5 | Uricase |
| CALCIUM | 9.50 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 3.70 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 141 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.2 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 99 | mmol/L | 98 - 107 | Direct ISE |



SIN No:BI16355586

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

| | | | |
|---|---|---|---|
| Patient Name | : Mr.AYUSH FALOR | Collected | : 02/Oct/2023 08:41AM |
| Age/Gender | : 24 Y 1 M 1 D /M | Received | : 02/Oct/2023 01:17PM |
| UHID/MR No | : APJ1.0025456382 | Reported | : 02/Oct/2023 04:57PM |
| Visit ID | : DELIOPV1875 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Client Name | : PUP 24X7_CREDIT |
| IP/OP NO | : | Patient location | : Malad East,Mumbai |

## DEPARTMENT OF IMMUNOLOGY

### XPERT HEALTH ANNUAL HEALTH CHECK-UP

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **THYROID PROFILE TOTAL (T3, T4, TSH) ,** *SERUM* | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.77 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 6.17 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 0.720 | 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 |



SIN No:IM06254715

| | | | |
|---|---|---|---|
| Patient Name | : Mr.AYUSH FALOR | Collected | : 02/Oct/2023 08:41AM |
| Age/Gender | : 24 Y 1 M 1 D /M | Received | : 02/Oct/2023 06:09PM |
| UHID/MR No | : APJ1.0025456382 | Reported | : 02/Oct/2023 06:33PM |
| Visit ID | : DELIOPV1875 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Client Name | : PUP 24X7_CREDIT |
| IP/OP NO | : | Patient location | : Malad East,Mumbai |

## DEPARTMENT OF CLINICAL PATHOLOGY

### XPERT HEALTH ANNUAL HEALTH CHECK-UP

| 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 | 6.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.030 | | 1.002-1.030 | Dipstick |
| **BIOCHEMICAL EXAMINATION** | | | | |
| 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 |
| **CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY** | | | | |
| PUS CELLS | 2-3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |
| OTHERS | NIL | | | MICROSCOPY |

***** End Of Report *****

Dr. Viraj Saadrani
MBBS, MD(Pathology)
Consultant Pathologist

Dr.Sandip Kumar Banerjee
M.B.B.S,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:C02313381

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com