

Patient Name : Mr.ANNAMALAI A	Collected : 11/Nov/2024 09:50AM
Age/Gender : 65 Y 1 M 25 D/M	Received : 11/Nov/2024 12:08PM
UHID/MR No : CANN.0000242871	Reported : 11/Nov/2024 02:08PM
Visit ID : CANNOPV431047	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38082	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.3	g/dL	13-17	Spectrophotometer
PCV	43.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.41	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>80.7</b>	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	<b>35.1</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	48.3	%	40-80	Electrical Impedance
LYMPHOCYTES	32.6	%	20-40	Electrical Impedance
EOSINOPHILS	<b>10.7</b>	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3622.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2445	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>802.5</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	585	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.48		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	165000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 1 of 17



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

SIN No:CAG241101970

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

WBC MORPHOLOGY : Mild eosinophilia noted.  
PLATELETS : Adequate in number.  
PARASITES : No haemoparasites seen  
NOTE/ COMMENT : Please correlate clinically.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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Patient Name : Mr.ANNAMALAI A	Collected : 11/Nov/2024 01:58PM
Age/Gender : 65 Y 1 M 25 D/M	Received : 11/Nov/2024 06:27PM
UHID/MR No : CANN.0000242871	Reported : 11/Nov/2024 07:20PM
Visit ID : CANNOPV431047	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	176	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



DR.R.SRIVATSAN  
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SIN No:CAG241102040

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	146	mg/dL		Calculated


**Comment:**

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

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

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

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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	121	mg/dL	<200	CHO-POD
TRIGLYCERIDES	149	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>37</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	84	mg/dL	<130	Calculated
LDL CHOLESTEROL	54.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.27		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.25</b>		<0.11	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



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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.25	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.27	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.98	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	42	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)



Patient Name : Mr.ANNAMALAI A	Collected : 11/Nov/2024 09:50AM
Age/Gender : 65 Y 1 M 25 D/M	Received : 11/Nov/2024 12:22PM
UHID/MR No : CANN.0000242871	Reported : 11/Nov/2024 02:14PM
Visit ID : CANNOPV431047	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38082	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.87	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	24.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:CAG241101969

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Patient Name : Mr.ANNAMALAI A	Collected : 11/Nov/2024 09:50AM
Age/Gender : 65 Y 1 M 25 D/M	Received : 11/Nov/2024 12:22PM
UHID/MR No : CANN.0000242871	Reported : 11/Nov/2024 01:48PM
Visit ID : CANNOPV431047	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38082	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	28.00	U/L	<55	IFCC



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Patient Name : Mr.ANNAMALAI A	Collected : 11/Nov/2024 09:50AM
Age/Gender : 65 Y 1 M 25 D/M	Received : 11/Nov/2024 12:27PM
UHID/MR No : CANN.0000242871	Reported : 11/Nov/2024 02:26PM
Visit ID : CANNOPV431047	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.45	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.523	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



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Patient Name : Mr.ANNAMALAI A	Collected : 11/Nov/2024 09:50AM
Age/Gender : 65 Y 1 M 25 D/M	Received : 11/Nov/2024 12:27PM
UHID/MR No : CANN.0000242871	Reported : 11/Nov/2024 02:26PM
Visit ID : CANNOPV431047	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38082	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Patient Name : Mr.ANNAMALAI A	Collected : 11/Nov/2024 09:50AM
Age/Gender : 65 Y 1 M 25 D/M	Received : 11/Nov/2024 12:27PM
UHID/MR No : CANN.0000242871	Reported : 11/Nov/2024 02:32PM
Visit ID : CANNOPV431047	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38082	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	<b>4.680</b>	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 60-69 years is 0-4.5 ng/mL



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Patient Name : Mr.ANNAMALAI A	Collected : 11/Nov/2024 09:50AM
Age/Gender : 65 Y 1 M 25 D/M	Received : 11/Nov/2024 03:29PM
UHID/MR No : CANN.0000242871	Reported : 11/Nov/2024 04:35PM
Visit ID : CANNOPV431047	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE+++		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



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



SIN No:CAG241101968

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Patient Name	: Mr.ANNAMALAI A	Collected	: 11/Nov/2024 09:50AM
Age/Gender	: 65 Y 1 M 25 D/M	Received	: 11/Nov/2024 03:29PM
UHID/MR No	: CANN.0000242871	Reported	: 11/Nov/2024 04:35PM
Visit ID	: CANNOPV431047	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S38082		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



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

SIN No:CAG241101968

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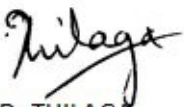
Patient Name	: Mr.ANNAMALAI A	Collected	: 11/Nov/2024 09:50AM
Age/Gender	: 65 Y 1 M 25 D/M	Received	: 11/Nov/2024 06:29PM
UHID/MR No	: CANN.0000242871	Reported	: 11/Nov/2024 07:05PM
Visit ID	: CANNOPV431047	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S38082		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++++)		NEGATIVE	GOD-POD

Page 16 of 17



**Dr THILAGA**  
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SIN No:CAG241101972

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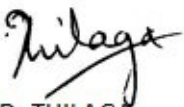


Patient Name : Mr.ANNAMALAI A	Collected : 11/Nov/2024 09:50AM
Age/Gender : 65 Y 1 M 25 D/M	Received : 11/Nov/2024 03:29PM
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	POSITIVE (+++)		NEGATIVE	GOD-POD

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



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

SIN No:CAG241101973

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:  
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05


**1860 500 7788**  
[www.apolloclinic.com](http://www.apolloclinic.com)

**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)



Patient Name	: Mr.ANNAMALAI A	Collected	: 11/Nov/2024 09:50AM
Age/Gender	: 65 Y 1 M 25 D/M	Received	: 11/Nov/2024 03:29PM
UHID/MR No	: CANN.0000242871	Reported	: 11/Nov/2024 04:35PM
Visit ID	: CANNOPV431047	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S38082		

### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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



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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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Patient Name	: Mr. ANNAMALAI A	Age	: 65Yrs 1Mths 27Days
UHID	: CANN.0000242871	OP Visit No.	: CANNOPV431047
Printed On	: 12-11-2024 05:32 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S38082		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas and spleen appear normal.  
Spleen measures 11.1cms.

Portal and splenic veins appear normal  
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.  
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.1 x 4.4cms.  
Left kidney measures 9.9 x 4.6 cms.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate is enlarged in size and measures 4.7 x 5.2 x 5.2 cms volume 68cc and shows normal echopattern..

Intravesicular extension ~ 1.3cm.

Seminal vesicles appear normal.

Bladder is Normal in contour. Prevoid volume ~255cc Postvoid residue ~44cc(insignificant ).

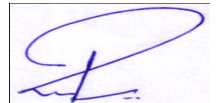
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IMPRESSION:

\*GRADE -II PROSTATOMEGALY .

\*INSIGNIFICANT POSTVOID RESIDUE.

---End Of The Report---



Dr.A R RAGHUL  
MBBS MD Radiodiagnosis  
139605  
Radiology



Patient Name	: Mr. ANNAMALAI A	Age	: 65Yrs 1Mths 26Days
UHID	: CANN.0000242871	OP Visit No.	: CANNOPV431047
Printed On	: 11-11-2024 09:18 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S38082		

---

## DEPARTMENT OF CARDIOLOGY

---

### 2D ECHO COLOR DOPPLER

#### DIMENSIONS:

AO (ed) 2.4 CM  
LA (es) 2.7 CM  
LVID (ed) 3.2 CM  
LVID (es) 2.1 CM  
IVS (Ed) 0.8 CM  
LVPW (Ed) 0.9 CM  
EF 65%  
% FD 35%

#### MORPHOLOGICAL DATA :

MITRAL VALVE	NORMAL
<b>AML</b>	NORMAL
<b>PML</b>	NORMAL
AORTIC VALVE	SCLEROSED
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL

---

LEFT VENTRICLE            NORMAL

PERICARDIUM            NORMAL

**DOPPLER STUDIES MITRAL INFLOW :**

VALVE                      VELOCITY (m / sec)

PULMONARY VALVE        0.8

AORTIC VALVE            0.9

TRICUSPID VALVE        0.8

MITRAL VALVE : E WAVE : 0.4

MITRAL VALVE : A WAVE : 0.6

**IMPRESSION :**

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION (EF - 65%)

NORMAL CARDIAC CHAMBERS

SCLEROSED AORTIC VALVE

GRADE I DIASTOLIC DYSFUNCTION

TRIVIAL AORTIC REGURGITATION

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

**DONE BY :**

**Ms. VITHYASREE. VS**

---End Of The Report---

Dr. RAKESH GOPAL  
MD, DM (Cardio) , Interventional Cardio  
20820  
Cardiology

Patient Name	: Mr. ANNAMALAI A	Age	: 65Yrs 1Mths 27Days
UHID	: CANN.0000242871	OP Visit No.	: CANNOPV431047
Printed On	: 12-11-2024 08:14 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S38082		

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

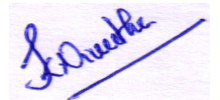
Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

\*NO SIGNIFICANT ABNORMALITY DETECTED

---End Of The Report---



Dr.NIVETHA K  
MBBS, MD, DNB  
119321  
Radiology

---

Patient Name	: Mr. ANNAMALAI A	Age	: 65Yrs 1Mths 27Days
UHID	: CANN.0000242871	OP Visit No.	: CANNOPV431047
Printed On	: 12-11-2024 07:22 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S38082		

---

**DEPARTMENT OF CARDIOLOGY**

---

**Observation :-**

- 1. Sinus Rhythm.**
- 2. Heart rate is 80 beats per minutes.**

**Impression:**

**NORMAL RESTING ECG.**

---End Of The Report---

Dr. ARULNITHI AYYANATHAN  
MBBS., MRCP, AB, MBA  
63907  
Cardiology





# Apollo Clinic

## CONSENT FORM

Patient Name: ..... Annamalou A ..... Age: ..... 65 .....

UHID Number: ..... 24287 ..... Company Name: ..... AX CORP.M .....

I Mr/Mrs/Ms A - Annamalai Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting ..... Dental .....

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

**Apollo Medical Centre**  
No.30 F-Block 2nd Avenue,  
Anna Nagar East Chennai-600 102  
Ph: 2620 6666 2622 4505  
Toll No: 1800 500 77 88

Patient Signature: ..... [Signature] .....

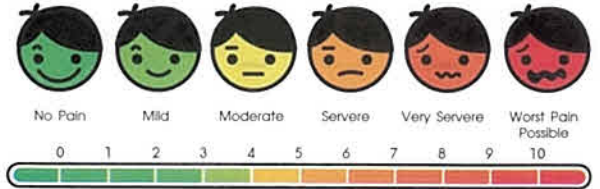
Date: ..... 11/11/2024 .....

ENT check up

11/11/24

Annamalai

65/M



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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

? Ear wax  
o/e  
ENT - ~~ⓧ~~ (N).

*(Handwritten scribble)*

Follow up date:

Doctor Signature



# Apollo Clinic

## CONSENT FORM

Patient Name: Jothi Lakshmi Age: 57  
 UHID Number: 106097 Company Name: apollo

I Mr/Mrs/Ms B. JOTHI LAKSHMI Employee of Bank of Baroda  
 (Company) Want to inform you that I am not interested in getting dental

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

*Medical Centre*  
 D No. 20, F - Block, 2nd Avenue, Anna Nagar East, Chennai-600 102  
 Ph: 2820 8666 2822 4585  
 Toll free: 1800 500 7788

Patient Signature: B. Jothi Lakshmi Date: 17/11/2024

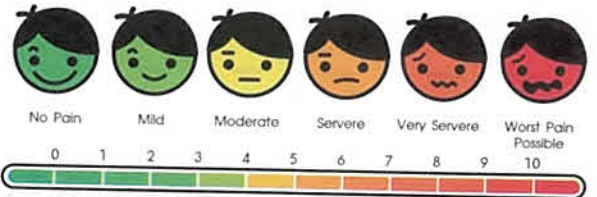
*Medical Centre*  
 D No. 20, F - Block, 2nd Avenue, Anna Nagar East, Chennai-600 102  
 Ph: 2820 8666 2822 4585  
 Toll free: 1800 500 7788

ENT check up

11/11/24

Sothilakshmi

57/F



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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

of heaviness of head.  
 o/e (R) healed pt  
 (L) wax  
 Imp: ? sinusitis

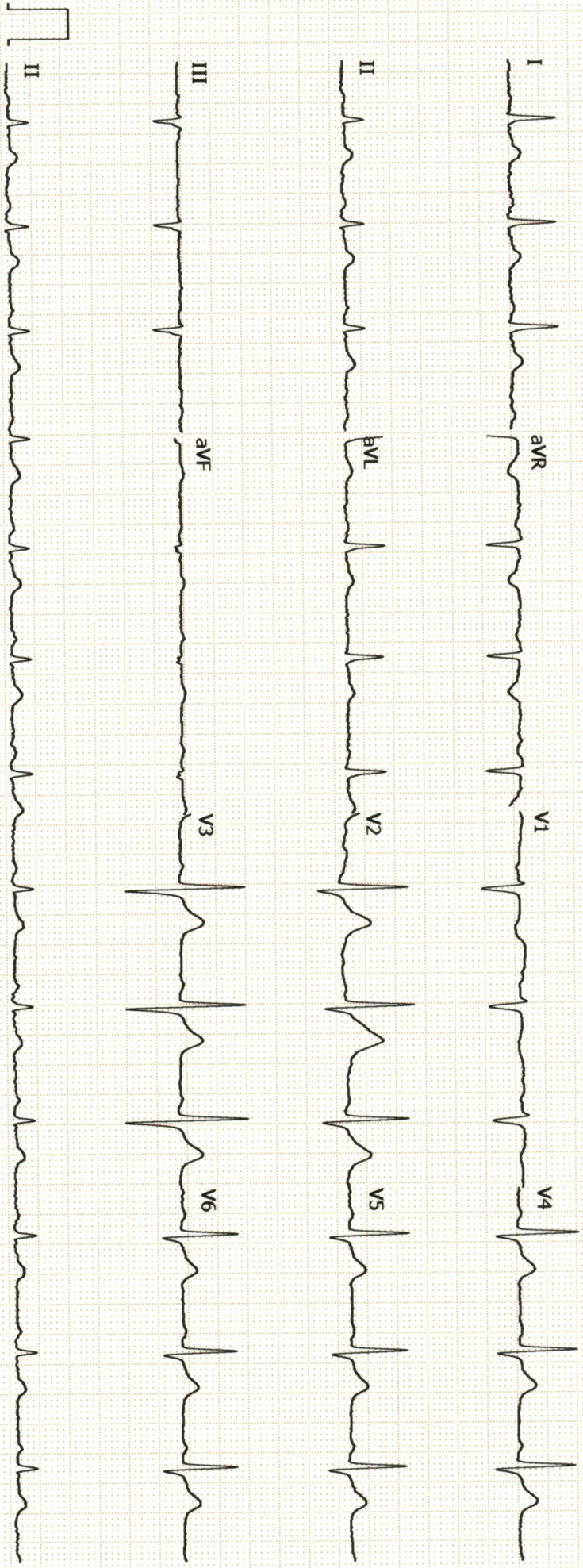
Follow up date:

Doctor Signature



Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 362 / 417 ms  
PR : 150 ms  
P : 102 ms  
RR / PP : 746 / 750 ms  
P / QRS / T : 36 / -10 / 13 degrees



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed  
4x2.5x3.25\_R1 1/1

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*


*Handwritten circled 'S'*




CANN-242871  
OR-108154


**Indian Bank** C.O. : HRM Department  
254 - 260 Avvai Shanmugam Salai  
Royapettah Chennai - 600 014

**RETIRED OFFICER CARD**

	Name : ANNAMALAI A .
	DOB : 17.09.1959
	Desi. : MANAGER
	Retired On : 30.09.2019
	Br./Off. : KORATTUR

Issue Date : 01.11.2019

 Signature

 Issuing Authority

*Handwritten signature in blue ink.*



To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

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

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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	ANNAMALAI.A
DATE OF BIRTH	17-09-1959
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	11-11-2024
BOOKING REFERENCE NO.	24D53983100120514S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. JOTHILAKSHMI BALAKRISHNAN
EMPLOYEE EC NO.	53983
EMPLOYEE DESIGNATION	SPECIAL CUSTOMER SERVICE ASSOCIATE
EMPLOYEE PLACE OF WORK	CHENNAI,VIRUGAMBAKKAM
EMPLOYEE BIRTHDATE	15-04-1967

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 **08-11-2024** till **31-03-2025**. 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's spouse 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 & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



**CASE RECORD**

Name: <u>Anna malai. A</u>	Date: <u>11/11/24</u>
Occupation: .....	UHID No. <u>262821</u>
Age: <u>65y</u> Sex: <u>Male</u> Female	OP / Company: .....
Address: .....	Ref. Physician: .....
Tel No: .....	

Consultant: Dr. Rigners

Vacuated for COVID,

DMV

Cosmophis 10.7

History :

Chief Complaints : (If pain is present, please describe location, character, score etc.) PPBS-176

tPSA - 4.680

HbA1c - 6.71

Urine glucose 3+

HDL - 37

USG -> GI Prostate mgaly

USG -> GE PD

History of Present illness : Rmc

Ach

- Diet as adv.
- Tibrate OHA on review
- BP on review
- Urology

- Omega 3 as adv.
- Diet as adv.
- Regularly 130-40mm

[Signature]

H = 112  
W = 101.

### Physical Examination

**General :** Build well Height 165 Weight 78.8  
Anaemia — Icterus — Cyanosis — Clubbing —  
Oedema — Glands —

**ENT :** BP 140/80

**CVS :** Heart Rate & Rhythm HR 78/min

B.P. : Supine Sitting Standing

Chest Shape

Heart Sounds

Murmurs N

Thrills

**RS :** Rate & Type

Breath Sounds

**Abdomen :** Appearance

Liver

Spleen

Tenderness

Bowel sounds

Fluid

**Genitals :**

**CNS :** Cranial Nerves

Sensors SYstem

Motor System N

Reflexes

Fundus

**Skin :**

**Extremities :**

Dr  
12/11/24