

Patient Name : Mr.SRIDHAR SUBRAMANIAM	Collected : 26/Oct/2024 08:05AM
Age/Gender : 59 Y 9 M 12 D/M	Received : 26/Oct/2024 04:00PM
UHID/MR No : CVEL.0000147583	Reported : 26/Oct/2024 05:26PM
Visit ID : CVELOPV215600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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



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

SIN No: CVL241003534
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: T-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: Apollo Health and Lifestyle Ltd - RRL Ashok Nagar East, Chennai.600 102,
Diagnostics Laboratory
Phone - 044-26224504 / 05



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)

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	46.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.5	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.8	%	40-80	Electrical Impedance
LYMPHOCYTES	35.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.0	%	1-6	Electrical Impedance
MONOCYTES	6.0	%	2-10	Electrical Impedance
BASOPHILS	1.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3766	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2513	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	210	Cells/cu.mm	20-500	Calculated
MONOCYTES	420	Cells/cu.mm	200-1000	Calculated
BASOPHILS	91	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.5		0.78- 3.53	Calculated
PLATELET COUNT	285000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.



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WBC MORPHOLOGY : Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			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.SRIDHAR SUBRAMANIAM	Collected : 26/Oct/2024 08:05AM
Age/Gender : 59 Y 9 M 12 D/M	Received : 26/Oct/2024 03:46PM
UHID/MR No : CVEL.0000147583	Reported : 26/Oct/2024 05:19PM
Visit ID : CVELOPV215600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	309	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:


- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	465	mg/dL	70-140	HEXOKINASE

Result is rechecked. Kindly correlate clinically

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
M.D.(Biochemistry)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	12.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	309	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)



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



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

SIN No: CVL241003532

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DEPARTMENT OF BIOCHEMISTRY


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	223	mg/dL	<200	CHO-POD
TRIGLYCERIDES	93	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	188	mg/dL	<130	Calculated
LDL CHOLESTEROL	169.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.37		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<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



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



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SIN No: CVL241003530

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.9		<1.15	Calculated
ALKALINE PHOSPHATASE	105.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		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 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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LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.9		<1.15	Calculated
ALKALINE PHOSPHATASE	105.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	35.00	U/L	<55	IFCC

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 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:



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UHID/MR No : CVEL.0000147583	Reported : 26/Oct/2024 05:13PM
Visit ID : CVELOPV215600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

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

*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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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.76	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	4.00	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	134	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	105.00	U/L	30-120	IFCC AMP Buffer

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	8.90	mg/dL	8.8-10.6	Arsenazo III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.85	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	7.964	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	<4.00	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.


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

Increased levels:- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	129	pg/mL	190-900	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss



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of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.800	ng/mL	0-4	CLIA



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Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.032		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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	POSITIVE++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	8	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	2	/hpf	< 10	Automated Image based microscopy
RBC	4	/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.

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Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
Regd. Office: T-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:

Diagnostics Laboratory, Ashok Nagar East, Chennai.600 102,

Phone - 044-26224504 / 05



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.SRIDHAR SUBRAMANIAM	Collected : 26/Oct/2024 08:05AM
Age/Gender : 59 Y 9 M 12 D/M	Received : 26/Oct/2024 05:03PM
UHID/MR No : CVEL.0000147583	Reported : 26/Oct/2024 06:54PM
Visit ID : CVELOPV215600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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



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

SIN No: CVL241003531

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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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.SRIDHAR SUBRAMANIAM	Collected : 26/Oct/2024 08:05AM
Age/Gender : 59 Y 9 M 12 D/M	Received : 26/Oct/2024 04:50PM
UHID/MR No : CVEL.0000147583	Reported : 26/Oct/2024 06:54PM
Visit ID : CVELOPV215600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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



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

SIN No: CVL241003528
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: Apollo Health and Lifestyle Limited, RRL Ashok Nagar East, Chennai.600 102,
Diagnostics Laboratory
Phone - 044-26224504 / 05



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.SRIDHAR SUBRAMANIAM	Collected	: 26/Oct/2024 08:05AM
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Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

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.



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



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

SIN No: CVL241003528

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APOLLO CLINICS NETWORK

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 **1860 500 7788**

www.apolloclinic.com

Patient Name	: Mr. SRIDHAR SUBRAMANIAM	Age	: 59Yrs 9Mths 14Days
UHID	: CVEL.0000147583	OP Visit No.	: CVELOPV215600
Printed On	: 27-10-2024 04:25 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

LIVER: Liver is enlarged in size (16.6 cm) with increased echogenicity. No focal lesion is seen.

No dilatation of the intrahepatic biliary radicals.

GALL BLADDER: Gall bladder is well distended. Few calculi are seen, largest measuring 11 mm. Wall thickness appears normal. PV and CBD - 3.5 mm normal.

SPLEEN: Spleen appears normal (9.3 cms). No focal lesion seen. Splenic vein appears normal.

PANCREAS: Pancreas appears normal in echopattern. No focal/mass lesion/calcification.

KIDNEYS: Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 9.8 x 4.7 cms. **Left kidney** - 11.8 x 4.7 cms.

BLADDER: Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. **Post void (15 ml)**

PROSTATE: Prostate is enlarged in size 3.9 x 3.5 x 4.3 cms (Vol 33 ml) with intravesical extension 11 mm.

IMPRESSION:

*HEPATOMEGALY WITH GRADE II FATTY CHANGES.

*CHOLELITHIASIS.

*GRADE I PROSTATOMEGALY WITH INTRAVESICAL EXTENSION.

***NON SIGNIFICANT POST VOID RESIDUAL URINE.**

(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.

---End Of The Report---



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
126310
Radiology

Patient Name	: Mr. SRIDHAR SUBRAMANIAM	Age	: 59Yrs 9Mths 13Days
UHID	: CVEL.0000147583	OP Visit No.	: CVELOPV215600
Printed On	: 26-10-2024 07:40 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

DEPARTMENT OF CARDIOLOGY

DIMENSIONS:

Ao (ed)	2.8 CM
LA (es)	3.5 CM
LVID (ed)	4.9 CM
LVID (es)	3.3 CM
IVS (Ed)	1.2 CM
LVPW (Ed)	1.2 CM
EF	61.00%
% FD	31.00%

MORPHOLOGICAL DATA :

MITRAL VALVE	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
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 :

MV E 0.6 m/s; MV A 0.9 m/s;

PV max 0.9 m/s; PG 3.6 mmHg;

AV max 1.0 m/s; PG 4.1 mmHg;

TV max 1.0 m/s; PG 5.5 mmHg;

TV E 0.4 m/s; TV A 0.6 m/s.

IMPRESSION:

- *NO REGIONAL WALL MOTION ABNORMALITY;
- *NORMAL LEFT VENTRICULAR IN SIZE ;
- *NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION ;
- *GRADE 1 LEFT VENTRICULAR DIASTOLIC DYSFUNCTION ;
- *MILD MITRAL & TRICUSPID REGURGITATION
- *NO PERICARDIAL EFFUSION / PULMONARY ARTERY HYPERTENSION.

---End Of The Report---



Dr. SHANMUGA SUNDARAM D
MB, BS, MD (GM) , DNB (CARDIOLOGY)
57682
Cardiology

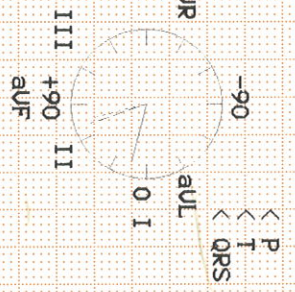
GE MAC1200 ST
Male

MR SRICHAR S. 59 000147583 APOLLO VELACHERRY CLINIC

HR 96bpm

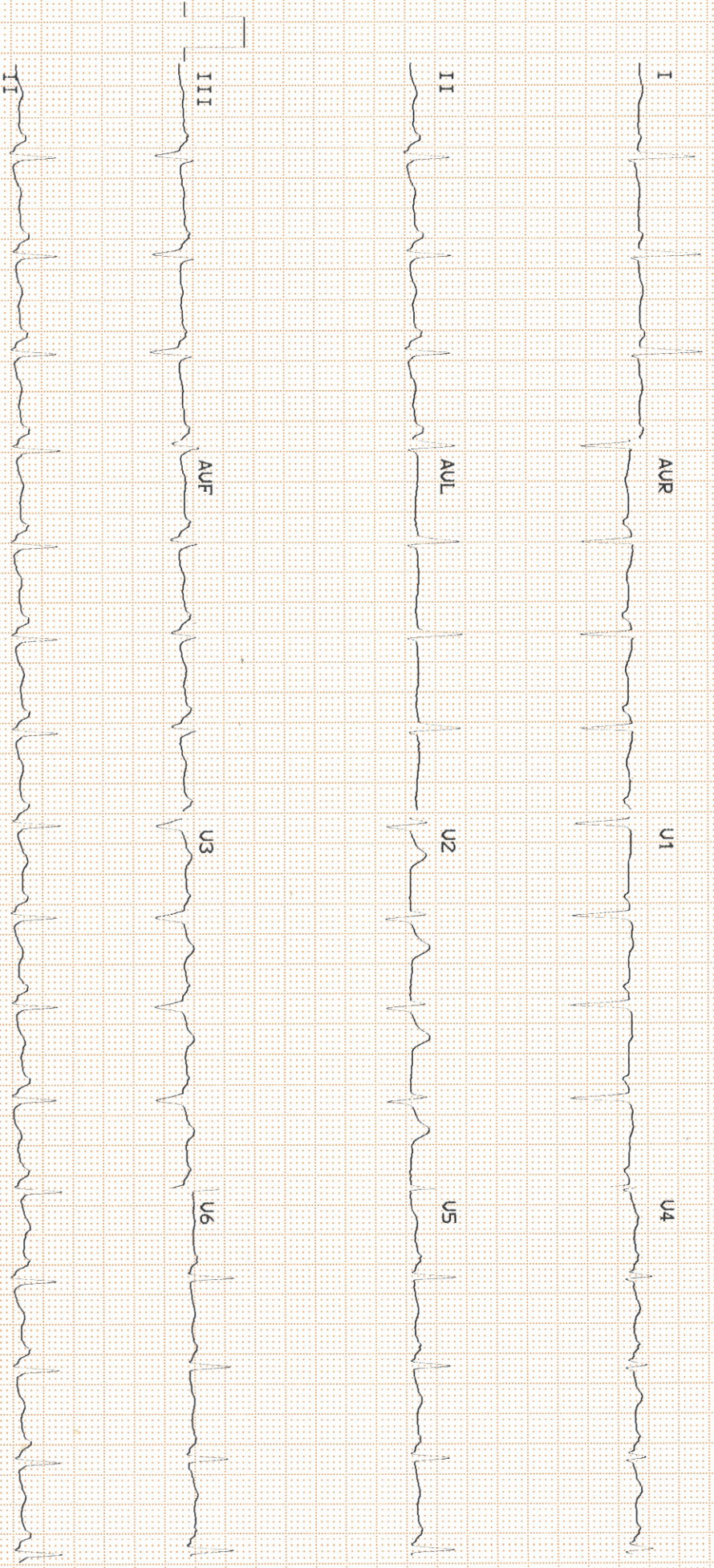
Arrow CE

Measurement Results:
QRS : 94 ms
QT/QTcB : 358 / 454 ms
PR : 142 ms
P : 114 ms
RR/PP : 622 / 605 ms
P/QRS/T : 75 / 15 / 70 degrees
QTd/QTcBD : 54 / 68 ms
Sokolow : 14
NK : 14



Interpretation:

Unconfirmed report.

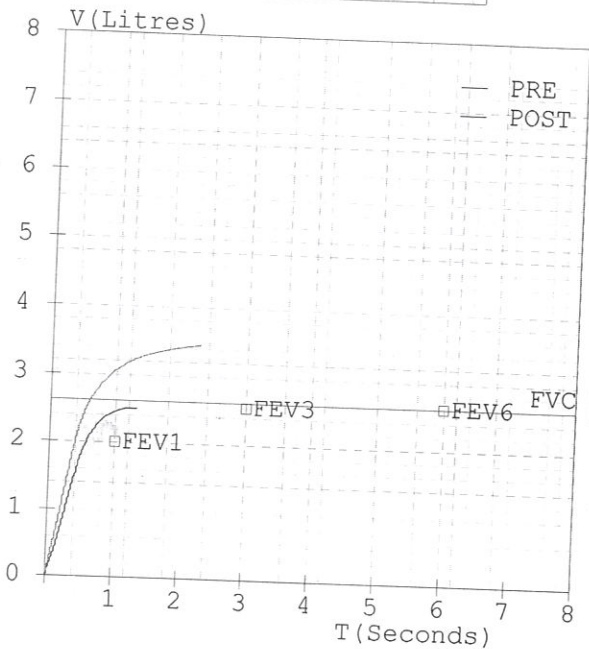
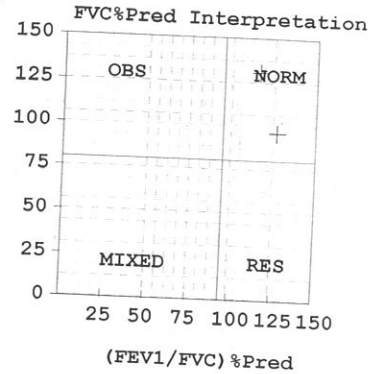
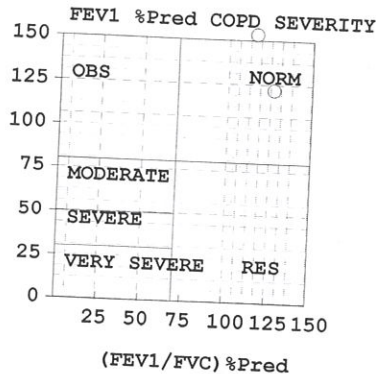
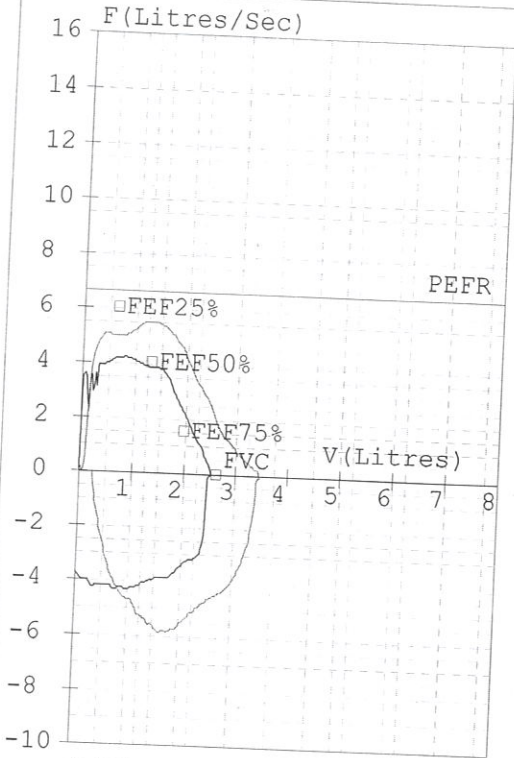


08/17/2024 08:42:06 AM 25mm/s 10mm/mV ADS 50Hz 0.08 = 20Hz 3 F1 P Automatic U6 2 121 (1)

Patient: MR SRIDHAR S
 Refd. By:
 Pred. Eqns: RECORDERS
 Date : 26-Oct-2024 08:38 AM

Age : 59 Yrs
 Height : 172 Cms
 Weight : 90 Kgs
 ID : 147583

Gender : Male
 Smoker : No
 Eth. Corr: 80
 Temp :



FVC Results						
Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	02.63	02.53	096	03.45	131	+36
FEV1 (L)	02.01	02.46	122	03.07	153	+25
FEV1/FVC (%)	76.43	97.23	127	88.99	116	-08
FEF25-75 (L/s)	02.50	03.66	146	04.13	165	+13
PEFR (L/s)	06.66	04.20	063	05.47	082	+30
FIVC (L)	-----	03.20	---	03.20	---	---
FEV.5 (L)	-----	01.84	---	02.37	---	+29
FEV3 (L)	02.55	02.53	099	03.45	135	+36
PIFR (L/s)	-----	04.27	---	05.83	---	+37
FEF75-85 (L/s)	-----	01.95	---	01.40	---	-28
FEF.2-1.2 (L/s)	04.56	03.89	085	04.94	108	+27
FEF 25% (L/s)	06.06	04.12	068	05.00	083	+21
FEF 50% (L/s)	04.08	03.86	095	05.01	123	+30
FEF 75% (L/s)	01.58	02.50	158	02.04	129	-18
FEV.5/FVC (%)	-----	72.73	---	68.70	---	-06
FEV3/FVC (%)	96.96	100.00	103	100.00	103	---
FET (Sec)	-----	01.41	---	02.28	---	---
ExplTime (Sec)	-----	00.02	---	00.09	---	---
Lung Age (Yrs)	059	046	078	028	047	-39
FEV6 (L)	02.63	-----	---	-----	---	---
FIF25% (L/s)	-----	04.23	---	04.16	---	---
FIF50% (L/s)	-----	04.03	---	05.35	---	--02
FIF75% (L/s)	-----	01.33	---	05.30	---	+298

Test within normal limits

Post Test COPD Severity

Test within normal limits

Pre Medication Report Indicates Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80
 Post Medication Report Indicates Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

contents of this report require clinical co-relation before any clinical action.

Date: 26/06/24

Ref. by:

Name: Mr. Sridhar Subramaniam
Consultant: Dr. Niranjana

Age: 59y Sex: M/F
UHID: 148583

ALLERGIES :

Chief Complaints:

Pain Score: Nil Location: throat Character: aching

No ENT complaints.

Past History :

Nutritional assessment :

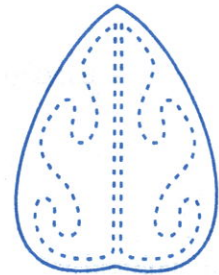
Build :

Social History : Smoking Ethanol Tobacco

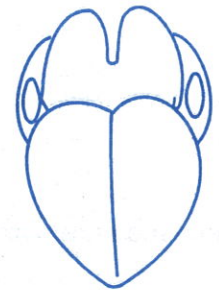
Clinical Examination :

O/E
B/L TMOK ; min wax .
Nose - NAD
Throat - NAD

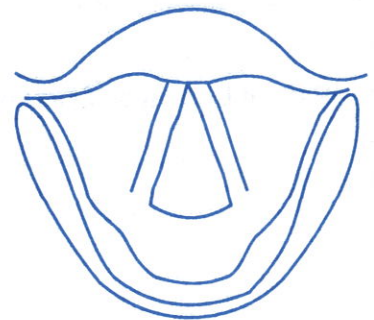
NOSE



THROAT



LARYNX



R



L



Name <i>Mr. Sridhar Subramaniam.</i>	Date <i>26 - 10 - 24.</i>
Age <i>59</i>	UHID No. <i>147583.</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	<i>6/12</i>	<i>6/9.</i>
DV-BCVA :		
NEAR VISION :	<i>Add + 2.50 Ds N6</i>	<i>Add + 2.50 Ds N6.</i>
ANTERIOR SEGMENT :	<i>Normal</i>	<i>Normal.</i>
IOP :		
FIELDS OF VISION :		
E O M :	<i>full</i>	<i>full</i>
COLOUR VISION :	<i>Normal</i>	<i>Normal.</i>
FUNDUS :		
IMPRESSION :		
ADVICE :		

147583

Organization. Do not click on any links or open attachments unless you recognize the sender and know the content is safe.

Dear SRIDHAR SUBRAMANIAM,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VELACHERY** clinic on **2024-10-26** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.



सत्यमेव जयते
भारत सरकार



आधार

இந்திய அரசாங்கம்
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0647/03259/71152

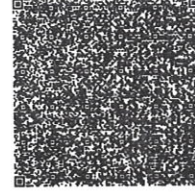
To
புந்தர் எஸ்
Sridhar S
C/O K P Subramaniam
Old No.2, New No. 5
Bhavani Street
Bharath nagar
Adambakkam
Adambakkam
Kancheepuram Tamil Nadu - 600088
9600001285

Download Date: 27/10/2018

Generation Date: 20/10/2018

Signature Not Verified

Digitally signed by S
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 03
Date: 2018.10.27 13:21:02
IST



QR Code with Photograph

உங்கள் ஆதார் எண் / Your Aadhaar No. :

2933 0929 5697

VID : 9116 2579 0683 2618

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்
Government of India



புந்தர் எஸ்
Sridhar S
பிறந்த நாள்/DOB: 14/01/1965
ஆண்/ MALE

2933 0929 5697

VID : 9116 2579 0683 2618

எனது ஆதார், எனது அடையாளம்

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Sridhar Subramaniam on 26/10/24.

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

<ul style="list-style-type: none"> • <u>Medically Fit</u> 9. Uncontrolled DM-2 Adv Immediate case with in FIT FOR WORK. 	Tick <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after <u>NIL</u> recommended 	
<ul style="list-style-type: none"> • Unfit <u>NIL</u> 	MB

Dr. _____
Medical Officer

Dr. M S KOUTILYA CHOUDARY
MBBS., MD.,



This certificate is not meant for medico-legal purposes.
S. Sridhar (Patd),
Reg. No. TNMC 167543