

Name : Mr. Praveen Choudhary

Age : 29Y 10M 22D

UHID : CKOR.0000257699

Address : Hulimavu Bangalore Karnataka INDIA 560076

sex : Male



CKOR.0000257699

Plan : ARCOFEMI MEDIWHEEL MALE AHC
CREDIT PAN INDIA OP AGREEMENT

OP No: CKOROPV422231

Bill No: CKOR-OCR-83824

Date: Aug 24th, 2024, 8:14 AM

| Sno. | Service Type/Service Name | Department | |
|------|--|----------------------|--------------------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | |
| ✓ 2 | COMPLETE URINE EXAMINATION | Clinical Pathology | <input type="checkbox"/> |
| ✓ 3 | OPHTHAL BY GENERAL PHYSICIAN | Consultation | <input type="checkbox"/> |
| ✓ 4 | GAMMA GLUTAMYL TRANSFERASE (GGT) | Biochemistry | <input type="checkbox"/> |
| ✓ 4 | DENTAL CONSULTATION → (15) | Consultation | <input type="checkbox"/> |
| 5 | DIET CONSULTATION | General | <input type="checkbox"/> |
| ✓ 6 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | Biochemistry | <input type="checkbox"/> |
| ✓ 7 | URINE GLUCOSE (FASTING) | Clinical Pathology | <input type="checkbox"/> |
| ✓ 8 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | Biochemistry | <input type="checkbox"/> |
| ✓ 9 | GLUCOSE, FASTING → 12 | Biochemistry | <input type="checkbox"/> |
| ✓ 10 | ULTRASOUND - WHOLE ABDOMEN → (18) | Ultrasound Radiology | <input type="checkbox"/> |
| ✓ 11 | ENT CONSULTATION → (18) | Consultation | <input type="checkbox"/> |
| ✓ 12 | HbA1c, GLYCATED HEMOGLOBIN | Biochemistry | <input type="checkbox"/> |
| ✓ 13 | LIVER FUNCTION TEST (LFT) | Biochemistry | <input type="checkbox"/> |
| ✓ 14 | URINE GLUCOSE (POST PRANDIAL) | Clinical Pathology | <input type="checkbox"/> |
| ✓ 15 | HEMOGRAM + PERIPHERAL SMEAR | Hematology | <input type="checkbox"/> |
| ✓ 16 | PERIPHERAL SMEAR | Haematology | <input type="checkbox"/> |
| ✓ 17 | X-RAY CHEST PA | X Ray Radiology | <input type="checkbox"/> |
| 18 | BODY MASS INDEX (BMI) | General | <input type="checkbox"/> |
| ✓ 19 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | Biochemistry | <input type="checkbox"/> |
| ✓ 20 | BLOOD GROUP ABO AND RH FACTOR | Blood Bank | <input type="checkbox"/> |
| ✓ 21 | 2 D ECHO → (16) | Cardiology | <input type="checkbox"/> |
| 22 | FITNESS BY GENERAL PHYSICIAN | Consultation | <input type="checkbox"/> |
| ✓ 23 | LIPID PROFILE | Biochemistry | <input type="checkbox"/> |
| ✓ 24 | ECG | Cardiology | <input type="checkbox"/> |

Height :- 171 cms.

Weight :- 70.7 kgs

Get a complimentary dental screening
Get a complimentary eye check up. to
Avail a complimentary session with physiotherapist
Get a complimentary hearing check

Room No. 15
Room No. 11
Room No. 17
Room No. 19

Apollo Health and Lifestyle Limited

(CIN - UR5110TG2000PLC115819)
Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad 500038, Telangana. |
www.apollohospitals.com | Email ID: enquiry@apollohospitals.com, Ph No: 040 4904 7777, Fax No: 4904 7744

APOLLO CLINIC NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Visakhapatnam (Sreejanamma Peta) | Karnataka: Bengaluru (Basavanagudi) | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysuru (CV Mohan) | Tirupattur | Chennai (Anna Nagar | Koratturam | J. Nagar | Velisaraikkam | Velichery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kharadi) | Uttar Pradesh: Ghazipur (Indrapuram)

Online appointments: www.apolloclinic.com

GSTIN: 29AADCA0733E1Z3

Address:
51, Jyoti Nivas College Road, 5th Block,
Koramangala - 560095

1860 500 7788

Apollo Clinic

Consent Form

Patient Name: Praween chondhary Age: 29

UHID Number: Company Name: BOB

I Mr/Mrs/Miss: Employee of

(Company) want to inform you that I am ~~not~~ getting the consultation

Test which is a part of health check package.

Reason if any:

And I claim the above statement in my full consciousness.

Patient Signature: Praween Date:

OPHTHAL REPORT

NAME: Praveen Choudary
AGE: 29 GENDER: MALE/FEMALE

RIGHT EYE

| | SPH | CYL | AXIS | VA |
|----|-------|-----|------|-----|
| DV | Plano | — | — | 6/6 |
| NV | — | — | — | no |

LEFT EYE

| | SPH | CYL | AXIS | VA |
|----|-------|-----|------|-----|
| DV | Plano | — | — | 6/6 |
| NV | — | — | — | no |

REMARK: OK

DATE: 24/08/24


OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

DR AANCHAL AGGARWAL
M.B.B.S, MS (ENT)
Phone No.9972044580,080-25633823/24/23

HEALTH CHECK- ENT

NAME: Praveen Choudhary AGE: 29/M

EAR: RE: LE:

EXTERNAL EAR (N) (N)

MIDDLE EAR (N) (N)

INNER EAR (FN) (N) (N)

HEARING ASSESSMENT: RE: LE:

RHINNE Positive Positive

WEBER ← Equal on both sides

ABC Same as examiner on both sides

NOSE THROAT

AIRWAY OK, ORAL CAVITY (N)

SEPTUM DHS → (R) OROPHARYNX (N)

TURBINATES (N) PHARYNX (N)

OTHERS — LARYNX —

NECK

NECK NODES Not palpable

OTHER —

AUDIOMETRY —

IMPRESSION —

Aanchal Aggarwal
SIGNATURE:

| | | | |
|--------------------|-------------------------|------------------|--------------------|
| Date | : 24/08/2024 | Department | : Dermatology |
| Patient Name | : Mr. Praveen Choudhary | Doctor | : Dr.SAFIA TANYEEM |
| UHID | : CKOR.0000257699 | Registration No. | : 89608 |
| Age / Gender | : 29Y/ Male | Qualification | : M.B.B.S, M.D |
| Consulation Timing | : 11:55 AM | | |

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Imp- seborrhoeic dermatitis
= Keratosis pilaris

Rep Selsun-S Shampoo

→ Kenz-Sal ^{OR} lotion
Twice a week x 12 weeks

→ Rhdyscal lotion
○—○—(N) x 1 week
(on the scalp) spots.

Follow up date:

Doctor Signature

| | | | |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | Mr. Praveen Choudhary | Age | 29Yrs 10Mths 22Days |
| UHID | CKOR.0000257699 | OP Visit No. | CKOROPV422231 |
| Printed On | 24-08-2024 02:55 PM | Advised/Pres Doctor | --- |
| Department | Radiology | Qualification | --- |
| Referred By | Self | Registration No. | --- |
| Employer Id | 22S30700 | | |

DEPARTMENT OF RADIOLOGY**X RAY CHEST PA**

Both lungs fields appear normal.

Both hilae are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

---End Of The Report---

P.J. Vinod

Dr. VINOD P JOSEPH

Radiology

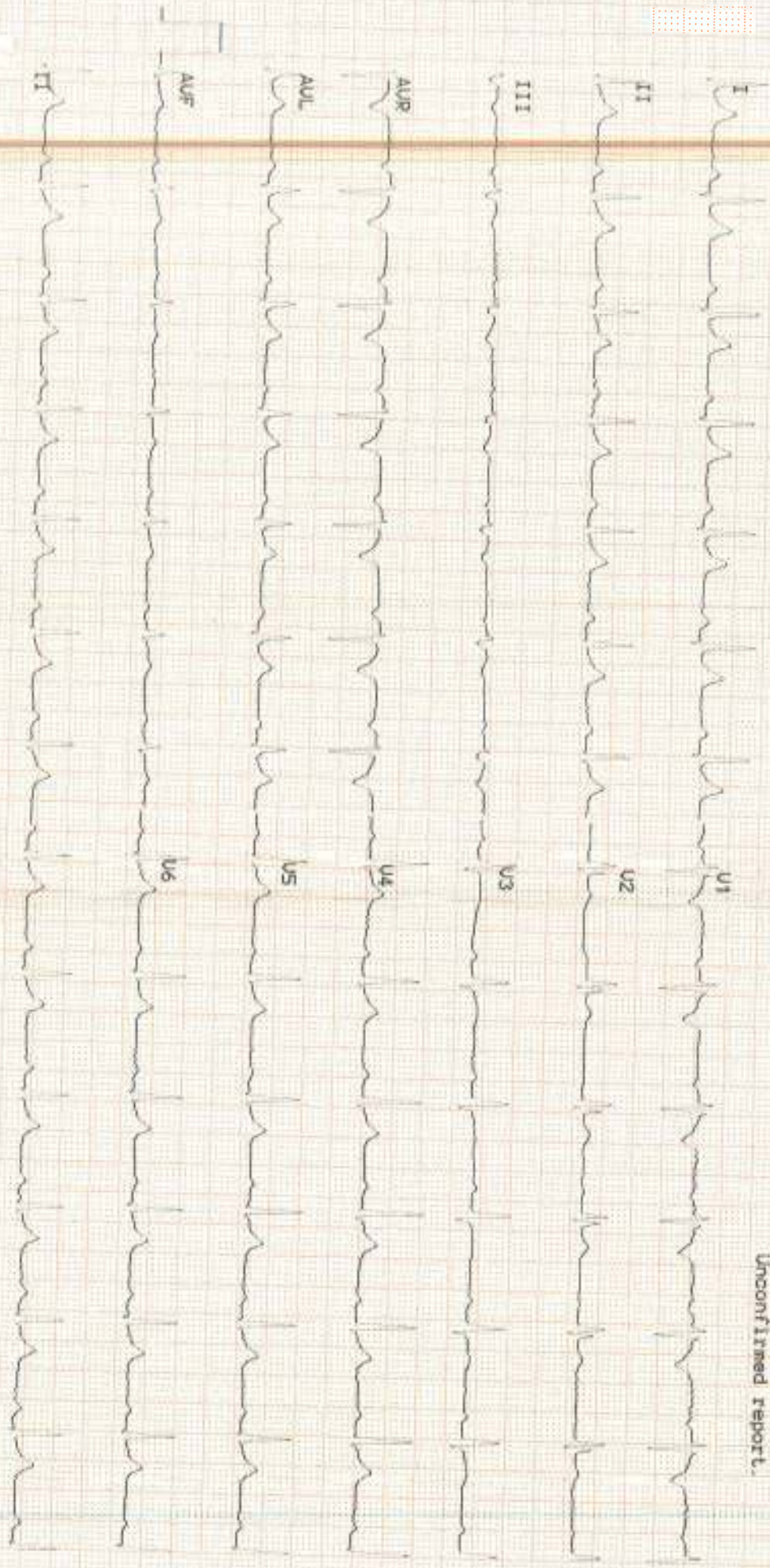
AGE: 29
 Measurement Results:
 PRS 92 ms
 QT/QTcS 340 / 390 ms
 PR 180 ms
 P 106 ms
 PR/PP 762 / 765 ms
 P/QRS/T 15 / 20 / 15 degrees
 QTd/QTcD 48 / 55 ms
 Sokolow 1.5 mV
 NR 11



Interpretation:

Unconfirmed report.

NSR



| | | | |
|--------------|-------------------------|---------------------|-----------------------|
| Patient Name | : Mr. Praveen Choudhary | Age | : 29Yrs 10Mths 22Days |
| UHID | : CKOR.0000257699 | OP Visit No. | : CKOROPV422231 |
| Printed On | : 24-08-2024 03:05 PM | Advised/Pres Doctor | : --- |
| Department | : Cardiology | Qualification | : --- |
| Referred By | : Self | Registration No. | : --- |
| Employer Id | : 22S30700 | | |

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 78 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED

---End Of The Report---



Dr.MOHAN MURALI

Cardiology

NAME: MR. PRAVEEN
SEX: MALE

AGE: 29Y
DATE: 24/08/2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

| | | |
|---------------------|------------------------|----------------------|
| AO - 26 (20 - 35)mm | L IVD d - 40 (36-52)mm | IVS - 10 (06 - 11)mm |
| LA - 26 (19- 40)mm | LVID s 26 (23- 39)mm | PWD - 11 (06- 11)mm |
| EF - 60 (>50%) | RVID-22 | |

VALVES

Mitral Valve : NORMAL,
Aortic Valve : NORMAL
Tricuspid Valve : Normal, TRIVIAL TR. RVSP - 24 mmHG
Pulmonary Valve : Normal.

CHAMBERS

Left Atrium : Normal
Right Atrium : Normal
Left Ventricle : NORMAL
Right Ventricle : Normal

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal

DOPPLER DATA

Mitral : E > A , 0.7 / 0.5
Aortic : Normal , 1.0 m/s
Tricuspid : Normal , 0.4 / 0.6
Pulmonary : Normal, 1.10

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

FINAL DIAGNOSIS

**NORMAL CHAMBERS AND VALVES
NO RWMA AT REST, LV EF - 60 %
NORMAL DIASTOLIC FUNCTION
NO OBVIOUS CLOTS/ EFFUSION/ VEGETATION**


**DR. MOHAN MURALI
DNB(MED), DNB(CARDIOLOGY)
CONSULTANT CARDIOLOGIST**

Patient Name : Mr Praveen Choudhary

Patient ID: 237699
Expertise. Closer to you.

Age : 27 Year(s)

Sex : Male

Referring Doctor : H/C

Date : 24.08.2024

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size (14.0cms) and shows a increased echotexture. No biliary dilatation. No focal lesion

CBD is not dilated.

Portal vein is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas. No significant lymphadenopathy.

Urinary Bladder well distended. wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate: normal in size and echotexture.

There is no ascites.

IMPRESSION: GRADE-I FATTY LIVER

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST



MC-6146

Patient Name : Mr.PRAVEEN CHOUDHARY
Age/Gender : 29 Y 10 M 22 D/M
UHID/MR No : CKOR.0000257699
Visit ID : CKOROPV422231
Ref Doctor : Self
Emp/Auth/TPA ID : 22S30700

Collected : 24/Aug/2024 08:19AM
Received : 24/Aug/2024 12:08PM
Reported : 24/Aug/2024 02:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|----------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.4 | g/dL | 13-17 | Spectrophotometer |
| PCV | 42.30 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.04 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 83.8 | fL | 83-101 | Calculated |
| MCH | 28.5 | pg | 27-32 | Calculated |
| MCHC | 34.1 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,110 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 38.8 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 52.4 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.5 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.3 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 1982.68 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2677.64 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 127.75 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 306.6 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 15.33 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 0.74 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 200000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 6 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |

Page 1 of 14

Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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



SIN No:KOR240800952

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory



| | | | |
|-----------------|------------------------|--------------|-------------------------------|
| Patient Name | : Mr.PRAVEEN CHOUDHARY | Collected | : 24/Aug/2024 08:19AM |
| Age/Gender | : 29 Y 10 M 22 D/M | Received | : 24/Aug/2024 12:08PM |
| UHID/MR No | : CKOR.0000257699 | Reported | : 24/Aug/2024 02:23PM |
| Visit ID | : CKOROPV422231 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22S30700 | | |

DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

WBCs: are normal in total number with relative increase in lymphocytes.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS.

Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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





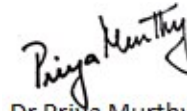
| | |
|-------------------------------------|--|
| Patient Name : Mr.PRAVEEN CHOUDHARY | Collected : 24/Aug/2024 08:19AM |
| Age/Gender : 29 Y 10 M 22 D/M | Received : 24/Aug/2024 12:08PM |
| UHID/MR No : CKOR.0000257699 | Reported : 24/Aug/2024 01:52PM |
| Visit ID : CKOROPV422231 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22S30700 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 | B | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |


Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist


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





Patient Name : Mr.PRAVEEN CHOUDHARY
Age/Gender : 29 Y 10 M 22 D/M
UHID/MR No : CKOR.0000257699
Visit ID : CKOROPV422231
Ref Doctor : Self
Emp/Auth/TPA ID : 22S30700

Collected : 24/Aug/2024 01:38PM
Received : 24/Aug/2024 04:48PM
Reported : 24/Aug/2024 05:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 93 | 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 |

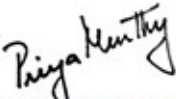
Note:

- 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) | 120 | 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 Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist





Patient Name : Mr.PRAVEEN CHOUDHARY
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Visit ID : CKOROPV422231
Ref Doctor : Self
Emp/Auth/TPA ID : 22S30700

Collected : 24/Aug/2024 08:19AM
Received : 24/Aug/2024 12:25PM
Reported : 24/Aug/2024 01:37PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.3 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 105 | 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.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry

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





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Collected : 24/Aug/2024 08:19AM
Received : 24/Aug/2024 12:00PM
Reported : 24/Aug/2024 01:06PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|-------------|-------|--------------------|--------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 185 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 220 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 47 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 138 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 93.9 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 44 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.93 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.31 | | <0.11 | Calculated |


Comment:

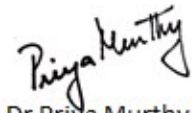
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | 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 |

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


Dr. Govinda Raju N L
MSc, PhD (Biochemistry)
Consultant Biochemistry


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





Patient Name : Mr.PRAVEEN CHOUDHARY
Age/Gender : 29 Y 10 M 22 D/M
UHID/MR No : CKOR.0000257699
Visit ID : CKOROPV422231
Ref Doctor : Self
Emp/Auth/TPA ID : 22S30700

Collected : 24/Aug/2024 08:19AM
Received : 24/Aug/2024 12:00PM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.85 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.71 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 80 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 44.0 | U/L | <50 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 0.6 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 86.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.77 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.68 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.09 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.51 | | 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.

Page 7 of 14

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SIN No:KOR240800953

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory



Patient Name : Mr.PRAVEEN CHOUDHARY
Age/Gender : 29 Y 10 M 22 D/M
UHID/MR No : CKOR.0000257699
Visit ID : CKOROPV422231
Ref Doctor : Self
Emp/Auth/TPA ID : 22S30700

Collected : 24/Aug/2024 08:19AM
Received : 24/Aug/2024 12:00PM
Reported : 24/Aug/2024 01:06PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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Dr Priya Murthy
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Consultant Pathologist





Patient Name : Mr.PRAVEEN CHOUDHARY
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|--------|--------------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.74 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic |
| UREA | 16.90 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.50 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 10.00 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.28 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.3 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.77 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.68 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.09 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.51 | | 0.9-2.0 | Calculated |

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Dr Priya Murthy
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| | |
|-------------------------------------|--|
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|------|--------------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 36.00 | U/L | <55 | IFCC |

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| | |
|-------------------------------------|--|
| Patient Name : Mr.PRAVEEN CHOUDHARY | Collected : 24/Aug/2024 08:19AM |
| Age/Gender : 29 Y 10 M 22 D/M | Received : 24/Aug/2024 11:55AM |
| UHID/MR No : CKOR.0000257699 | Reported : 24/Aug/2024 01:25PM |
| Visit ID : CKOROPV422231 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22S30700 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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) | 1.84 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 9.27 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 2.010 | µIU/mL | 0.35-4.94 | CMIA |

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 |

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Dr Priya Murthy
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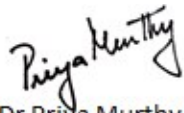
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DEPARTMENT OF IMMUNOLOGY

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

| | | | | |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|


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Dr Priya Murthy
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Patient Name : Mr.PRAVEEN CHOUDHARY
Age/Gender : 29 Y 10 M 22 D/M
UHID/MR No : CKOR.0000257699
Visit ID : CKOROPV422231
Ref Doctor : Self
Emp/Auth/TPA ID : 22S30700

Collected : 24/Aug/2024 08:19AM
Received : 24/Aug/2024 07:47PM
Reported : 24/Aug/2024 08:03PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

| 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 | 1.012 | | 1.002-1.030 | Refractometric |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NORMAL | | 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 |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 0 | /hpf | 0-5 | Automated Image based microscopy |
| EPITHELIAL CELLS | 0 | /hpf | < 10 | Microscopy |
| RBC | 0 | /hpf | 0-2 | Microscopy |
| CASTS | NEGATIVE | /lpf | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | NEGATIVE | /hpf | Occasional-Few | 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. Vidya Aniket Gore
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Consultant Pathologist

Dr Priya Murthy
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Consultant Pathologist





| | |
|-------------------------------------|--|
| Patient Name : Mr.PRAVEEN CHOUDHARY | Collected : 24/Aug/2024 08:19AM |
| Age/Gender : 29 Y 10 M 22 D/M | Received : 24/Aug/2024 02:44PM |
| UHID/MR No : CKOR.0000257699 | Reported : 24/Aug/2024 03:53PM |
| Visit ID : CKOROPV422231 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22S30700 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------|----------|------|--------------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Dr. Harshitha Y
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Consultant Pathologist

Dr. Priya Murthy
M.B.B.S., M.D (Pathology)
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SIN No: KOR240800949

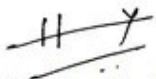
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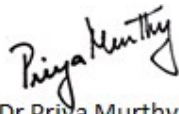
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TERMS AND CONDITIONS GOVERNING THIS REPORT

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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Consultant Pathologist



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