


Name : Mr. M Anjanappa	Age: 55 Y	UHID: CINR.0000161581
	Sex: M	
Address : bangalore		OP Number: CINROPV216439
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		Bill No : CINR-OCR-93005
		Date : 18.01.2024 08:11

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>DIET CONSULTATION</del>	
<del>7</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>8</del>	<del>URINE GLUCOSE (POST PRANDIAL)</del>	
<del>9</del>	<del>PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ECG - 4</del>	
<del>11</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>12</del>	<del>DENTAL CONSULTATION</del>	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) — 10:45 am	
<del>14</del>	<del>URINE GLUCOSE (FASTING)</del>	
<del>15</del>	<del>HbA1c - GLYCATED HEMOGLOBIN</del>	
<del>16</del>	<del>X-RAY CHEST PA - 10</del>	
<del>17</del>	<del>DENT CONSULTATION - 7</del>	
<del>18</del>	<del>CARDIAC STRESS TEST (TMT) - 4</del>	
19	FITNESS BY GENERAL PHYSICIAN	
<del>20</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>21</del>	<del>LIPID PROFILE</del>	
<del>22</del>	<del>BODY MASS INDEX (BMI) - 6</del>	
23	OPHTHAL BY GENERAL PHYSICIAN - 5 after 10:30 am	
<del>24</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>25</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

*Mathew*

Date : 18-01-2024  
 MR NO : CINR.0000161581  
 Name : Mr. M Anjanappa  
 Age/ Gender : 55 Y / Male

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

Consultation Timing: 08:10

Height : 173 cm	Weight : 115.8 kg	BMI : 38.46 kg/m <sup>2</sup>	Waist Circum : 129 cm
Temp : 98.6 °F	Pulse : 70 bpm	Resp : 18 bpm	B.P : 120/80 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

19/01/2024

Mr. Anjanappa

55yrs / M

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

General Examination / Allergies  
History

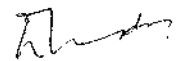
Clinical Diagnosis & Management Plan

Arcopheni - A.H.c.

Ears: MA3

Nose: MA3

Throat: MA3



Follow up date:

Dr. RAVINDRANATH   
M.B.B.S., D.L.O.

E.N.T. SURGEON  
KMC REG NO: 18554

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Toll Number : 1860 500 7788

Website : www.apolloclinic.com

## OPHTHAL PRESCRIPTION

PATIENT NAME: *MR M Anjanappa.*

DATE: *18/11/24*

UHID NO: *161581*

AGE: *55*

OPTOMETRIST NAME: Ms. Swathi

GENDER: *M*

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>1.25</i>	<i>0.25</i>	<i>40</i>		<i>1.25</i>	<i>0.25</i>	<i>112</i>	
Add	<i>2.25</i>				<i>2.75</i>			

PD - RE: *32* - LE: *32* -

Colour Vision: *normal* (*10/10*)

Remarks:

Apollo clinic Indiranagar

**MR M ANJANAPPA,**  
 Patient ID: 161581  
 18.01.2024 Male 173 cm 115 kg  
 10:25:18am 55 yrs Indian  
 Meds:

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:



BRUCE: Exercise Time 06:27  
 Max HR: 137 bpm 83 % of max predicted 165 bpm HR at rest: 75  
 Max BP: 150/90 mmHg Max RPP: 20550 mmHg\*bp/min  
 Maximum Workload: 8.40 METS  
 Max. ST: 0.35 mm, 1.41 mV/s in V5; EXERCISE STAGE 3 6:28  
 Arrhythmia: A:7, PVC:2, PSVC:1  
 ST/HR index: 0.08  $\mu$ V/bpm  
 HR reserve used: 67 %  
 HR recovery: 35 bpm  
 VE recovery: 0 VE/min  
 ST/HR hysteresis: -0.003 mV (aVF)  
 QRS duration: BASELINE: 98 ms, PEAK EX: 100 ms, REC: 102 ms  
**Reasons for Termination:** Target heart rate achieved

**Summary:**  
 Resting ECG: normal. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response.  
 Chest Pain: none. **Arrhythmias:** none. **ST Changes:** none. **Overall Impression:** Normal stress test.  
**Conclusion:** AVERAGE EFFORT TOLERANCE  
 NORMAL HR AND BP RESPONSE  
 NO ANGINA AND ARRHYTHMIA DURING TEST  
 STRESS TEST IS NEGATIVE FOR THE EXERCISE INDUCIBLE ISCHEMIA  
 Room:  
 Location: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METs]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp/min]	VE [l/min]	ST Level V5 [mm]	Comment
PRETEST	SUPINE	00:34	0.00	0.00	1.0	75			0	0.65	
	STANDING	00:23	0.00	0.00	1.0	78			0	0.70	
	HYPERV.	00:33	1.00	0.00	1.3	93			0	0.70	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	109	120/80	13080	0	0.95	
	STAGE 2	03:00	2.50	12.00	7.0	125		15000	0	0.55	
	STAGE 3	00:28	3.40	14.00	8.3	136		16320	1	0.35	
RECOVERY		03:16	0.00	0.00	1.0	86	150/90	12900	0	0.45	

**MR M ANJANAPPA,**

Patient ID: 161581

18.01.2024 Male 173 cm 115 Kg

10:25:45am 55 yrs Indian

Exercise Test / 12-Lead Report

PRETEST

SUPINE

00:21

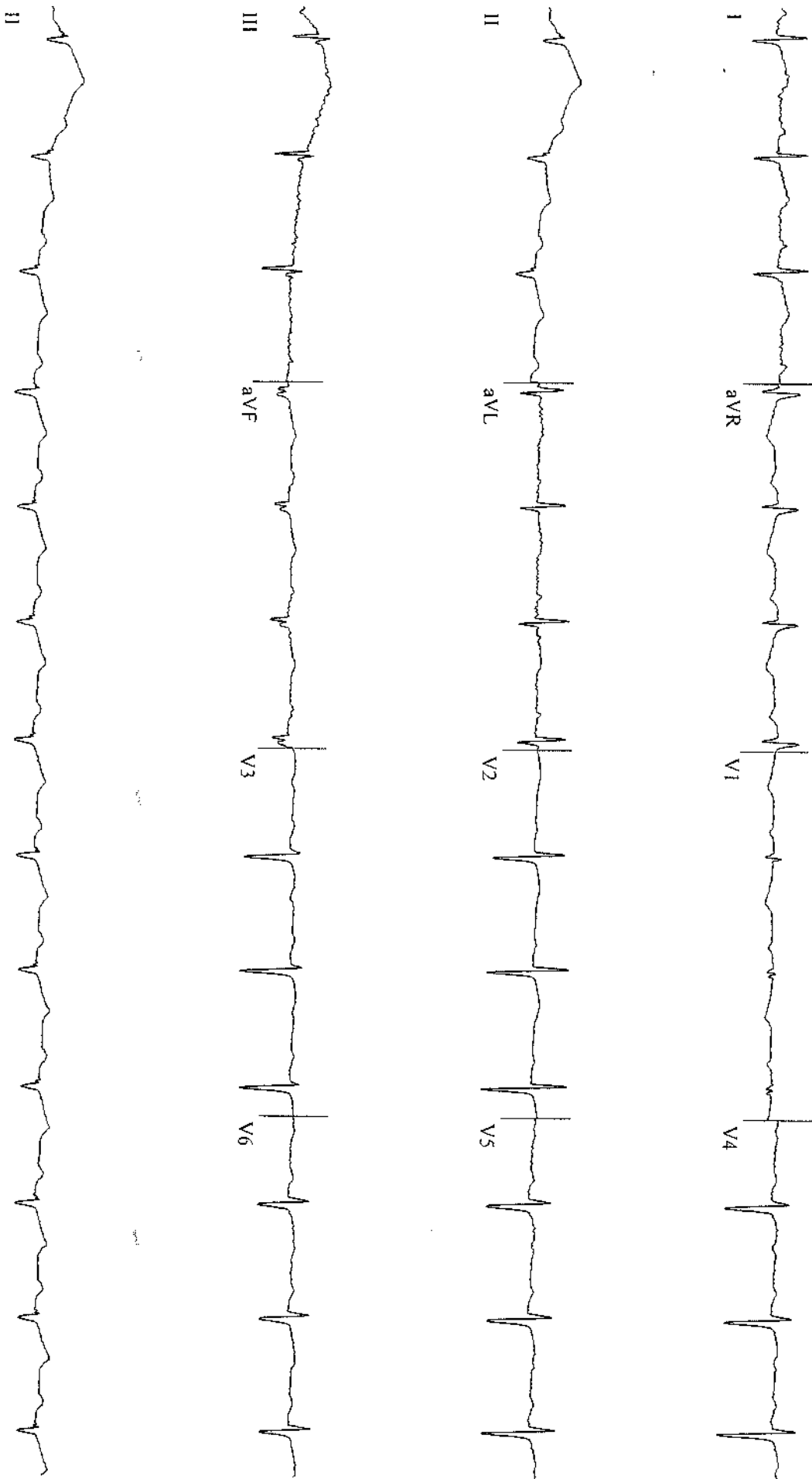
75 bpm

BRUCE

0.0 mph

0.0%

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 -40 Hz FRF- HR(V2,V3)

Start of Test: 10:25:18am

MR M ANJANAPPA,

Patient ID: 161581

18.01.2024

10:25:58am

Male 173 cm 115 kg

55 yrs Indian

75 bpm

Exercise Test / 12-Lead Report

PRETEST

STANDING

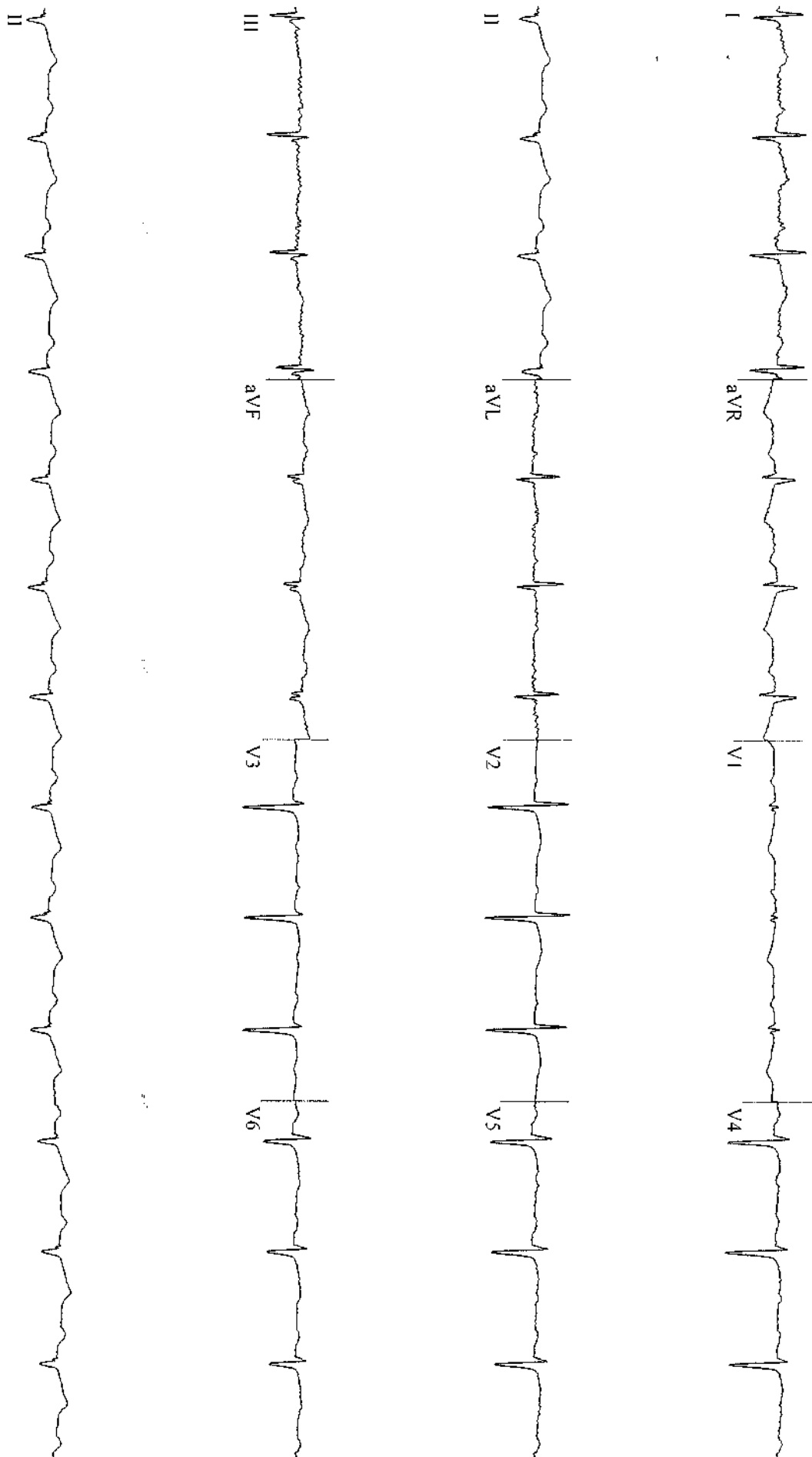
00:34

BRUCE

0.0 mph

0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V2,V3)

Start of Test: 10:25:18am

MR M ANJANAPPA,

Patient ID: 161581

18.01.2024

10:26:21am

Male 173 cm 115 kg

55 yrs Indian

78 bpm

Exercise Test / 12-Lead Report

PRETEST

HYPERV.

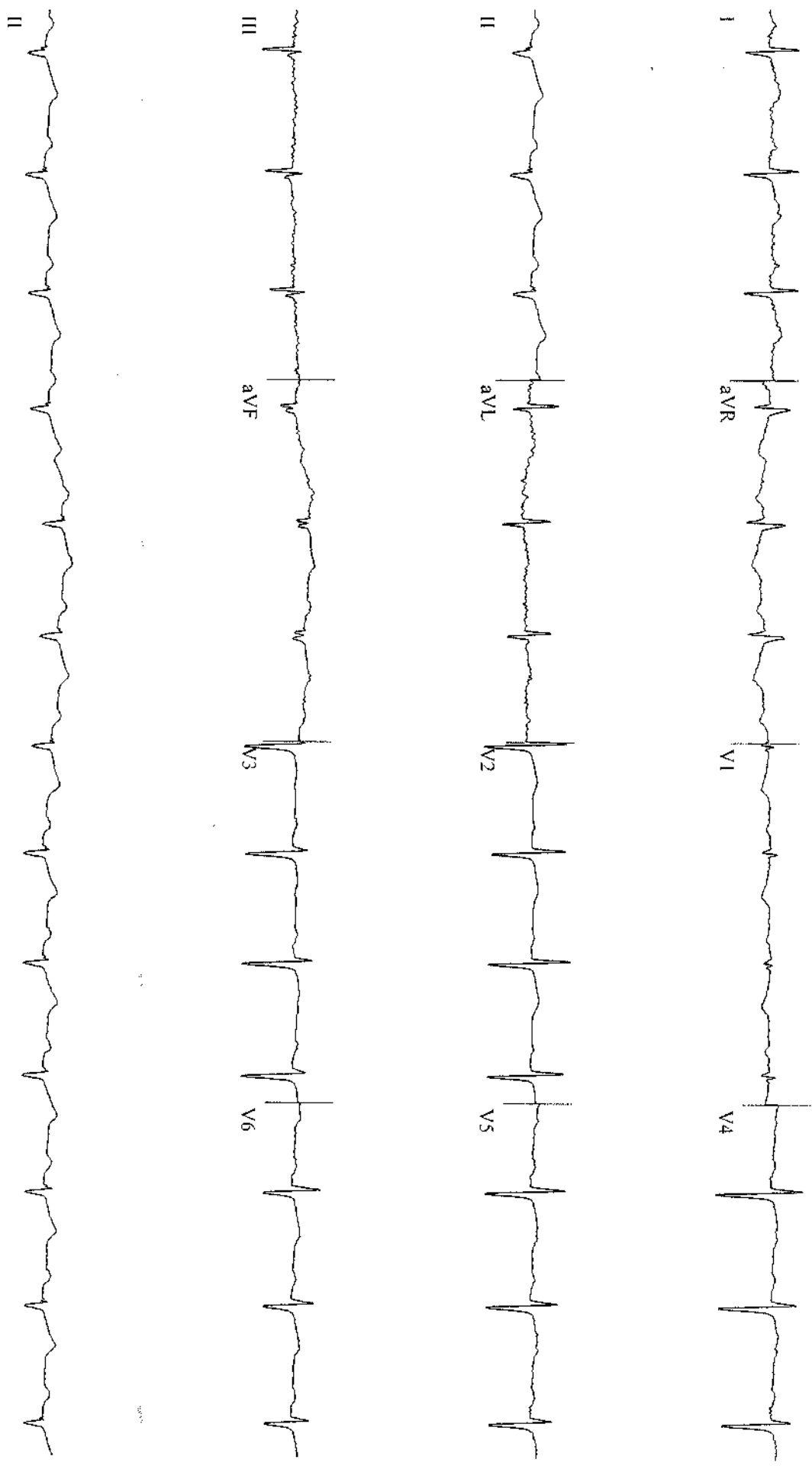
00:57

BRUCE

0.0 mph

0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V2.V3)

Start of Test: 10:25:18am



M R M ANJANAPPA ,

Exercise Test / Linked Medians

APOLLO CLINIC

Patient ID: 161581

Male 173 cm 115 kg

108 bpm

EXERCISE

BRUCE

18.01.2024

55 yrs Indian

108 bpm

STAGE 1

1.7 mph

10:29:35am

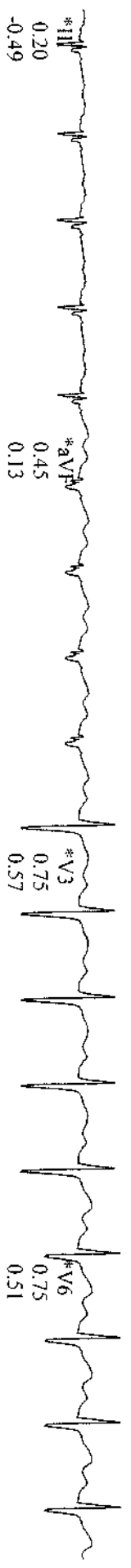
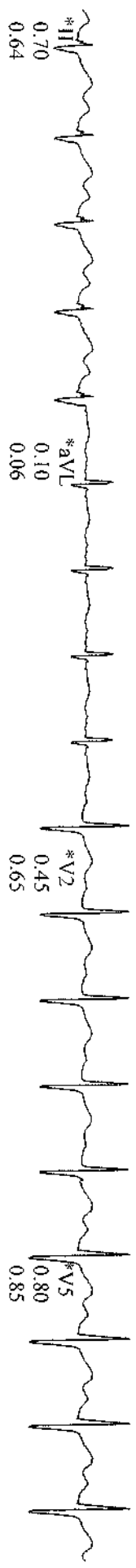
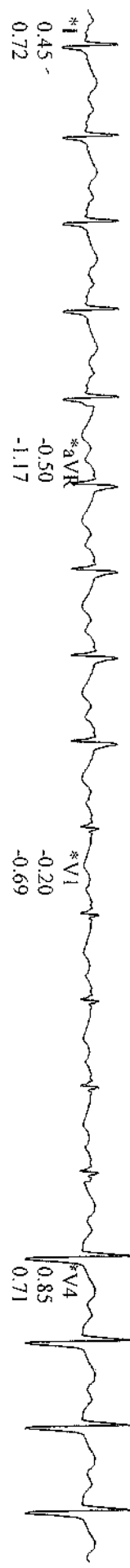
55 yrs Indian

108 bpm

02:50

10.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V2,V3)

Start of Test: 10:25:18am

MIR M ANJANAPPA,

Patient ID: 161581

18-01-2024 Male 173 cm 115 kg

10:32:35am 55 yrs Indian

Exercise Test / Linked Medians

125 bpm

EXERCISE

STAGE 2

05:50

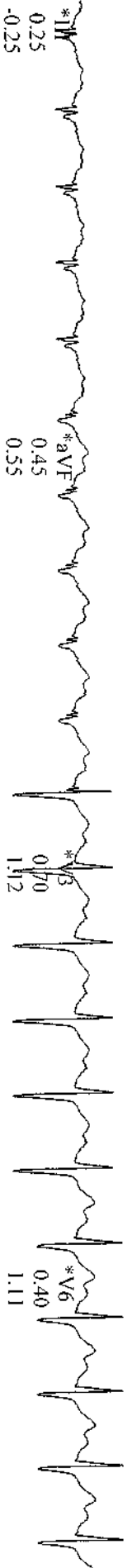
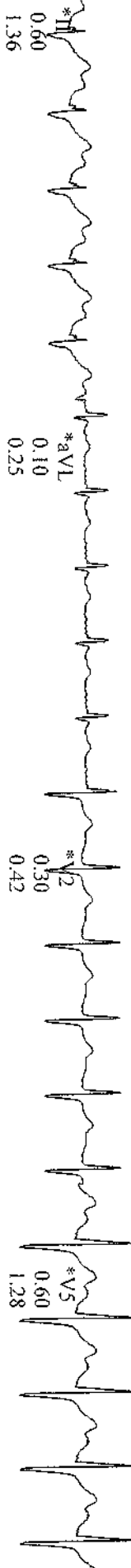
BRUCE

2.5 mph

12.0 %

APOLLO CLINIC

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF - HR(V5, V4)

Start of Test: 10:25:18am

MR M ANJANAPPA,

Patient ID: 161581

18.01.2024 Male 173 cm 115 kg  
10:33:13am 55 yrs Indian

136 bpm

Exercise Test / Linked Medians ( PEAK EXERCISE )

EXERCISE

STAGE 3

06:28

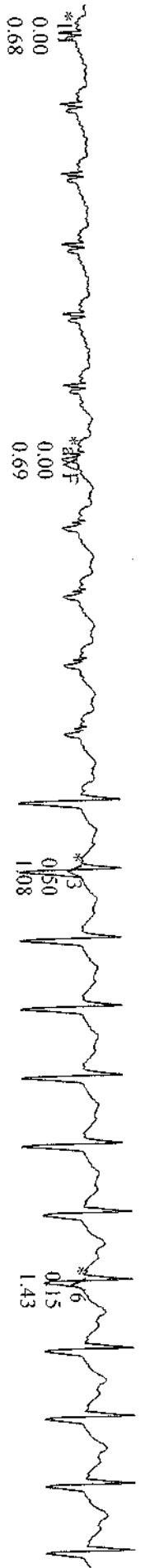
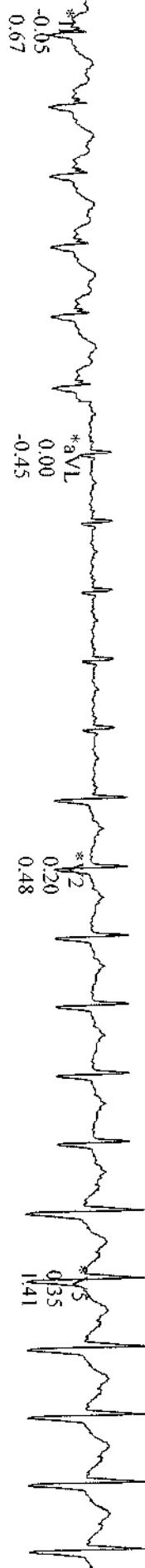
BRUCE

3.4 mph

14.0 %

APOLLO CLINIC

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,V4)

Start of Test: 10:25:18am

Namaste Team,

Greetings from Apollo clinics,

PFA. With status.

NOTE: agreements are valid till 6<sup>th</sup> Feb'24.

Thanks & Regards,

**Rani N** | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com) |  
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**Sent:** 17 January 2024 11:58

**To:** Corporate Apollo Clinic <[corporate@apolloclinic.com](mailto:corporate@apolloclinic.com)>

**Cc:** Wellness : Mediwheel : New Delhi <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>; Network : Mediwheel : New Delhi <[network@mediwheel.in](mailto:network@mediwheel.in)>; deepak <[deepak.c@apolloclinic.com](mailto:deepak.c@apolloclinic.com)>

**Subject:** Health Check-up Bookings No. 38 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards



बैंक ऑफ बड़ोदा  
Bank of Baroda

नाम  
Name

एम अंजप्पा  
M Anjanappa

E.C. No.

158621



AM

धारक के हस्ताक्षर  
Signature of Holder

जारीकर्ता प्राधिकारी  
Issuing Authority

<b>Patient Name</b>	: Mr. M Anjanappa	<b>Age/Gender</b>	: 55 Y/M
<b>UHID/MR No.</b>	: CINR.0000161581	<b>OP Visit No</b>	: CINROPV216439
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-01-2024 10:50
<b>LRN#</b>	: RAD2210399	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9945472691		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears **enlarged** in size(19.2cm), shape and echopattern **moderately increased**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 11.3x5.3 cm.

Left kidney measures 11.5x5.5 cm.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**PROSTATE:** Prostate is normal in size and echo-pattern.

No free fluid is seen.

#### IMPRESSION:

**HEPATOMEGALY WITH GRADE II FATTY LIVER.**

**Dr. RAMESH G**  
**MBBS DMRD**  
RADIOLOGY

**Patient Name** : Mr. M Anjanappa

**Age/Gender** : 55 Y/M

**UHID/MR No.** : CINR.0000161581

**OP Visit No** : CINROPV216439

**Sample Collected on** :

**Reported on** : 18-01-2024 15:45

**LRN#** : RAD2210399

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9945472691

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

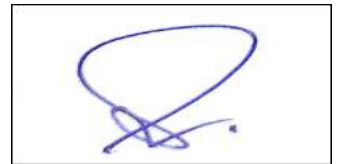
Cardiomegaly .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. SUJIT MAHESWARI**  
**MBBS, MD**  
**RADIOLOGY**

Patient Name : Mr.M ANJANAPPA	Collected : 18/Jan/2024 08:15AM
Age/Gender : 55 Y 5 M 23 D/M	Received : 18/Jan/2024 11:11AM
UHID/MR No : CINR.0000161581	Reported : 18/Jan/2024 12:04PM
Visit ID : CINROPV216439	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9945472691	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.5	g/dL	13-17	Spectrophotometer
PCV	49.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.8	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	11.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,570	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57.2	%	40-80	Electrical Impedance
LYMPHOCYTES	30.1	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4902.04	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2579.57	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	377.08	Cells/cu.mm	20-500	Calculated
MONOCYTES	685.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.71	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	237000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				



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



SIN No: BED240012238

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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

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www.apolloclinic.com



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Emp/Auth/TPA ID : 9945472691	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



SIN No: BED240012238

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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

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Age/Gender : 55 Y 5 M 23 D/M	Received : 18/Jan/2024 11:11AM
UHID/MR No : CINR.0000161581	Reported : 18/Jan/2024 03:09PM
Visit ID : CINROPV216439	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9945472691	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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



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



SIN No:BED240012238

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Karnataka- 560034

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Patient Name : Mr.M ANJANAPPA	Collected : 18/Jan/2024 08:15AM
Age/Gender : 55 Y 5 M 23 D/M	Received : 18/Jan/2024 11:26AM
UHID/MR No : CINR.0000161581	Reported : 18/Jan/2024 12:41PM
Visit ID : CINROPV216439	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9945472691	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	134	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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.1	%		HPLC

Page 4 of 16




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SIN No:EDT240005079

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ESTIMATED AVERAGE GLUCOSE (eAG)	157	mg/dL	Calculated
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**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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	157	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	152	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.99		0-4.97	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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.72	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	45.00	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.20</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.04	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.04</b>		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.
- Bilirubin may be elevated.
- 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.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**




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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.




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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.97	mg/dL	0.67-1.17	Jaffe's, Method
UREA	28.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.75</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.78	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	<55	IFCC




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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.68	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.30	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.430	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

 **1860 500 7788**  
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Patient Name : Mr.M ANJANAPPA	Collected : 18/Jan/2024 08:15AM
Age/Gender : 55 Y 5 M 23 D/M	Received : 18/Jan/2024 11:25AM
UHID/MR No : CINR.0000161581	Reported : 18/Jan/2024 01:12PM
Visit ID : CINROPV216439	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9945472691	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.855	ng/mL	<4	CMIA



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24008001

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mr.M ANJANAPPA	Collected : 18/Jan/2024 08:15AM
Age/Gender : 55 Y 5 M 23 D/M	Received : 18/Jan/2024 11:39AM
UHID/MR No : CINR.0000161581	Reported : 18/Jan/2024 11:44AM
Visit ID : CINROPV216439	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9945472691	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 16



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



SIN No: UR2263902

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**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

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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 1860 500 7788  
www.apolloclinic.com

Patient Name : Mr.M ANJANAPPA	Collected : 18/Jan/2024 08:15AM
Age/Gender : 55 Y 5 M 23 D/M	Received : 18/Jan/2024 11:39AM
UHID/MR No : CINR.0000161581	Reported : 18/Jan/2024 03:16PM
Visit ID : CINROPV216439	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9945472691	

DEPARTMENT OF CLINICAL PATHOLOGY

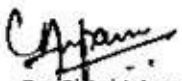
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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



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



SIN No:UF010230

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