



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಕೆ ಗೋಪಾಲ್  
K Gopal  
ಜನನ ದಿನಾಂಕ/DOB: 23/07/1969  
ಪ್ರಕಾರ/ MALE



7734 7558 4183

VID: 9116 8747 2854 1342

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## LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. K GOPAL
EC NO.	163053
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	BIDARKOTE
BIRTHDATE	23-07-1969
PROPOSED DATE OF HEALTH CHECKUP	24-02-2024
BOOKING REFERENCE NO.	23M163053100092250E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **20-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Date : 24-02-2024  
MR NO : CMYS.0000059742  
Name : Mr. GOPAL K  
Age/ Gender : 54 Y / Male

Department : GENERAL  
Doctor :  
Registration No : Dr. Praveen Kumar H  
Qualification : M.S (ENT)

Consultation Timing: 08:10

Height : 166	Weight : 65.6	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 140/96

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Come for medical history check

EOR bilateral TM @

Nose - nasal mucosa @

oral cavity & oropharynx @

neck @

44

trans

Follow up date :

Doctor Signature

Apollo Clinic  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41



Date : 24-02-2024  
MR NO : CMYS.0000059742  
Name : Mr. GOPAL K  
Age/ Gender : 54 Y / Male

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Consultation Timing: 08:10

Height : 166	Weight : 65.6	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 140/90

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

24/2/24

No Fresh complaints =  
No regular sleep.

Keto Ty II DM. - on Rx.

uncontrolled Ty II DM

RS }  
CVS } NAD  
PLA }

Adv

Go for sugar free diet

Follow up date :

Doctor Signature  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Date : 24-02-2024  
MR NO : CMYS.0000059742

Department : GENERAL Dietetics  
Doctor : Machhara. B.P

Name : Mr. GOPAL K  
Age/ Gender : 54 Y / Male

Registration No :  
Qualification : 17-50 Nutrition & Dietetics  
PhD\*

Consultation Timing: 08:10

TBW - 60kg

Height : 160	Weight : 65.6	BMI : 24.7	Waist Circum : 100
Temp :	Pulse :	Resp :	B.P : 140/90


General Examination /  
Allergies History

FBS - 215  
HbA1c - 9.5  
Triglycerides - 188  
HDL - 29  
VLDL - 37.67

Clinical Diagnosis & Management Plan

10/10 - T2DM, HTA  
⇒ Advised low fat, salt restricted diabetic diet with fiber rich foods.  
⇒ Dietary guidelines chart is given.

Follow up date :

Doctor Signature  
  
24/2/2024

Apollo Clinic  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

ID: 59742

24-02-2024 10:46:45 AM

MR GOPAL K

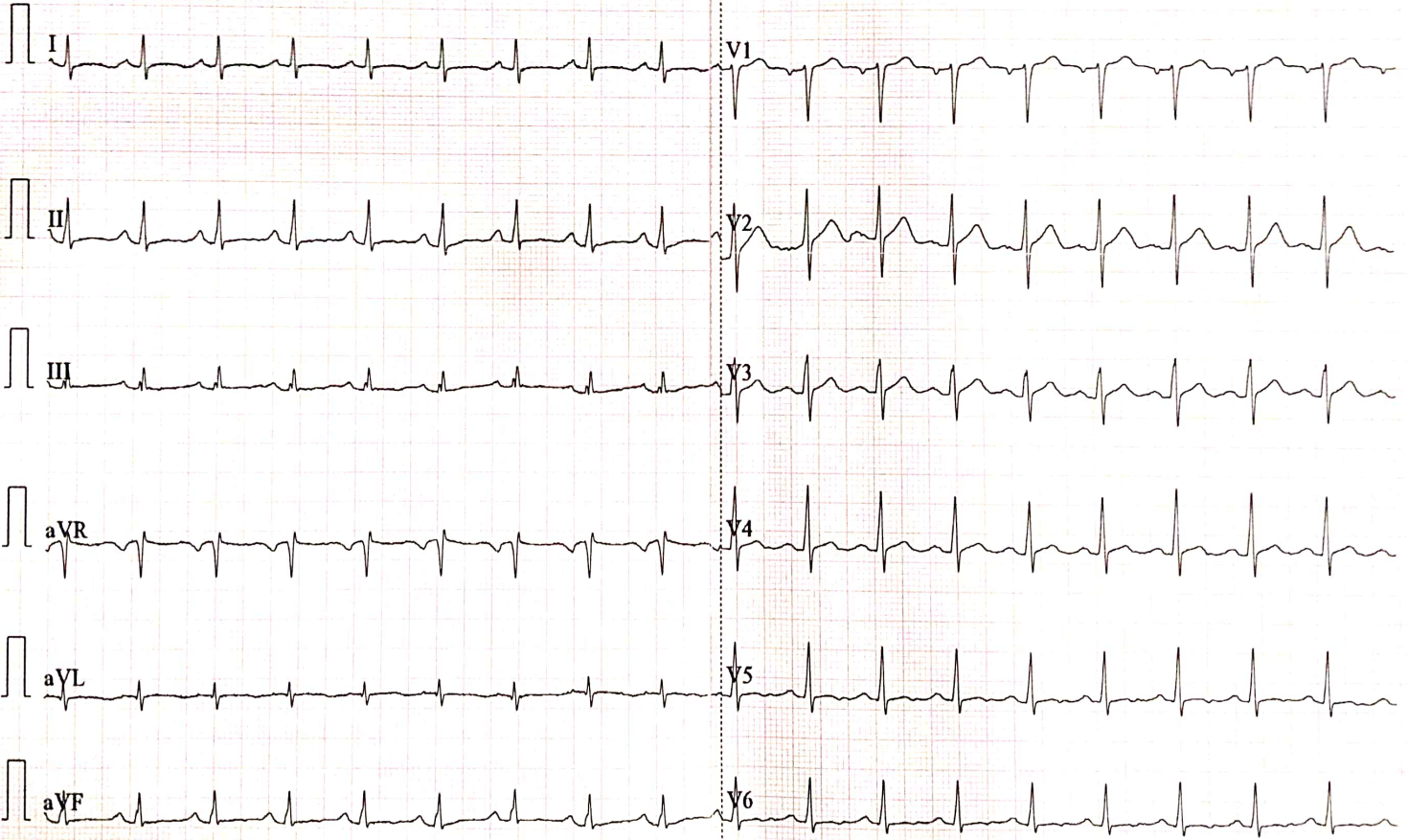
Male 54Years

166cm 65kg 140/90 mmHg

Diagnosis Information:

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Unconfirmed Report.





APOLLO CLINIC  
KALIDASA ROAD  
MYSORE

## EXERCISE STRESS TEST REPORT

Patient Name: MR GOPAL, K  
Patient ID: 59742  
Height: 166 cm  
Weight: 65 kg

DOB: 23.07.1969  
Age: 54 yrs  
Gender: Male  
Race:

Study Date: 24.02.2024  
Test Type: --  
Protocol: BRUCE  
Medications:

Referring Physician: --  
Attending Physician: DR GURUPRASAD B V  
Technician: --

Medical History:

Reason for Exercise Test:

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ mph ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	01:59	1.00	0.00	111		
EXERCISE	STAGE 1	03:00	1.70	10.00	137	120/80	
	STAGE 2	03:00	2.50	12.00	150	120/80	
	STAGE 3	02:11	0.00	14.00	164	150/90	
RECOVERY		03:07	0.00	0.00	120	140/90	

The patient exercised according to the BRUCE for 8:10 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 105 bpm rose to a maximal heart rate of 164 bpm. This value represents 98 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg , rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

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.

### Conclusions

GOOD EFFORT TOLERANCE  
NORMAL HR AND BP RESPONCE  
NO SIGNIFICANT ST T CHANGES NOTED DURING EXERCISE AND RECOVERY  
NO ANGINA , OR NO ARRHYTHMIAS,  
TMT NEGATIVE FOR EXERCISE INDUCED ISHCHEMIA

DR GURUPRASAD B V



Physician

# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-6006040/41

Technician

Apollo Clinic  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-6006040/41

Patient Name	: Mr. GOPAL K	Age	: 54 Y M
UHID	: CMYS.0000059742	OP Visit No	: CMYSOPV122672
Reported on	: 24-02-2024 14:54	Printed on	: 24-02-2024 14:54
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

**IMPRESSION :NORMAL STUDY .**

*P. Pradeep*

Printed on:24-02-2024 14:54

---End of the Report---

**Dr. PRADEEP KUMAR C N**  
**MBBS DNB( RADIOLOGY)**  
Radiology

**Apollo Health and Lifestyle Limited**

REGD. OFFICE: 1-10-10-12, Ashoka Raaghudra Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
REGD. OFFICE: 1-10-10-12, Ashoka Raaghudra Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
REGD. OFFICE: 1-10-10-12, Ashoka Raaghudra Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

**APOLLO CLINICS NETWORK KARNATAKA**

**Bangalore** - Saravananagar | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |  
**Koramangala** - Saravananagar Road | **Mysore** (VV Mohalla)

Online appointments: [www.apollohospitals.com](http://www.apollohospitals.com)

TO BOOK AN APPOINTMENT

**1860 500 7788**



Patient Name: Mr .Gopal K	Date:24.02.2024	Doctor:Dr. Self
Age / Sex :54yrs /Male	UHID No : 59742	OP:
<b>ULTRASONOGRAPHY – ABDOMEN &amp; PELVIS</b>		

**LIVER:** It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is well distended and normal. No e/o calculi.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It Measures 101x54h parenchymal thickness of 15m. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 91x55h parenchymal thickness of 17. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

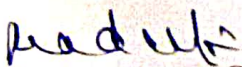
**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

**PROSTATE:** It measures 33x35x38 mm volume of 23 cc. It is prominent in size, normal in outline and echotexture. The vascularity of prostate is normal.

**RIF:** No evidence of focal collection or mass lesion seen. Appendix is not visualized.

**OTHERS:** No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

**IMPRESSION: PROMINENT PROSTATE.**

  
Dr. Pradeep Kumar C N, DNB  
Consultant Radiologist.

Name: Mr. GOPAL K  
Age/Gender: 54 Y/M  
Address: MYSORE  
Location: MYSORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: MYSORE\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000059742  
Visit ID: CMYSOPV122672  
Visit Date: 24-02-2024 08:10  
Discharge Date:  
Referred By: SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

## SYSTEMIC REVIEW

### \*\*Weight

--->: Stable,

Number of kgs: 65.6,

## HT-HISTORY

### Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

\*\*Cancer: NIL,

## PHYSICAL EXAMINATION

### PHYSICAL EXAMINATION

Constitutional: Normal ,

Eyes: Normal ,

ENT: Normal ,

Cardiovascular: Normal ,

Respiratory: Normal ,

Gastrointestinal: Normal ,

Genitourinary: Normal ,

Musculoskeletal: Normal ,

Integumentary: Normal ,

Neurological: Normal ,

Psychiatric: Normal ,

Endocrine: Normal ,

Hematologic/Lymphatic/Immuno: Normal ,

Allergic/Immunologic: **Normal** ,

## **SYSTEMIC EXAMINATION**

### **IMPRESSION**

### **IMPRESSION**

Finding Category : **within normal limits**,

### **Ultrasound Radiology**

: **NORMAL**,

### **ECG**

: **NORMAL**,

### **X-Ray**

: **NORMAL**,

## **RECOMMENDATION**

### **Fitness Report**

Fitness.: **YES**,

## **DISCLAIMER**

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

**Doctor's Signature**



<b>Patient Name</b>	: Mr. GOPAL K	<b>Age/Gender</b>	: 54 Y/M
<b>UHID/MR No.</b>	: CMYS.0000059742	<b>OP Visit No</b>	: CMYSOPV122672
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 12:52
<b>LRN#</b>	: RAD2246205	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 773475584183		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER:** It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is well distended and normal. No e/o calculi.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It Measures 101x54h parenchymal thickness of 15m. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

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**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

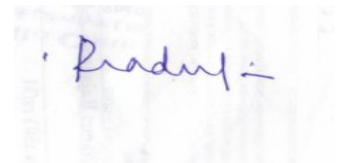
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**LIVER:** No evidence of focal collection or mass lesion seen. Appendix is not visualized.

**OTHERS:** No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

**IMPRESSION: PROMINENT PROSTATE.**

Pradeep Kumar C N, DNB  
Consultant Radiologist.



**Dr. PRADEEP KUMAR C N**  
**MBBS DNB( RADIOLOGY)**

Radiology

**Patient Name** : Mr. GOPAL K

**Age/Gender** : 54 Y/M

**UHID/MR No.** : CMYS.0000059742

**OP Visit No** : CMYSOPV122672

**Sample Collected on** :

**Reported on** : 24-02-2024 14:54

**LRN#** : RAD2246205

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 773475584183

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

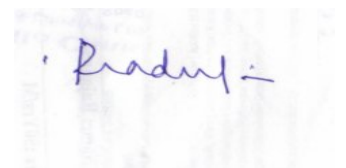
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**IMPRESSION :NORMAL STUDY .**



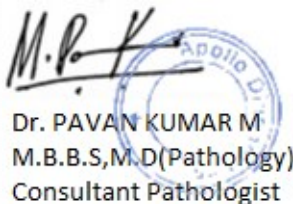
**Dr. PRADEEP KUMAR C N**  
**MBBS DNB( RADIOLOGY)**  
Radiology

Patient Name	: Mr.GOPAL K	Collected	: 24/Feb/2024 08:15AM
Age/Gender	: 54 Y 7 M 1 D/M	Received	: 24/Feb/2024 10:53AM
UHID/MR No	: CMYS.0000059742	Reported	: 24/Feb/2024 12:17PM
Visit ID	: CMYSOPV122672	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 773475584183		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

SIN No:BED240047587





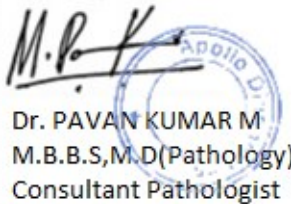
Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 10:53AM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 02:19PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

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	14.1	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.44	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	71	fL	83-101	Calculated
MCH	21.8	pg	27-32	Calculated
MCHC	30.6	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	66.9	%	40-80	Electrical Impedance
LYMPHOCYTES	26.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.8	%	1-6	Electrical Impedance
MONOCYTES	2.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4816.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1879.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	273.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	208.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.56		0.78- 3.53	Calculated
PLATELET COUNT	194000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.C: Majority are normocytic normochromic. Also seen are microcytes.



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

SIN No:BED240047587



Patient Name	: Mr.GOPAL K	Collected	: 24/Feb/2024 08:15AM
Age/Gender	: 54 Y 7 M 1 D/M	Received	: 24/Feb/2024 10:53AM
UHID/MR No	: CMYS.0000059742	Reported	: 24/Feb/2024 02:19PM
Visit ID	: CMYSOPV122672	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 773475584183		

**DEPARTMENT OF HAEMATOLOGY**


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

W.B.C: normal in number with normal morphology and distribution.

Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

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

SIN No:BED240047587

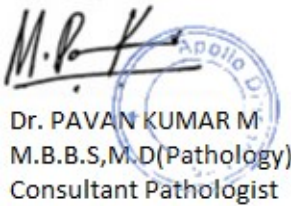


Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 10:53AM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 02:19PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

**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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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

SIN No:BED240047587





Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 02:28PM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 03:23PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

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	215	mg/dl	74-106	GOD, POD

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)	342	mg/dl	70-140	GOD, POD

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	9.5	%		HPLC

Page 5 of 15



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

SIN No:EDT240021212



Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 02:28PM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 03:23PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

**DEPARTMENT OF BIOCHEMISTRY**

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

ESTIMATED AVERAGE GLUCOSE (eAG)	226	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)



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

SIN No:EDT240021212



Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 11:13AM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 12:19PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

DEPARTMENT OF BIOCHEMISTRY

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	127	mg/dl	0-200	CHOD
TRIGLYCERIDES	188	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	29	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	98	mg/dL	<130	Calculated
LDL CHOLESTEROL	60.52	mg/dL	<100	Calculated
VLDL CHOLESTEROL	37.62	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.40		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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

SIN No:SE04639421





Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 11:13AM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 11:48AM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

DEPARTMENT OF BIOCHEMISTRY

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	0.57	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	125.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.30	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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:

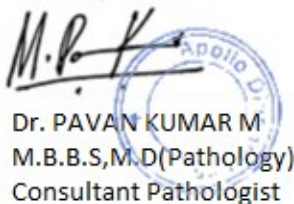
**1. Hepatocellular Injury:**

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



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

SIN No:SE04639421





Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 11:13AM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 01:10PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

DEPARTMENT OF BIOCHEMISTRY

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	0.82	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	22.01	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.3	mg/dl	6-20	Urease, UV
URIC ACID	4.70	mg/dL	3.5-7.2	Uricase
CALCIUM	10.20	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.41	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE



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

SIN No:SE04639421

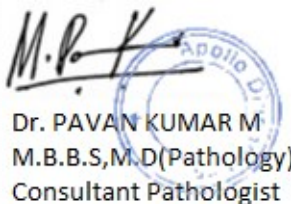


Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 11:13AM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 11:48AM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	31.00	U/l	0-55	IFCC



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

SIN No:SE04639421



Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 10:46AM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 12:56PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

DEPARTMENT OF IMMUNOLOGY

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

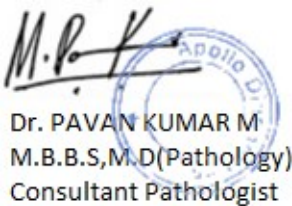
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.95	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.160	µIU/mL	0.35-4.94	CMIA

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



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


SIN No:SPL24031245



Patient Name	: Mr.GOPAL K	Collected	: 24/Feb/2024 08:15AM
Age/Gender	: 54 Y 7 M 1 D/M	Received	: 24/Feb/2024 10:46AM
UHID/MR No	: CMYS.0000059742	Reported	: 24/Feb/2024 12:56PM
Visit ID	: CMYSOPV122672	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 773475584183		

DEPARTMENT OF IMMUNOLOGY

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

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

SIN No:SPL24031245





Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 25/Feb/2024 11:46AM
UHID/MR No : CMYS.0000059742	Reported : 25/Feb/2024 02:14PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

**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>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.990	ng/mL	0-4	CLIA

**Comment:**

Disclaimer: \*The results determined by assays using different manufacturers or methods may not be comparable.  
Manufacturer: BECKMAN COULTER



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

SIN No:IM07024838

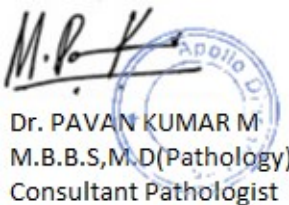


Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 12:42PM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 01:32PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

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	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2289738



Patient Name : Mr.GOPAL K	Collected : 24/Feb/2024 08:15AM
Age/Gender : 54 Y 7 M 1 D/M	Received : 24/Feb/2024 12:06PM
UHID/MR No : CMYS.0000059742	Reported : 24/Feb/2024 12:58PM
Visit ID : CMYSOPV122672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 773475584183	

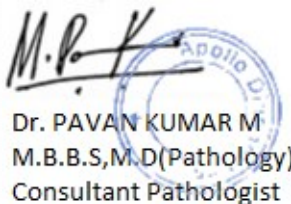
**DEPARTMENT OF CLINICAL PATHOLOGY**

**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)	POSITIVE (+++)		NEGATIVE	Dipstick

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

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



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

SIN No:UF010687

