

Patient Name : Mr.KRUSHNAPPA D	Collected : 07/Oct/2023 10:34AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 07/Oct/2023 05:03PM
UHID/MR No : CBAS.0000089724	Reported : 07/Oct/2023 07:42PM
Visit ID : CBASOPV95904	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 159523	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	16.5	g/dL	13-17	Spectrophotometer
PCV	48.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.47	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.9	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,530	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	68.1	%	40-80	Electrical Impedance
LYMPHOCYTES	20.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4446.93	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1319.06	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	150.19	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	581.17	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	32.65	Cells/cu.mm	0-100	Electrical Impedance

<b>PLATELET COUNT</b>	209000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	5	mm at the end of 1 hour	0-15	Modified Westegren method

**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



SIN No:BED230245591

NABL renewal accreditation under process

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	HEXOKINASE
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**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.



SIN No:PLF02037994

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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	122	mg/dL	70-140	HEXOKINASE
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**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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	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.

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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)



SIN No:PLP1375820,EDT230092676

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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	234	mg/dL	<200	CHO-POD
TRIGLYCERIDES	115	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	185	mg/dL	<130	Calculated
LDL CHOLESTEROL	161.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.77		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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SIN No:SE04505121

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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.63	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	111.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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'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.

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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.97	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>16.40</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.7</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.63	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	<b>5.2</b>	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)



SIN No:SE04505121

NABL renewal accreditation under process

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

**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)

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



Patient Name : Mr.KRUSHNAPPA D	Collected : 07/Oct/2023 10:34AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 07/Oct/2023 07:34PM
UHID/MR No : CBAS.0000089724	Reported : 07/Oct/2023 11:53PM
Visit ID : CBASOPV95904	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 159523	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	37.00	U/L	<55	IFCC



SIN No:SE04505121

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



Patient Name : Mr.KRUSHNAPPA D	Collected : 07/Oct/2023 10:34AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 07/Oct/2023 07:29PM
UHID/MR No : CBAS.0000089724	Reported : 07/Oct/2023 09:11PM
Visit ID : CBASOPV95904	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 159523	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.66	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.527	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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



SIN No:SPL23143618

NABL renewal accreditation under process

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 Karnataka - 560034

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

Patient Name : Mr.KRUSHNAPPA D	Collected : 07/Oct/2023 10:34AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 07/Oct/2023 07:29PM
UHID/MR No : CBAS.0000089724	Reported : 07/Oct/2023 09:01PM
Visit ID : CBASOPV95904	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 159523	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.450	ng/mL	0-4	CLIA



SIN No:SPL23143618

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 Karnataka - 560034



Patient Name : Mr.KRUSHNAPPA D	Collected : 07/Oct/2023 10:34AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 07/Oct/2023 05:18PM
UHID/MR No : CBAS.0000089724	Reported : 07/Oct/2023 06:28PM
Visit ID : CBASOPV95904	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 159523	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

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

**BIOCHEMICAL EXAMINATION**

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

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

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



SIN No:UR2198429

NABL renewal accreditation under process

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Age/Gender : 53 Y 6 M 0 D/M	Received : 07/Oct/2023 05:18PM
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Visit ID : CBASOPV95904	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

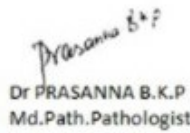
Result/s to Follow:  
PERIPHERAL SMEAR



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



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



Dr PRASANNA B.K.P  
Md.Path.Pathologist





**Patient Name** : Mr. KRUSHNAPPA D

**Age/Gender** : 53 Y/M

**UHID/MR No.** : CBAS.0000089724

**OP Visit No** : CBASOPV95904

**Sample Collected on** :

**Reported on** : 07-10-2023 16:54

**LRN#** : RAD2119678

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 159523

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRANAV VENKATESH**  
**MBBS,MD**  
Radiology

**Patient Name** : Mr. KRUSHNAPPA D

**Age/Gender** : 53 Y/M

**UHID/MR No.** : CBAS.0000089724

**OP Visit No** : CBASOPV95904

**Sample Collected on** :

**Reported on** : 07-10-2023 15:00

**LRN#** : RAD2119678

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 159523

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size (14.3 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney** appear normal in size 9.0x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.9x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected pre-void 120 cc post-void 10 cc

**Prostate** is mildly enlarged in size and volume measuring 3.3x3.7x3.8 cm (volume 25 cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

### IMPRESSION:-

**Grade I Fatty Liver.**

**Grade I Prostatomegaly**

### **Suggested clinical correlation.**


(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. V K PRANAV VENKATESH**

**MBBS, MD**

Radiology

<b>Name :</b> Mr. KRUSHNAPPA D  <b>Address :</b> BLR  <b>Plan :</b> ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age:</b> 53 Y  <b>Sex:</b> M	<b>UHID:</b> CBAS.0000089724  <small>*CBAS.0000089724*</small> <b>OP Number:</b> CBASOPV95904 <b>Bill No :</b> CBAS-OCR-58511 <b>Date :</b> 07.10.2023 10:05
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	2 D ECHO	- 5 -
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	- 4 -
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ENT CONSULTATION	I
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	- 3 -
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	- 3 -
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	- 5 -
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	11:10 to 11:30 am
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	J
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

HT - 164  
 WT - 82  
 Wd - 97  
 HD - 105  
 BP - 133/83  
 PR - 84

Date: IST: 2023-10-07 12:19:35

**Personal Details**

UHID: 01P3FGAT6P50Y72  
 PatientID: 89724  
 Name: krushnappa  
 Age: 53  
 Gender: Male  
 Mobile: 65959649499

**Pre-Existing Medical-  
Conditions**

Symptoms

**Vitals**

**Measurements**

HR : 80 BPM  
 PR: 134 ms  
 PD: 113 ms  
 QRS: 81 ms  
 QRS Axis: 32 deg  
 QT/QTc: 358/414 ms

**Interpretation**

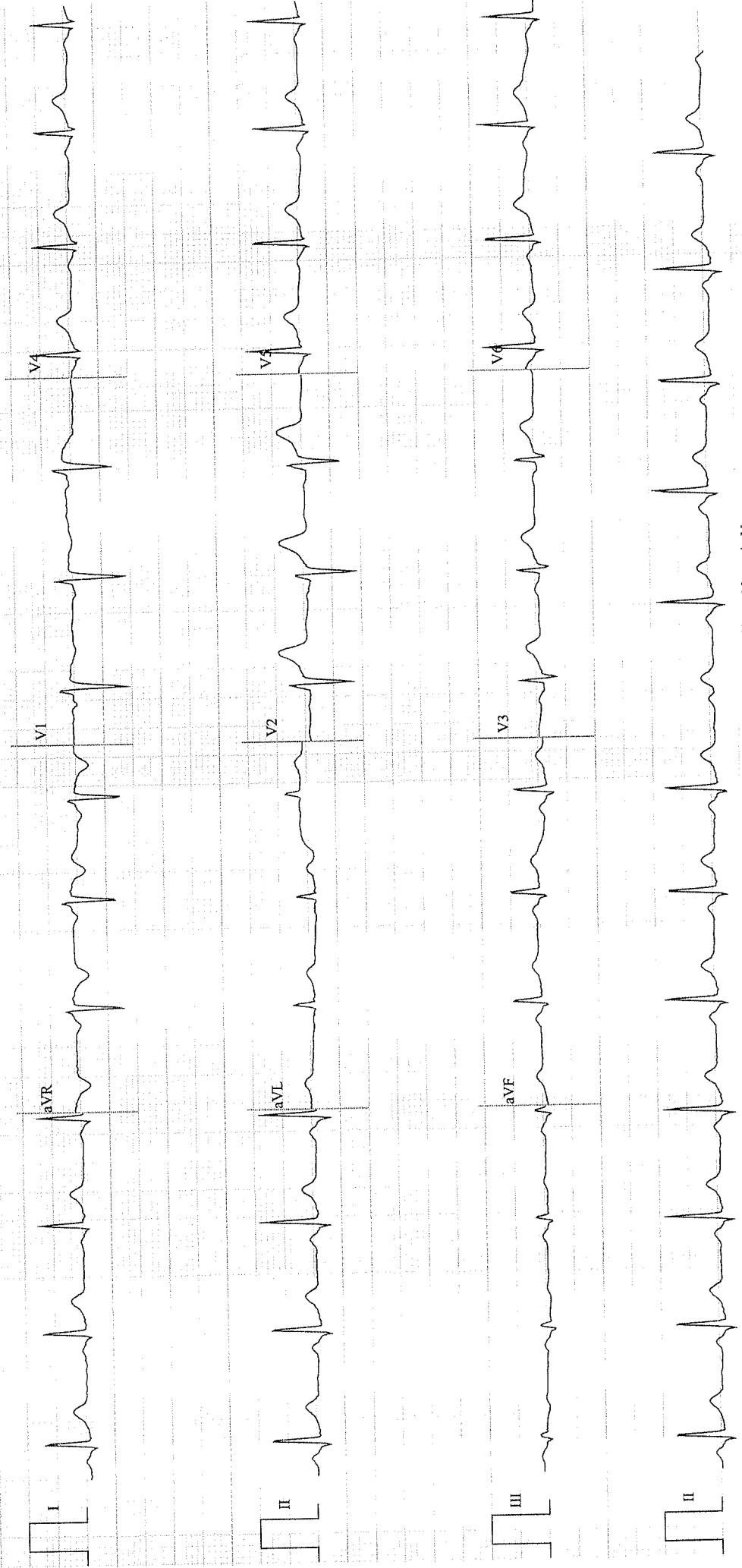
Sinus Rhythm Regular  
 No Significant ST-T Changes  
 Normal Axis

Authorized by

*Yogesh*

Dr. Yogesh Kothari  
 MD, DNB, FESC, FEP  
 Reg No- KMC 44065

This trace is generated by *KardioScreen, Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV  
 disclaimer: I. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and signs of other non-invasive tests and must be interpreted by a qualified physician.  
 Normal ECG does not rule out heart disease Abnormal ECG does not always mean severe heart disease Comment & Report is based on available data, clinical correlation is important.

**ECHOCARDIOGRAPHY REPORT**

**Name: MR KRISHNAPPA      Age: 53 YEARS      GENDER: MALE**

**Consultant: Dr.VISHAL KUMAR.H.      Date : 07/10/2023**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	1.01	m/sec	A	0.41	m/sec	No MR
Tricuspid Valve	E	0.57	m/sec	A	0.46	m/sec	No TR
Aortic Valve	Vmax	1.33	m/sec				No AR
Pulmonary Valve	Vmax	0.85	m/sec				No PR
Diastolic Dysfunction							

**LV Mode Measurements**

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.6	2.6-3.6	cm
LI	left Atrium	3.6	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	1.1	0.9-1.1	cm
L	left Ventricle-Diastole	4.2	4.2-5.9	cm
P	Posterior wall-Diastole	1.0	0.9-1.1	cm
I	IVS-Systole	1.1	1.3-1.5	cm
LL	left Ventricle-Systole	2.5	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.6	2.0-3.3	cm

**Impression -**

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

**DR. VISHAL KUMAR .H**

**CLINICAL CARDIOLOGIST**

Tom. Krishnapppu, 53y

7/04/23

Pre-Diabetic stats.

Ht -> 160cm

Wt -> 82y

TBW -> 65-70y

Bush water, w/brown.

Apt diet w/lt -> 3000/dy.

7pm -> Dinner

Soaked mung seeds -> empty stomach.

BF -> mung / lentil / raji / Idly / Dosa.  
(3) (2)

lunch -> water, veg salad, Pul / rice, cur.  
(1) (2)

Dinner, water, veg salad -> white dahl, / chutney,  
(1) (2) (2)

Food: Jack fruits / cardamom, dahl, amla.  
Jinned items, baby items, white rice.  
Soya, etc.

Tea: water, green veg salad, Pul / brown rice.  
Whole grain.  
Dhobiya

EYE CHECK UP REPORT

Mr. Kushnappa D. 53/M 89724  
7/10/23

Vision 6/6  
Unaided  
Acuity 6/6  
Digital (2)  
IOP (2)

Near N12  
Unaided  
Vision N12  
Colour Normal  
Vision Normal

• Fundus: Normal @ study

• Ant. Segment :- Normal

• Media: Normal

Pupil: Normal

BC +1.50, SPH N6

Adv glasses for near

Good day vision only.

Dr. H. S.





बैंक ऑफ बड़ोदा  
Bank of Baroda

नाम  
Name

कृष्णाप्पा डी आर  
Krushnappa DR

E.C. No.

159523

जारीकर्ता प्राधिकारी  
Issuing Authority



D. L. [Signature]

धारक के हस्ताक्षर  
Signature of Holder

**Subject** Health Check up Booking Confirmed Request(bobE45760),Package Code-PKG10000305, Beneficiary Code-37526  
**To:** [null <krushnappa\_dr@yahoo.co.in>]  
**From** Mediwheel <wellness@mediwheel.in>  
**Cc:** [null <customercare@mediwheel.in>]  
**Date** Thu, 28 Sept 2023 at 12:32



**011-41195959**

**Email:wellness@mediwheel.in**

Dear **MR. KRUSHNAPPA D R,**

Please find the confirmation for following request.

**Booking Date** : 04-09-2023  
**Package Name** : Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D ECHO (Metro)  
**Name of Diagnostic/Hospital** : Apollo Clinic - Basavanagudi  
**Address of Diagnostic/Hospital** : 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi -560019  
**Contact Details** : (080) 2661 1236  
**City** : Bangalore  
**State** : Karnataka  
**Pincode** : 560019  
**Appointment Date** : 07-10-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-9:00am  
**Comment** : APPOINTMENT TIME 9:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

# Apollo Clinic

## CONSENT FORM

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Patient Name: Krushnappe D Age: 53  
UHID Number: 89724 Company Name: Arcofemi

I Mr/Mrs/Ms ..... Employee of .....

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


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

And I claim the above statement in my full consciousness.

ENT, General Physic  
to be done & Dental

Patient Signature: D. R. Bee Date: 7/10/23

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<b>Name :</b> Mr. KRUSHNAPPA D  <b>Address :</b> BLR  <b>Plan :</b> ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age:</b> 53 Y  <b>Sex:</b> M	<b>UHID:</b> CBAS.0000089724  <small>*CBAS.0000089724*</small> <b>OP Number:</b> CBASOPV95904 <b>Bill No :</b> CBAS-OCR-58511 <b>Date :</b> 07.10.2023 10:05
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	2 D ECHO	- 5 -
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	- 4 -
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ENT CONSULTATION	I
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	- 3 -
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	- 3 -
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	- 5 -
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	11:10 to 11:30 am J
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

HT - 164  
 WT - 82  
 Wd - 97  
 Hip - 105  
 BP - 133/83  
 PR - 84

Authorized by  
*Yogesh*

Dr. Yogesh Kothari  
MD, DNB, FESC, FEP  
Reg No- KMC 44065

Date: IST: 2023-10-07 12:19:35

**Personal Details**

UHID: 01P3FGAT6P50Y72  
PatientID: 89724  
Name: krushnappa  
Age: 53  
Gender: Male  
Mobile: 65959649499

**Pre-Existing Medical- Conditions**

Symptoms

**Vitals**

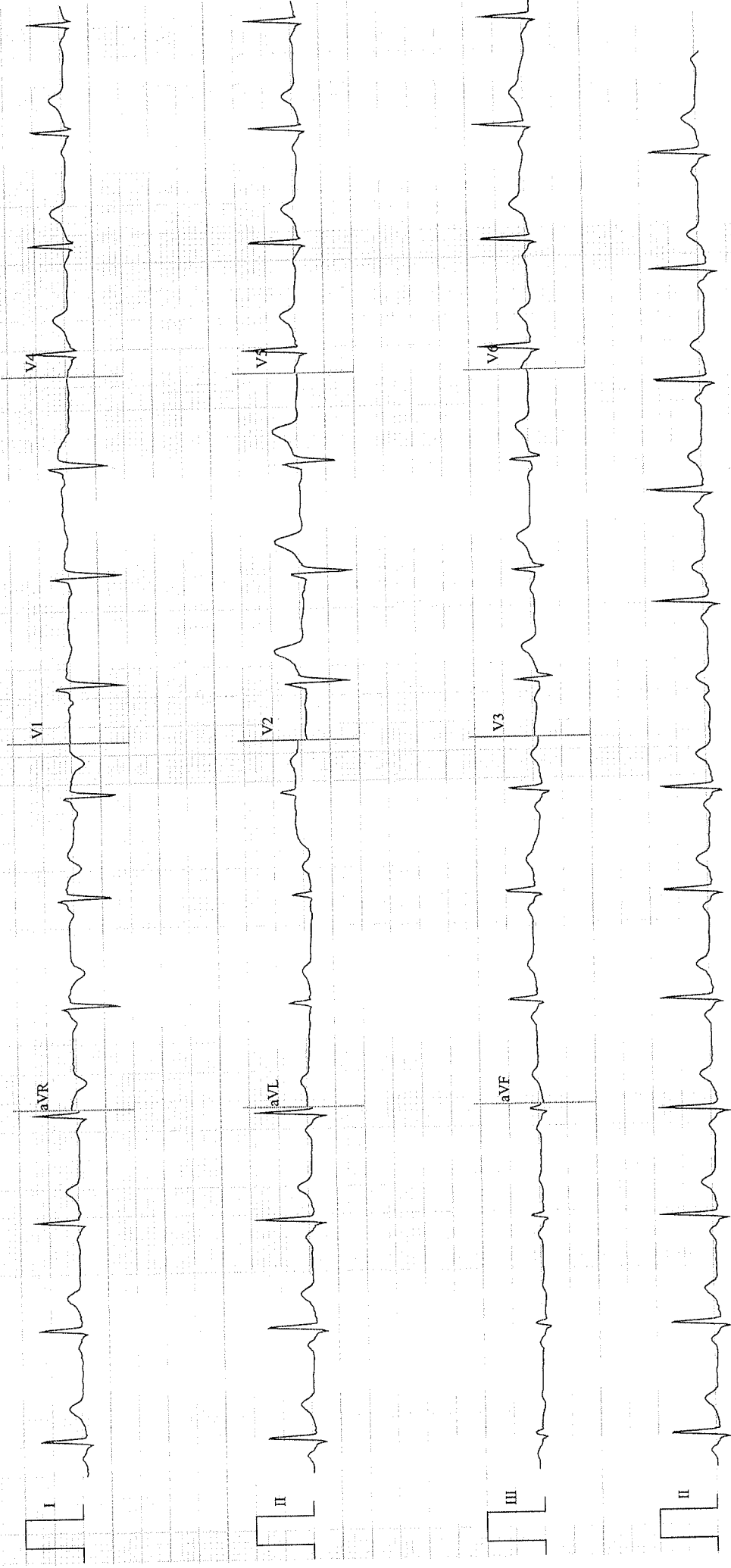
**Measurements**

HR : 80 BPM  
PR: 134 ms  
PD: 113 ms  
QRS: 81 ms  
QRS Axis: 32 deg  
QT/QTc: 358/414 ms

**Interpretation**

Sinus Rhythm Regular  
No Significant ST-T Changes  
Normal Axis

This trace is generated by *KardioScreen, Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV  
 disclaimer: I. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and signs of other non-invasive tests and must be interpreted by a qualified physician.  
 Normal ECG does not rule out heart disease Abnormal ECG does not always mean severe heart disease Comment & Report is based on available data, clinical correlation is important.

**ECHOCARDIOGRAPHY REPORT**

**Name: MR KRISHNAPPA      Age: 53 YEARS      GENDER: MALE**

**Consultant: Dr.VISHAL KUMAR.H.      Date : 07/10/2023**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	1.01	m/sec	A	0.41	m/sec	No MR
Tricuspid Valve	E	0.57	m/sec	A	0.46	m/sec	No TR
Aortic Valve	Vmax	1.33	m/sec				No AR
Pulmonary Valve	Vmax	0.85	m/sec				No PR
Diastolic Dysfunction							

**LV Mode Measurements**

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.6	2.6-3.6	cm
LI	left Atrium	3.6	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	1.1	0.9-1.1	cm
L	left Ventricle-Diastole	4.2	4.2-5.9	cm
P	Posterior wall-Diastole	1.0	0.9-1.1	cm
I	IVS-Systole	1.1	1.3-1.5	cm
LL	left Ventricle-Systole	2.5	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.6	2.0-3.3	cm

**Impression -**

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

**DR. VISHAL KUMAR .H**

**CLINICAL CARDIOLOGIST**

Tom. Krishnapppu, 53y

7/04/23

Pre-Diabetic stats.

Ht -> 160cm

Wt -> 82y

TBW -> 65-70y

Bushy water, 45-brown.

Apt dim milk -> 30ml/dy.

7pm -> Dinner

Soaked mung seeds -> empty stomach.

BF -> milklets / pullet / gajis / Ely / Banana.  
(3) (2)

lala -> water, veg salad, Pul / rice, milk.  
(1) (2)

Dinner, water, veg salad -> whole dahi, / chutney,  
(1) (2) (2)

Food: Jack fruits / cardamom, dahi, apple.  
Jinned items, baby items, white rice.  
Sugar, etc.

Teeth: water, green veg salad, Pul / banana.  
Whole grains. Dhali / chutney.



EYE CHECK UP REPORT

Mr. Kushnappa D. 53/M 89724  
7/10/23

Vision 6/6  
Acuity Unaided  
6/6  
Digital (2)  
IOP (2)

Near N12  
Vision Unaided  
N12  
Colour Normal  
Vision Normal

• Fundus: Normal @ study

• Ant. Segment :- Normal

• Media: Normal

Pupil: Normal

BC +1.50, SPH N6

Adv glasses for near

Good day vision only.

OBK



बैंक ऑफ बड़ोदा  
Bank of Baroda

नाम  
Name

कृष्णाप्पा डी आर  
Krushnappa DR

E.C. No.

159523

जारीकर्ता प्राधिकारी  
Issuing Authority



D. L. [Signature]

धारक के हस्ताक्षर  
Signature of Holder

**Subject** Health Check up Booking Confirmed Request(bobE45760),Package Code-PKG10000305, Beneficiary Code-37526  
**To:** [null <krushnappa\_dr@yahoo.co.in>]  
**From** Mediwheel <wellness@mediwheel.in>  
**Cc:** [null <customercare@mediwheel.in>]  
**Date** Thu, 28 Sept 2023 at 12:32



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ENT, General Physic  
to be done & Dental

Patient Signature: D. R. Beera Date: 7/10/23

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