





Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

: CTNA.0000200872

Visit ID

: CTNAOPV177131

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 171348

Collected

: 10/Jun/2023 10:48AM

Received

: 10/Jun/2023 01:28PM : 10/Jun/2023 05:33PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

METHODOLOGY

: Microscopic

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY

: Mild eosinophilia noted.

PLATELETS

: Adequate in number.

PARASITES

: No haemoparasites seen

NOTE/ COMMENT

: Please correlate clinically.

Page 1 of 14

SIN No:BED230134314







Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

: CTNA.0000200872

Visit ID

: CTNAOPV177131

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 171348

Collected : 10/Jun/2023 10:48AM

Received : 10/Jun/2023 01:28PM

Reported : 10/Jun/2023 05:33PM Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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						

HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	42.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	52.4	%	40-80	Electrical Impedance
LYMPHOCYTES	24.5	%	20-40	Electrical Impedance
EOSINOPHILS	13.8	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT	•			
NEUTROPHILS	3458.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1617	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	910.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	554.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	59.4	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	293000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergre

METHODOLOGY

: Microscopic

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY

: Mild eosinophilia noted.

PLATELETS

: Adequate in number.

Page 2 of 14









Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

: CTNA.0000200872

Visit ID

: CTNAOPV177131

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 171348

Collected

: 10/Jun/2023 10:48AM

Received

: 10/Jun/2023 01:28PM : 10/Jun/2023 05:33PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

PARASITES

: No haemoparasites seen

NOTE/ COMMENT

: Please correlate clinically.

Page 3 of 14



SIN No:BED230134314

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)











Test Name

Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

: CTNA.0000200872

Visit ID Ref Doctor : CTNAOPV177131

: Dr.SELF Emp/Auth/TPA ID : 171348

Collected : 10/Jun/2023 10:48AM

Received : 10/Jun/2023 01:28PM

Reported : 10/Jun/2023 06:29PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY						
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Rio Ref Range	Method		

SLOOD GROUP ABO AND RH FACTOR	, WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	0	Microplate Hemagglutination
Rh TYPE	Positive	Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

Page 4 of 14

SIN No:BED230134314







Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

: CTNA.0000200872

Visit ID Ref Doctor : CTNAOPV177131

: Dr.SELF Emp/Auth/TPA ID : 171348

Collected

: 10/Jun/2023 10:48AM

Received

: 10/Jun/2023 01:27PM : 10/Jun/2023 05:25PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL E	BODY ANNUAL PLU	S ABOVE 50Y M	IALE - 2D ECHO - PAN	INDIA - FY2324
T 1 N	D 14	11 14	D: D (D	

Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE
-------------------------------	----	-------	--------	------------

Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2	118	mg/dL	70-140	HEXOKINASE
HOURS , NAF PLASMA				

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each

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.

Ref: Marks medical biochemistry and clinical approach

Page 5 of 14



APOLLO CLINICS NETWORK







Age/Gender : 56 Y 4 M 10 D/M

UHID/MR No : CTNA.0000200872

> **ARCOFEMI - MEDIWHEEL - FULL Test Name**

Visit ID : CTNAOPV177131

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 171348

Collected : 10/Jun/2023 10:48AM

Received : 10/Jun/2023 01:27PM Reported : 10/Jun/2023 05:25PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

	DEPARTMENT OF BIOCHEMISTRY						
. B	BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324						
	Result	Unit	Bio. Ref. Range	Method			

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	126	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

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SIN No:PLF01983594,PLP1337724,EDT230053955









Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

: CTNA.0000200872

Visit ID

: CTNAOPV177131

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 171348

Collected

: 10/Jun/2023 10:48AM

Received

: 10/Jun/2023 02:10PM

Reported Status

: 10/Jun/2023 04:05PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

rest name Result Unit Bio. Ref. Range Method	Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	212	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	168	mg/dL	<130	Calculated
LDL CHOLESTEROL	144.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.82		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 can show physiological and analytical variations.

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

Page 7 of 14

SIN No:SE04393042









Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

Visit ID

: CTNA.0000200872

Ref Doctor

: CTNAOPV177131

: Dr.SELF Emp/Auth/TPA ID : 171348

Collected : 10/Jun/2023 10:48AM

Received : 10/Jun/2023 02:10PM Reported : 10/Jun/2023 04:05PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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					

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	61.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		0.9-2.0	Calculated

Page 8 of 14



SIN No:SE04393042









Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

: CTNA.0000200872

Visit ID

: CTNAOPV177131

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 171348

Test Name

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: 10/Jun/2023 10:48AM

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Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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		

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	0.75	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	6.20	mg/dL	3.5–7.2	Uricase PAP	
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	140	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)	

Page 9 of 14



SIN No:SE04393042

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)







Patient Name

: Mr.GUNASEKARAN P

Age/Gender UHID/MR No : 56 Y 4 M 10 D/M : CTNA.0000200872

Visit ID

: CTNAOPV177131

Ref Doctor

: Dr.SELF Emp/Auth/TPA ID : 171348

Collected

: 10/Jun/2023 10:48AM

Received

: 10/Jun/2023 02:10PM : 10/Jun/2023 04:05PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL B	SODY ANNUAL PLUS	S ABOVE 50Y M	ALE - 2D ECHO - PAN	INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE	16.00	U/L	<55	IFCC
(GGT), SERUM				

Page 10 of 14

SIN No:SE04393042











Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

: CTNA.0000200872

Visit ID

: CTNAOPV177131

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 171348

Collected

: 10/Jun/2023 10:48AM

Received

: 10/Jun/2023 01:55PM : 10/Jun/2023 07:47PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.5	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	14.71	μg/dL	6.09-12.23	CLIA	
THYROID STIMULATING HORMONE (TSH)	1.419	μIU/mL	0.34-5.60	CLIA	

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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

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SIN No:SPL23085334









Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No Visit ID

: CTNA.0000200872

Ref Doctor

: CTNAOPV177131

: Dr.SELF Emp/Auth/TPA ID : 171348

Collected : 10/Jun/2023 10:48AM

Received : 10/Jun/2023 01:55PM

Reported : 10/Jun/2023 07:27PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT	OF	IMMUNOL	_OGY
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ARCOFEMI - MEDIWHEEL	- FULL BODY ANNUAL PLUS	ABOVE 50Y MALE - 2D ECH	O - PAN INDIA - FY2324

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

TOTAL PROSTATIC SPECIFIC ANTIGEN	0.640	ng/mL	0-4	CLIA
(tPSA), SERUM				

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SIN No:SPL23085334









Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No Visit ID

: CTNA.0000200872 : CTNAOPV177131

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 171348

Collected

: 10/Jun/2023 10:47AM

Received

: 10/Jun/2023 01:24PM : 10/Jun/2023 02:17PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Unit Result Bio. Ref. Range Method

COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION			4	
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	TRACE		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2126673









Age/Gender

: 56 Y 4 M 10 D/M

UHID/MR No

: CTNA.0000200872

Visit ID

: CTNAOPV177131

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 171348

Collected

: 10/Jun/2023 10:48AM

Received

Status

: 10/Jun/2023 01:25PM

Reported

: 10/Jun/2023 02:17PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL	. PATHOLOGY
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDI	4 - 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 ***

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

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

Page 14 of 14

SIN No:UPP014800,UF008647



 UHID/MR No.
 : CTNA.0000200872
 OP Visit No
 : CTNAOPV177131

 Sample Collected on
 : 12-06-2023 11:51
 Reported on
 : 12-06-2023 11:51

Ref Doctor : SELF **Emp/Auth/TPA ID** : 171348

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology. Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Few small calculi are seen in gall bladder, largest measuring 3 mm.

Wall thickness appear normal.

Pancreas appears normal.

Prominent peri pancreatic node measuring 0.9 x 0.7 cms.

Spleen appears normal and measures 10.4 cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Aorta and IVC appear normal.

Right kidney measures 9.8 cms.

Left kidney measures 9.8 cms.

Cortical scar noted in both kidneys.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.1 x 2.8 x 2.6 cms (volume 12 cc) and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour. Both iliac fossae appear normal.

IMPRESSION:

Prominent peri pancreatic node.

Cholelithiasis.

Cortical scar in both kidneys.



Age/Gender : 56 Y/M **Patient Name** : Mr. Gunasekaran P



Dr. RASHEED ARAFATH HIDAYATHULLAH MBBS, DNB (RD)
Radiology



UHID/MR No.

: CTNA.0000200872

Sample Collected on

LRN#

: RAD2018818

Ref Doctor : SELF **Emp/Auth/TPA ID** : 171348

OP Visit No Reported on Specimen : CTNAOPV177131 : 12-06-2023 11:33

•

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

Normal study.

Dara

Dr. RASHEED ARAFATH HIDAYATHULLAH $\frac{\text{MBBS, DNB (RD)}}{\text{Radiology}}$





Mr. bunaseleavar 56/4 10/6/23.

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

General Examination / Allergies History

No Ho Ree. Cold + Congh.

No Ho Ree. Cold + Congh.

O[S: Sous: Ble The intent

Nose: DSC

The clear.

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APOLLO MEDICAL CENTER

11/4, Sivaprakasam Street, Pondy Bazaan.
T. Nagar, Chennai - 600 017.

Phana: 044 - 2434 1066 / 95001 66355

Follow up date:

Phone: 044 - 2434 1066 / 95001 66355 Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.





		A	ICAL EXAMINA			the second second
NAME	Me	an. P		DATE OF CHECK U		
AGE / GENDER		56y.		MALE/FEMALE		57.12 91 91.E91()
HEIGHT	16	52	Cm		The first of the first of the second	
WEIGHT	5 -	1-9	Kgs			
DI COD ODECCIONA	140	190				
BLOOD PRESSURE	0.0		Mm/Hg			
BMI	22	•06				
WAIST	84					
HIP	93					
WAIST IP RATION	0.9	0				
RESPIRATORY RATE	CS					
PULSE	74		Min			
	INSPIR	RATION	86			
CHEST	EXPIR	ATION	81			
	ОРН	THAL EXAMINATION			COLO	JR VISION
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT
WITHOUT GLASS	5/12	6/18	NR	MR	M	N
WITH GLASS	, No					
REMARKS IF ANY	Use		Our !	Henry		

APOLLO MEDICAL CENTRE 11/4, Sivaprakasam Street, Pondy Bazaar, T. Nagar, Chennai - 600 017. Phone: 044 - 2484 1066 / 95001 66355





Mr. bunaseleavar 56/4 10/6/23.

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

General Examination / Allergies History

No Ho Ree. Cold + Congh.

No Ho Ree. Cold + Congh.

O[S: Sous: Ble The intent

Nose: DSC

The clear.

The clear.

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Asc He ar.

Asc He ar.

APOLLO MEDICAL CENTER

11/4, Sivaprakasam Street, Pondy Bazaan.
T. Nagar, Chennai - 600 017.

Phana: 044 - 2434 1066 / 95001 66355

Follow up date:

Phone: 044 - 2434 1066 / 95001 66355 Doctor Signature & Stamp

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		A	ICAL EXAMINA			the second second
NAME	Me	an. P		DATE OF CHECK U		
AGE / GENDER		56y.		MALE/FEMALE		57.12 91 91.E91()
HEIGHT	16	52	Cm		The first of the first of the second	
WEIGHT	5 -	1-9	Kgs			
DI COD ODECCIONA	140	190				
BLOOD PRESSURE	0.0		Mm/Hg			
BMI	22	•06				
WAIST	84					
HIP	93					
WAIST IP RATION	0.9	0				
RESPIRATORY RATE	CS					
PULSE	74		Min			
	INSPIR	RATION	86			
CHEST	EXPIR	ATION	81			
	ОРН	THAL EXAMINATION			COLO	JR VISION
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT
WITHOUT GLASS	5/12	6/18	NR	MR	M	N
WITH GLASS	, No					
REMARKS IF ANY	Use		Our !	Henry		

APOLLO MEDICAL CENTRE 11/4, Sivaprakasam Street, Pondy Bazaar, T. Nagar, Chennai - 600 017. Phone: 044 - 2484 1066 / 95001 66355

Age/Gender: 56 Y/M chennai Address:

CHENNAI, TAMIL NADU Location:

Doctor:

Department: GENERAL
Rate Plan: T NAGAR_06042023
Separation APCOFFMI HEALTH

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. AISHWARYA VINOTH

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CTNA.0000200872 CTNAOPV177131 Visit ID: Visit Date: 10-06-2023 09:24

Discharge Date:

Age/Gender: 56 Y/M chennai Address:

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II)ate	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
10-06-2023 14:45	Reate/min	140/90 mmHg	Rate/min	F	-	57.9 Kgs	%	%	Years	22.06	cms		84 cms		AHLL04091

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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. P GUNASEKARAN
EC NO.	171348
DESIGNATION	SWACHHTA SAHAYAK EVAM SAHAYAK
PLACE OF WORK	CHENNAI,EGMORE
BIRTHDATE	31-01-1967
PROPOSED DATE OF HEALTH	13-05-2023
CHECKUP	
BOOKING REFERENCE NO.	23J171348100058770E

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 **02-05-2023** 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))



बैंक ऑफ़ बड़ौदा Bank of Baroda

नाम Name P. GUNASEKARAN

कर्मचारी कूट क्र : 171348 E.C. No.

जारीकर्ता प्राधिकारी Issuing Authority



धारक के हस्ताक्षर Signature of Holder

-3

UHID : CTNA.0000200872 OP Visit No : CTNAOPV177131 Conducted By: : Dr. KIRUBAKARAN . Conducted Date : 10-06-2023 12:25

Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 3.6 CM LA (es) 3.2 CM LVID (ed) 4.6 CM LVID (es) 2.8 CM IVS (Ed) 1.0 CM 0.9 CM LVPW (Ed) EF 62.00% %FD 32.00%

MITRAL VALVE: NORMAL

AML NORMAL NORMAL

AORTIC VALVE SCLEROSIS

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

UHID : CTNA.0000200872 OP Visit No : CTNAOPV177131 Conducted By: : Dr. KIRUBAKARAN . Conducted Date : 10-06-2023 12:25

Referred By : SELF

DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.6m/sec A: 0.9m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.9m/sec

VELOCITY ACROSS THE AV UPTO 1.6m/sec.

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

NORMAL LEFT VENTRICULAR IN SIZE

GRADE I LEFT VENTRICULAR DIASTOLIC DYSFUNCTION

AORTIC REGURGITATION, TRIVIAL TRICUSPID REGURGITATION

UHID : CTNA.0000200872 OP Visit No : CTNAOPV177131 Conducted By: : Dr. KIRUBAKARAN . Conducted Date : 10-06-2023 12:25

Referred By : SELF

NO PE/PAH.

DONE BY NIRMALA



Dr.KIRUBAKARAN.

UHID : CTNA.0000200872 OP Visit No : CTNAOPV177131 Conducted By: : Dr. KIRUBAKARAN . Conducted Date : 10-06-2023 12:25

UHID : CTNA.0000200872 OP Visit No : CTNAOPV177131
Reported By: : Dr. ARUNA BABBURI Conducted Date : 10-06-2023 13:19

Referred By : SELF

ECG REPORT

Impression:
NORMAL SINUS RHYTHM
NORMAL ECG.
END OF THE REPORT

Dr. ARUNA BABBURI