

: Mr. Ashwin Name

Age: 33 Y

Sex: M

UHID:CINR.0000164014

OP Number: CINROPV221466

Bill No :CINR-OCR-94880

Address: Bangalore

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

lan	: ARCOFEMI MEDIWHEEL MALE AND CREDIT TYTE	Bill No :CHAN		
	INDIA OP AGREEMENT	Date : 09.0		
0	Serive Type/ServiceName		Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE -	<u> 2D ECHO - PAN INDIA</u>	- FY2324	
	GAMMA GLUTAMYL TRANFERASE (GGT)			
	2 DECHO			
	LIVER FUNCTION TEST (LFT)			
	GLUCOSE, FASTING			
1	5 HEMOGRAM + PERIPHERAL SMEAR			
	6DIET CONSULTATION			
	COMPLETE URINE EXAMINATION			
`	8URINE GLUCOSE(POST PRANDIAL)			
	OPERIPHERAL SMEAR			
\1	OPECG O			
مًا	I RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
لے	2 DENTAL CONSULTATION \			
	13-6LUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)			
1	14 UPINE GLUCOSE(FASTING)	<u> </u>		
	15 HbA/c, GLYCATED HEMOGLOBIN	<u></u>		
	T6 X-RAY CHEST PA			
	17 ENT CONSULTATION OF			
	18 FITNESS BY GENERAL PHYSICIAN			
	19 BLOOD GROUP ABO AND RH FACTOR			
	20 LIDIO PROFILE			
	21 BODY MASS INDEX (BMI)			
	22 OPTHAL BY GENERAL PHYSICIAN			
	23 ULTRASOUND - WHOLE ABDOMEN			
	24 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)			

OPTHAL PRESCRIPTION

PATIENT NAME: WIP

Ashwan,

UHIDNO: 184014.

OPTOMETRIST NAME: Ms.Swathi

GENDER: M.

This is to certify that I have examined

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

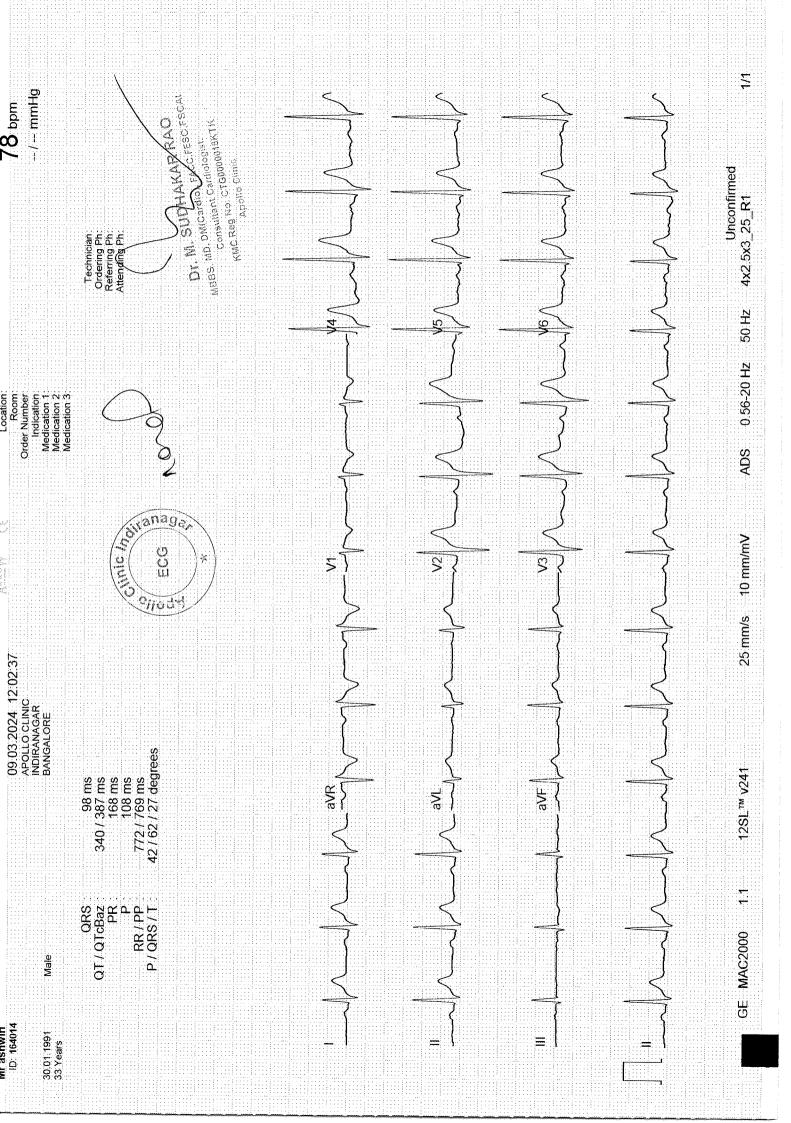
	RIGHT EYE			LEFT EYE				
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance		-210	W			Cock	J -	
Add				,			1 1 1	

PD-RE: 37-LE: 33-

Colour Vision: Monural By

Remarks:

Apollo clinic indiranagar







NAME: MR ASHWIN	AGE/SEX: 33Y/M	OP NUMBER: 164014
Ref By : SLEF	DATE: 09-03-2024	

M mode and doppler measurements:

СМ	СМ	M/sec	
AO: 2.2	IVS(D): 1.1	MV: E Vel: 0.9	A Vel : 0.6
LA: 2.7	LVIDD(D): 3.8	AV Peak: 0.9	
	LVPW(D): 1.0	PV peak: 1.0	
,	IVS(S): 1.2		
	LVID(S): 2.4		
	LVPW(S): 1.6		
	LVEF: 65%		
	TAPSE: 2.0		
Accrintive find:			

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Apollo Health and Lifestyle Limited	140mai

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email 1D: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA





Pericardium:	Normal
IVC:	Normal
Others	

IMPRESSION:

Normal cardiac chamber and valves

No Regional wall motion abnormality

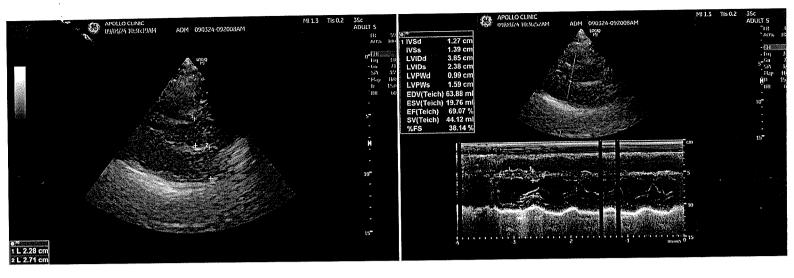
No MR/AR/TR

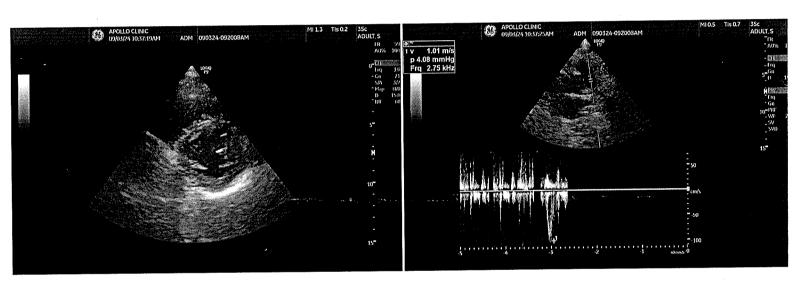
No clot/vegetation/pericardial effusion

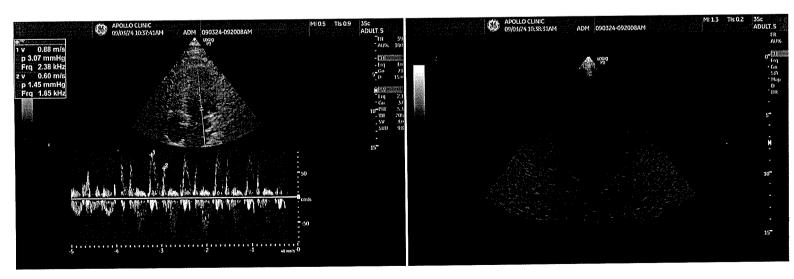
Normal LV systolic function - LVEF= 65%

DR JAGADEESH H V MD, DM

CONSULTANT CARDIOLOGIST









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. ASHWIN		
EC NO.	163715		
DESIGNATION	BRANCH HEAD		
PLACE OF WORK	MUNDAJE		
BIRTHDATE	30-01-1991		
PROPOSED DATE OF HEALTH	09-03-2024		
CHECKUP			
BOOKING REFERENCE NO.	23M163715100094904E		

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 29-02-2024 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.

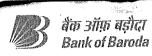
We solicit your co-operation in this regard.

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))



अश्विन

Name

Ashwin

E.C. No.

163715

जारीकर्ती प्राधिकारी Issuing Authority

धारक के हस्ताक्षर Signature of Holder



: 09-03-2024 12:34

Patient Name : Mr. Ashwin Age/Gender : 33 Y/M

UHID/MR No. : CINR.0000164014 **OP Visit No** : CINROPV221466

Sample Collected on LRN# : RAD2261589 Specimen

Ref Doctor

Emp/Auth/TPA ID : 8660855082

: SELF

DEPARTMENT OF RADIOLOGY

Reported on

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and show mild diffusely increased echogenicity. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

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

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

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

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

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

No free fluid or lymphadenopathy is seen.

IMPRESSION:

GRADE I FATTY LIVER.

Dr. DHANALAKSHMI B MBBS, DMRD Radiology



Patient Name : Mr. Ashwin Age/Gender : 33 Y/M

: CINR.0000164014 UHID/MR No.

OP Visit No : CINROPV221466 Sample Collected on : 09-03-2024 16:29 Reported on

LRN# : RAD2261589 Specimen

Ref Doctor : SELF Emp/Auth/TPA ID : 8660855082

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.

CONCLUSION:

No obvious abnormality seen

Dr. DHANALAKSHMI B MBBS, DMRD

Radiology







: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

: CINR.0000164014

Visit ID Ref Doctor : CINROPV221466

Emp/Auth/TPA ID

: 8660855082

: Dr.SELF

Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 11:18AM

Reported Status

: 09/Mar/2024 01:58PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.8	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	54.2	%	40-80	Electrical Impedance
LYMPHOCYTES	33.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4233.02	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2616.35	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	148.39	Cells/cu.mm	20-500	Calculated
MONOCYTES	781	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.62		0.78- 3.53	Calculated
PLATELET COUNT	334000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Page 1 of 15

Dr Priya Murthy

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

SIN No:BED240062868

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

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telang www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 na - 500 016 | APOLLO CLINICS NETWORK









: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

: CINR.0000164014

Visit ID

: CINROPV221466

Ref Doctor Emp/Auth/TPA ID

: 8660855082

: Dr.SELF

Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 11:18AM

Reported

: 09/Mar/2024 01:58PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 15



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

SIN No:BED240062868

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

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

Page 3 of 15



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: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

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Visit ID

: CINROPV221466

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: 09/Mar/2024 01:51PM

Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	102	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

F ,	- K				
Fasting Glucose Values in mg/dL	Interpretation				
70-100 mg/dL	Normal				
100-125 mg/dL	Prediabetes				
≥126 mg/dL	Diabetes				
<70 mg/dL	Hypoglycemia				

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	115	mg/dL	70-140	HEXOKINASE

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , ν	VHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC

Page 4 of 15

rage 4 of 1

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

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



SIN No:EDT240028575

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

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: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

: CINR.0000164014

Visit ID

: CINROPV221466

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 8660855082 Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 11:36AM

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: 09/Mar/2024 01:51PM

Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %	
NON DIABETIC	<5.7	
PREDIABETES	5.7 – 6.4	
DIABETES	≥ 6.5	
DIABETICS		
EXCELLENT CONTROL	6 – 7	
FAIR TO GOOD CONTROL	7 – 8	
UNSATISFACTORY CONTROL	8 – 10	
POOR CONTROL	>10	

Note: Dietary preparation or fasting is not required.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 5 of 15

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

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

SIN No:EDT240028575

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APOLLO CLINICS NETWORK









: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

: CINR.0000164014

Visit ID

: CINROPV221466

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8660855082 Collected

: 09/Mar/2024 09:22AM

: Final Report

Received

: 09/Mar/2024 12:41PM

Reported

: 09/Mar/2024 04:01PM

Status
Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	227	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	175	mg/dL	<130	Calculated
LDL CHOLESTEROL	156.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 6 of 15

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

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



SIN No:SE04655434

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

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK









: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No Visit ID

: CINR.0000164014 : CINROPV221466

Ref Doctor

: 8660855082

Emp/Auth/TPA ID

: Dr.SELF

Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 12:41PM

Reported

: 09/Mar/2024 04:01PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

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

Page 7 of 15



SIN No:SE04655434

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Patient Name : Mr.ASHWIN

Age/Gender : 33 Y 1 M 10 D/M

UHID/MR No : CINR.0000164014

Visit ID : CINROPV221466

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8660855082 Collected : 09/Mar/2024 09:22AM
Received : 09/Mar/2024 12:41PM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.56	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	53	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.53	g/dL	6.6-8.3	Biuret
ALBUMIN	5.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated

Comment:

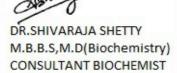
LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.

Page 8 of 15



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



SIN No:SE04655434

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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









: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

: CINR.0000164014

Visit ID

: CINROPV221466

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

: 8660855082

Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 12:41PM

Reported

: 09/Mar/2024 04:01PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM							
CREATININE	0.94	mg/dL	0.67-1.17	Jaffe's, Method			
UREA	19.80	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	6.11	mg/dL	3.5–7.2	Uricase PAP			
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	3.62	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	139	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)			
PROTEIN, TOTAL	8.53	g/dL	6.6-8.3	Biuret			
ALBUMIN	5.03	g/dL	3.5-5.2	BROMO CRESOL GREEN			
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.44		0.9-2.0	Calculated			

Page 9 of 15

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL	29.00	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

Page 10 of 15

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

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

SIN No:SE04655434

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APOLLO CLINICS NETWORK









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Age/Gender

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Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 8660855082 Collected

: 09/Mar/2024 09:22AM

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: 09/Mar/2024 12:42PM

Reported

Status

: 09/Mar/2024 02:35PM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.34	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.6	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.896	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	Т3	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

Page 11 of 15

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

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



SIN No:SPL24041720

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

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

: CINR.0000164014

Visit ID

: CINROPV221466

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8660855082 Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 12:42PM

Reported

: 09/Mar/2024 02:35PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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

Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 15

SIN No:SPL24041720

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APOLLO CLINICS NETWORK









: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

: CINR.0000164014

Visit ID Ref Doctor : CINROPV221466

Emp/Auth/TPA ID

: Dr.SELF : 8660855082 Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 12:27PM

Reported

Status

: 09/Mar/2024 01:38PM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
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	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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	2-3	/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. Vidya Aniket Gore M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 13 of 15



SIN No:UR2301106

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: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

: CINR.0000164014

Visit ID

: CINROPV221466

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8660855082 Collected

: 09/Mar/2024 12:45PM

Received

: 09/Mar/2024 06:21PM

Reported

: 09/Mar/2024 08:31PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Page 14 of 15



SIN No:UPP017030

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

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









: Mr.ASHWIN

Age/Gender

: 33 Y 1 M 10 D/M

UHID/MR No

: CINR.0000164014

Visit ID

: CINROPV221466

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8660855082 Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 12:27PM

Reported

: 09/Mar/2024 04:36PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 15 of 15



SIN No:UF011046

THEITIES LESS HARN DECEMPENTATION AT PROTECTION AND APPORT OF THE LESS HARN BRIDGE HANGALORE LABORATORY

