

Patient Name : Mr. Vijay Kumar D

Age/Gender : 50 Y/M

UHID/MR No. : CINR.0000159240

OP Visit No : CINROPV211372

Sample Collected on :

Reported on : 25-11-2023 14:32

LRN# : RAD2160000

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8431860531

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. 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:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name	: Mr.VIJAY KUMAR D	Collected	: 25/Nov/2023 09:48AM
Age/Gender	: 50 Y 6 M 0 D/M	Received	: 25/Nov/2023 12:48PM
UHID/MR No	: CINR.0000159240	Reported	: 25/Nov/2023 02:37PM
Visit ID	: CINROPV211372	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8431860531		

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	16.2	g/dL	13-17	Spectrophotometer
PCV	48.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	95.3	fL	83-101	Calculated
MCH	32.1	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,820	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	55.5	%	40-80	Electrical Impedence
LYMPHOCYTES	28.1	%	20-40	Electrical Impedence
EOSINOPHILS	6.8	%	1-6	Electrical Impedence
MONOCYTES	9	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4340.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2197.42	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	531.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	703.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.92	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	227000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR				
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RBCs: are normocytic normochromic

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly correlate clinically.



SIN No:BED230289771

NABL renewal accreditation under process

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

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GLUCOSE, FASTING , NAF PLASMA	87	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:PLF02059773

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	70	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	105	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.

- 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.

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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:PLP1390364,EDT230106195

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	251	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	60	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	191	mg/dL	<130	Calculated
LDL CHOLESTEROL	173.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.19		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.



SIN No:SE04550379

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.15	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.95	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	56.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.98	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.91		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.

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

CREATININE	0.96	mg/dL	0.72 – 1.18	JAFFE 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	6.55	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.74	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



SIN No:SE04550379

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

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

Patient Name : Mr.VIJAY KUMAR D	Collected : 25/Nov/2023 09:48AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 01:17PM
UHID/MR No : CINR.0000159240	Reported : 25/Nov/2023 03:27PM
Visit ID : CINROPV211372	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8431860531	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	56.00	U/L	30-120	IFCC
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	19.00	U/L	<55	IFCC



SIN No:SE04550379

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Address:
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Karnataka- 560034



Patient Name : Mr.VIJAY KUMAR D	Collected : 25/Nov/2023 09:48AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 01:33PM
UHID/MR No : CINR.0000159240	Reported : 25/Nov/2023 05:55PM
Visit ID : CINROPV211372	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8431860531	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	0.67	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.90	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.890	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



SIN No:SPL23167801

NABL renewal accreditation under process

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Patient Name : Mr.VIJAY KUMAR D	Collected : 25/Nov/2023 09:48AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 01:33PM
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Visit ID : CINROPV211372	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8431860531	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.5	ng/mL		CMIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

VITAMIN B12 , SERUM	216	pg/mL	187 - 883	CMIA
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Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patient Name : Mr.VIJAY KUMAR D	Collected : 25/Nov/2023 09:48AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 01:33PM
UHID/MR No : CINR.0000159240	Reported : 25/Nov/2023 05:55PM
Visit ID : CINROPV211372	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8431860531	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.876	ng/mL	<4	CMIA
--	-------	-------	----	------



SIN No:SPL23167801

NABL renewal accreditation under process

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Patient Name : Mr.VIJAY KUMAR D	Collected : 25/Nov/2023 09:48AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 01:23PM
UHID/MR No : CINR.0000159240	Reported : 25/Nov/2023 03:15PM
Visit ID : CINROPV211372	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8431860531	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	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



SIN No:UR2227032

NABL renewal accreditation under process

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Karnataka- 560034

 **1860 500 7788**
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Patient Name : Mr.VIJAY KUMAR D	Collected : 25/Nov/2023 09:48AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 25/Nov/2023 01:23PM
UHID/MR No : CINR.0000159240	Reported : 25/Nov/2023 03:12PM
Visit ID : CINROPV211372	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8431860531	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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 *****

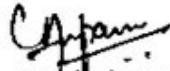
Result/s to Follow:
PERIPHERAL SMEAR



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



Patient Name : Mr. Vijay Kumar D

Age/Gender : 50 Y/M

UHID/MR No. : CINR.0000159240

OP Visit No : CINROPV211372

Sample Collected on :

Reported on : 25-11-2023 17:54

LRN# : RAD2160000

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8431860531

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. RAMESH G
MBBS DMRD
RADIOLOGY

Name : Mr. Vijay Kumar D Address : Bangalore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 50 Y Sex : M	UHID :CINR.0000159240  <small>* CINR . 0 0 0 0 1 5 9 2 4 0 *</small> OP Number :CINROPV211372 Bill No :CINR-OCR-90947 Date : 25.11.2023 09:36
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2D ECHO	
6	ALKALINE PHOSPHATASE - SERUM/PLASMA	
7	LIVER FUNCTION TEST (LFT)	
8	X-RAY CHEST PA - 10	
9	GLUCOSE, FASTING	
10	HEMOGRAM + PERIPHERAL SMEAR	
11	ENT CONSULTATION	
12	FITNESS BY GENERAL PHYSICIAN	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL) — 11:15 (8)	
16	PERIPHERAL SMEAR	
17	ECG - 6	
18	BLOOD GROUP ABO AND RH FACTOR	
19	VITAMIN B12	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI) - 6	
22	OPHTHAL BY GENERAL PHYSICIAN - 5	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN — 9 after 11 am	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION — 1	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) — 12:15 pm (8)	
28	VITAMIN D - 25 HYDROXY (D2+D3)	

Date : 25-11-2023

MR NO : CINR.0000159240

Name : Mr. Vijay Kumar D

Age/ Gender : 50 Y / Male

Department : GENERAL

Doctor :

Registration No :

Qualification :

Consultation Timing: 09:35

Height : 164.5 cm	Weight : 71.2 kgs	BMI :	Waist Circum :
Temp : 98°F	Pulse : 90 bpm	Resp : 18 bpm	B.P : 120/70 mm Hg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : *MR vijay kumar. D.*

DATE : *25/11/23*

UHID NO : *LS9240*

AGE : *50*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *m.*

This is to certify that I have examined

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

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	_____	<i>plaw</i>	_____	_____	_____	<i>plaw</i>	_____	_____
Add	<i>+50</i>	_____	_____	_____	<i>+50</i>	_____	_____	_____

PD - RE: *31* | LE: *31*

Colour Vision:

Remarks:

Apollo clinic Indiranagar

Vijay kumar.d
ID: 159240

25.11.2023 12:06:11
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

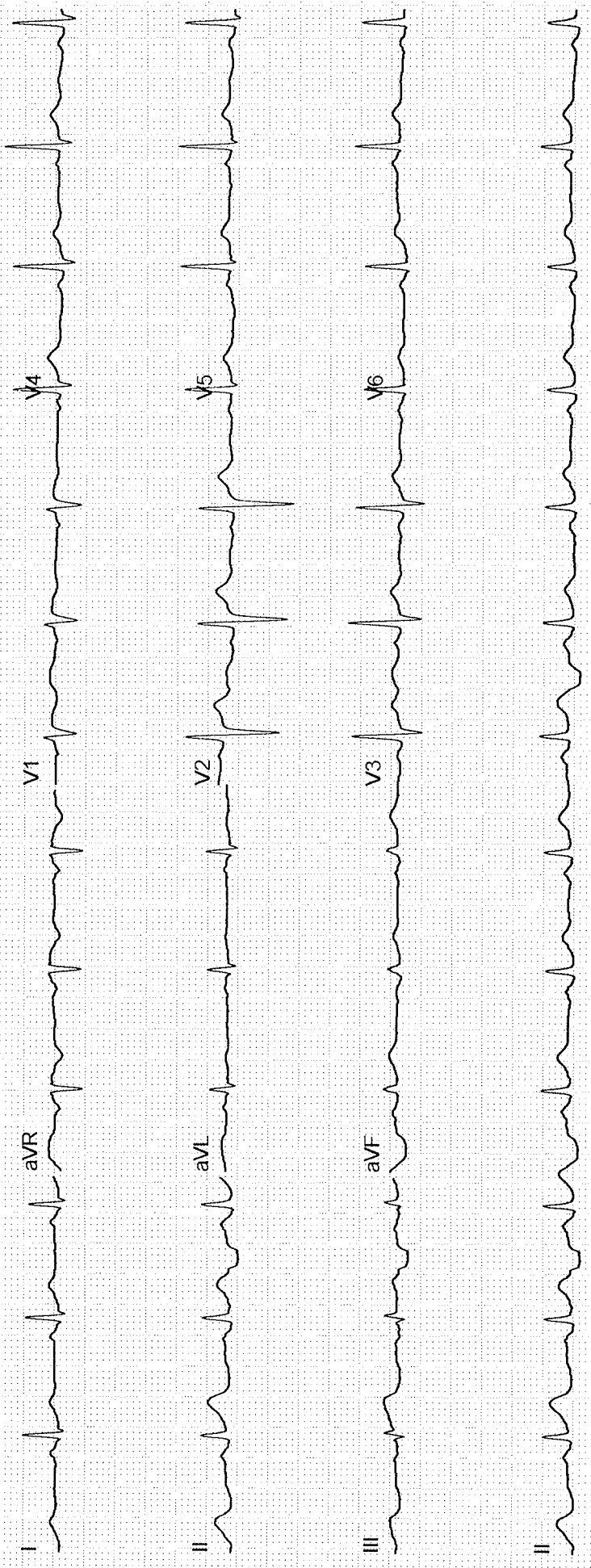
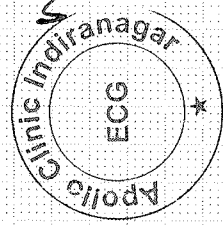
79 bpm
- / - mmHg

12.06.1973
50 Years
Male

QRS : 80 ms
QT / QTcBaz : 354 / 405 ms
PR : 140 ms
P : 106 ms
RR / PP : 762 / 759 ms
P / QRS / T : 38 / 43 / 50 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Dr. M. SUDHAKAR RAO
Dr. M.D. DM(Cardiolo) FACC,FESC,FSCAI
MBBS, MD, DM(Cardiologist)
Consultant Cardiologist
KMC Reg No. C1G0000193ATK
APOLLO CLINIC



NAME: MR VIJAY KUMAR D	AGE/SEX: 50Y/M	OP NUMBER: 159240
Ref By : SELF	DATE: 25-11-2023	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.2	IVS(D): 1.2	MV: E Vel: 0.5	A Vel : 0.4
LA: 3.2	LVIDD(D): 3.8	AV Peak: 0.6	
	LVPW(D): 1.3	PV Peak: 0.6	
	IVS(S): 1.5		
	LVID(S): 2.2		
	LVPW(S): 1.5		
	LVEF: 65%		
	TAPSE: 2.1		

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

Pericardium:

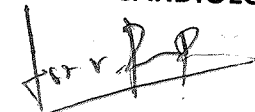
IVC:	Normal
Others	Normal

IMPRESSION :

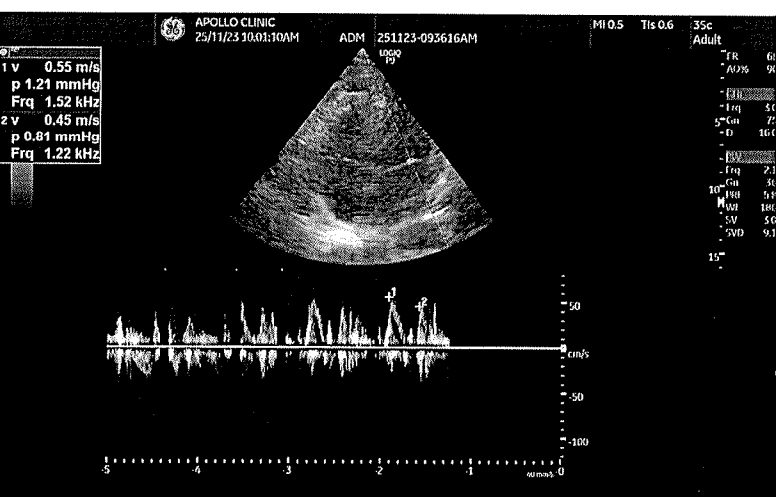
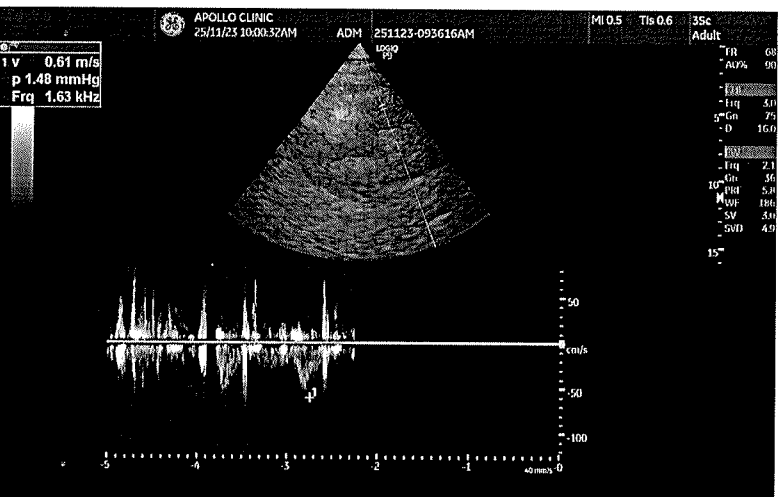
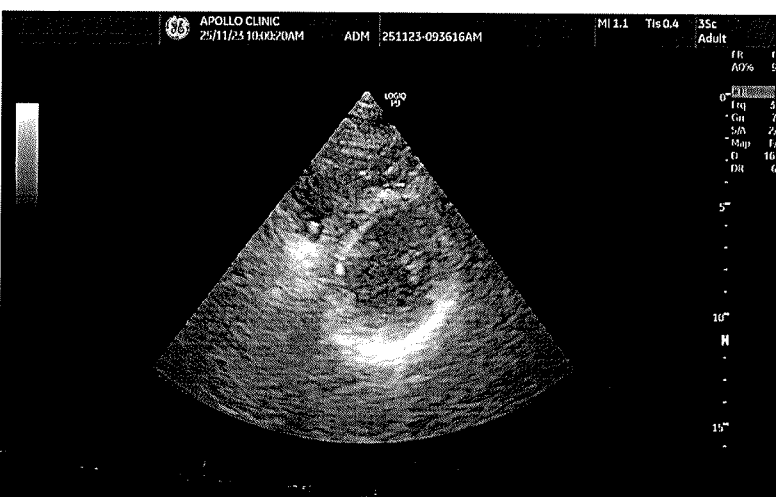
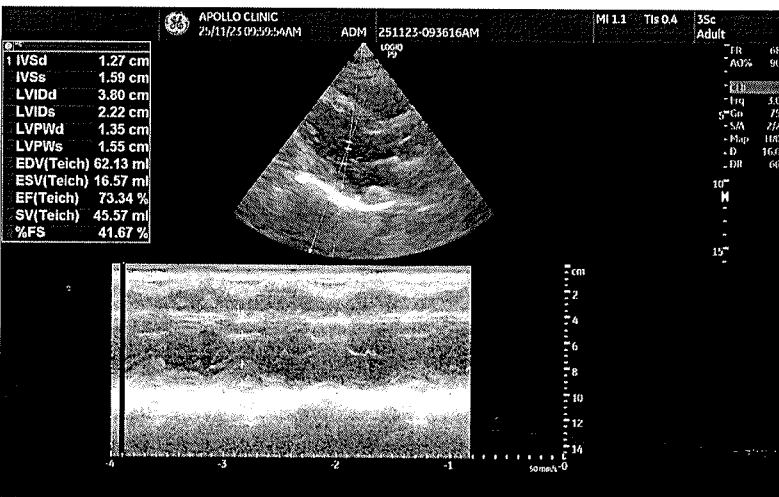
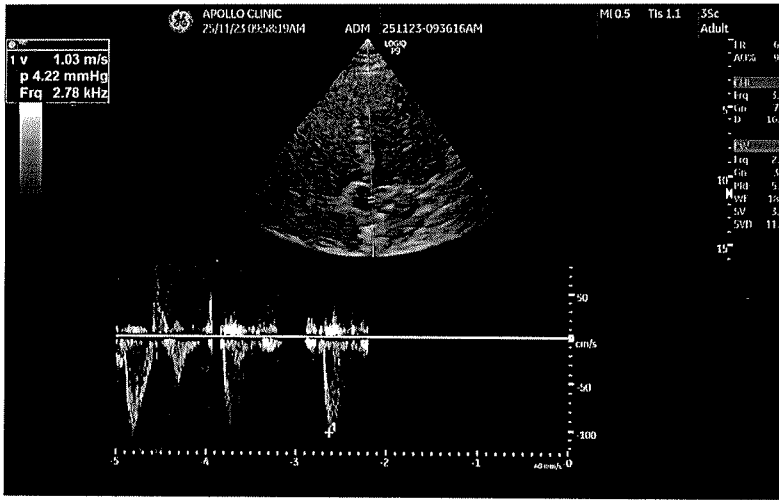
- Normal cardiac chambers
- No Regional wall motion abnormality
- No MR/AR/TR
- No clot/vegetation/pericardial effusion
- Normal LV systolic function - LVEF= 65%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST



Dr. JAGADEESH H V
MBBS, MD, DM(Cardio)
Consultant Cardiologist
KMC Reg No.86848
Apollo Clinic



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - BANGALORE NORTH
NO.1/1, GROUND FLOOR, JEEVAN
SAMPIGE, 2ND MAIN, SAMPIGE ROAD,
- 0

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 50-60 Male

Shri/SmL/Kum. VIJAY KUMAR D.,

P.F. No. 685723

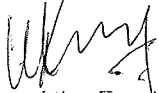
Designation : Single Window Operator - B

Checkup for Financial Year 2023-2024 **Approved Charges Rs. 4000.00**

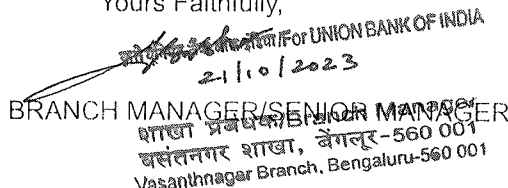
The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,


(Signature of the Employee)


Yours Faithfully,

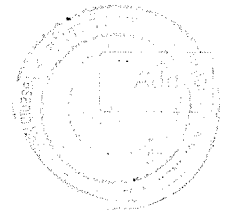
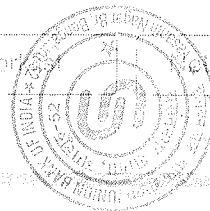

BRANCH MANAGER/SENIOR MANAGER
शाखा प्रबंधक/SENIOR MANAGER
वसंतनगर शाखा, बेंगलूर-560 001
Vasanthnagar Branch, Bengaluru-560 001

PS. : Status of the application- Sanctioned

View Worklist

Previous in Worklist

Next in Worklist



Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

DL No. : UP53 19950003405
NAME : VIJAYKUMAR D
D.O.B : 12/06/1973
VALID TILL : 11/06/2023(NT)

DOI : 16/08/1995

FORM - 7
[See Rule 16(2)]

B.G. : A+



VALID THROUGHOUT INDIA
COV: MCWG 16/08/1995
: LMV 16/08/1995

CDOI: 05/09/2015

S/o : M K DEVADAS
ADDRESS : VIJAY NIVAS MALLESHPALYA NEW
THIPPASANDRA POST BENGALURU 560075

M K Devadas
Sign. Of Holder

[Signature]
Sign. Licencing Authority
BENGALURU(E)