

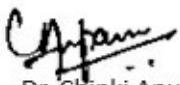
| | |
|------------------------------------|--|
| Patient Name : Mr.KRUPASINDHU SAHU | Collected : 23/Mar/2024 09:11AM |
| Age/Gender : 51 Y 11 M 8 D/M | Received : 23/Mar/2024 01:48PM |
| UHID/MR No : CINR.0000164770 | Reported : 23/Mar/2024 05:07PM |
| Visit ID : CINROPV222983 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8217669082 | |

DEPARTMENT OF HAEMATOLOGY

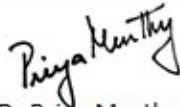
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.7 | g/dL | 13-17 | Spectrophotometer |
| PCV | 44.40 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.13 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 86.6 | fL | 83-101 | Calculated |
| MCH | 28.7 | pg | 27-32 | Calculated |
| MCHC | 33.2 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,940 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYtic COUNT (DLC) | | | | |
| NEUTROPHILS | 66.9 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 21.3 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 1.9 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 9.7 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.2 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3973.86 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1265.22 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 112.86 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 576.18 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 11.88 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 3.14 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 198000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 2 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBCs: are normocytic normochromic



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SIN No:BED240079356

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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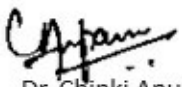
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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

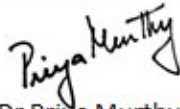
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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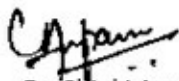
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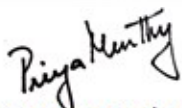
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Microplate Hemagglutination |
| 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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 87 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 92 | mg/dL | 70-140 | HEXOKINASE |

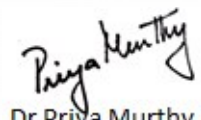
Comment:

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) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.4 | % | | HPLC |


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SIN No:EDT240036330

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DEPARTMENT OF BIOCHEMISTRY

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

| | | | |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | mg/dL | Calculated |
|---------------------------------|-----|-------|------------|

COMMENTS

Note: There is suspected presence of Hb Variant. Hb Electrophoresis is suggested for Hb variant study.

FLAG 40


Comment:

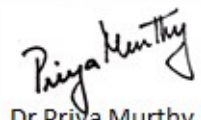
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

Note: Dietary preparation or fasting is not required.

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


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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 |
|------------------------------|--------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 210 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 111 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 57 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 153 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 130.5 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 22.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.68 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | < 0.01 | | <0.11 | Calculated |


Comment:

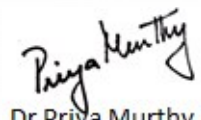
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | 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 |
| ATHEROGENIC INDEX(AIP) | <0.11 | 0.12 – 0.20 | >0.21 | |

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.


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SIN No:SE04672461

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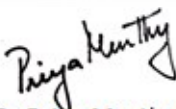
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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| | |
|------------------------------------|--|
| Patient Name : Mr.KRUPASINDHU SAHU | Collected : 23/Mar/2024 09:11AM |
| Age/Gender : 51 Y 11 M 8 D/M | Received : 23/Mar/2024 01:30PM |
| UHID/MR No : CINR.0000164770 | Reported : 23/Mar/2024 03:40PM |
| Visit ID : CINROPV222983 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8217669082 | |

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 |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 1.64 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.26 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 1.38 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 64 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 34.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 78.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.26 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.81 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.45 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.96 | | 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.

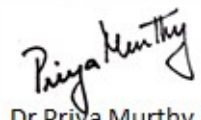
2. Cholestatic Pattern:

- 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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SIN No:SE04672461

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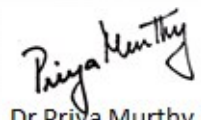
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.64 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 26.40 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 12.3 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.79 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.00 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.63 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 137 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.4 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 103 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.26 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.81 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.45 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.96 | | 0.9-2.0 | Calculated |


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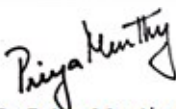
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|------|-----------------|--------|
| ALKALINE PHOSPHATASE , SERUM | 78.00 | U/L | 30-120 | IFCC |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 23.00 | U/L | <55 | IFCC |


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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 |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.33 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 9.03 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 1.040 | µIU/mL | 0.35-4.94 | CMIA |

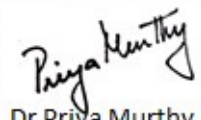
Comment:

| 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 |

- 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.
- 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.
- 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.
- 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 |


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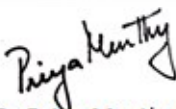


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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| VITAMIN D (25 - OH VITAMIN D) , SERUM | 13.1 | ng/mL | | CLIA |

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:

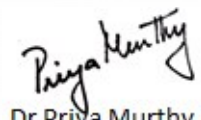
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------|--------|-------|-----------------|--------|
| VITAMIN B12 , SERUM | 152 | pg/mL | 187 - 883 | CMIA |


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DEPARTMENT OF IMMUNOLOGY


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

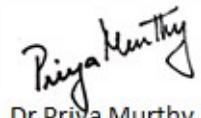
Comment:

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.

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.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 1.536 | ng/mL | <4 | CMIA |


Govinda Raju N L
MSc, MPhil, (Phd)
Consultant Biochemist


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



SIN No: SPL24053167

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

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


1860 500 7788
www.apolloclinic.com

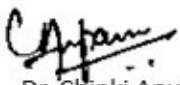
APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | 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)

| | |
|------------------------------------|--|
| Patient Name : Mr.KRUPASINDHU SAHU | Collected : 23/Mar/2024 09:11AM |
| Age/Gender : 51 Y 11 M 8 D/M | Received : 23/Mar/2024 04:42PM |
| UHID/MR No : CINR.0000164770 | Reported : 23/Mar/2024 07:18PM |
| Visit ID : CINROPV222983 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8217669082 | |

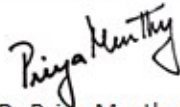
DEPARTMENT OF CLINICAL PATHOLOGY

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 | 5.5 | | 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 |
| 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 |



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



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



SIN No:UR2313726

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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)

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

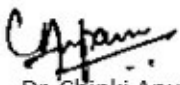
 1860 500 7788
www.apolloclinic.com

| | |
|------------------------------------|--|
| Patient Name : Mr.KRUPASINDHU SAHU | Collected : 23/Mar/2024 12:18PM |
| Age/Gender : 51 Y 11 M 8 D/M | Received : 23/Mar/2024 04:42PM |
| UHID/MR No : CINR.0000164770 | Reported : 23/Mar/2024 08:23PM |
| Visit ID : CINROPV222983 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8217669082 | |

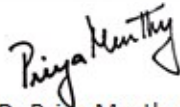
DEPARTMENT OF CLINICAL PATHOLOGY

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 |



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



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



SIN No:UPP017273

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

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APOLLO CLINICS NETWORK

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

| | |
|------------------------------------|--|
| Patient Name : Mr.KRUPASINDHU SAHU | Collected : 23/Mar/2024 09:11AM |
| Age/Gender : 51 Y 11 M 8 D/M | Received : 23/Mar/2024 01:29PM |
| UHID/MR No : CINR.0000164770 | Reported : 23/Mar/2024 03:52PM |
| Visit ID : CINROPV222983 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8217669082 | |

DEPARTMENT OF CLINICAL PATHOLOGY

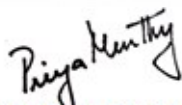
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 17 of 17



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



SIN No:UF011314

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

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

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Name : Mr. Krupasindhu Sahu

Age: 51 Y

UHID: CINR.0000164770

Address : Bangalore

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number: CINROPV222983

Bill No : CINR-OCR-95463

Date : 23.03.2024 08:30

| Sno | Service Type/ServiceName | Department |
|-----|--|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324 | |
| 1 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 2 | PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) | |
| 3 | 2-D ECHO - (9) | |
| 4 | LIVER FUNCTION TEST (LFT) | |
| 5 | GLUCOSE, FASTING | |
| 6 | HEMOGRAM + PERIPHERAL SMEAR | |
| 7 | DIET CONSULTATION | |
| 8 | COMPLETE URINE EXAMINATION | |
| 9 | URINE GLUCOSE (POST PRANDIAL) | |
| 10 | PERIPHERAL SMEAR | |
| 11 | ECG - (6) | |
| 12 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 13 | DENTAL CONSULTATION | |
| 14 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |
| 15 | VITAMIN D - 25-HYDROXY (D2+D3) | |
| 16 | URINE GLUCOSE (FASTING) | |
| 17 | HbA1c, GLYCATED HEMOGLOBIN | |
| 18 | ALKALINE PHOSPHATASE - SERUM/PLASMA | |
| 19 | X-RAY CHEST PA - (2) (2) | |
| 20 | ENT CONSULTATION | |
| 21 | FITNESS BY GENERAL PHYSICIAN | |
| 22 | BLOOD GROUP ABO AND RH FACTOR | |
| 23 | VITAMIN B12 | |
| 24 | LIPID PROFILE | |
| 25 | BODY MASS INDEX (BMI) | |
| 26 | OPHTHAL BY GENERAL PHYSICIAN | |
| 27 | ULTRASOUND - WHOLE ABDOMEN - (2) | |
| 28 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |



Date: 23-03-2024

Department : GENERAL

MR NO : CINR.0000164770

Doctor :

Name : Mr. Krupasindhu Sahu

Registration No :

Age/ Gender : 51 Y / Male

Qualification :

Consultation Timing: 08:30

| | | | |
|--------------|-----------------|------------------------------|----------------------|
| Height : 162 | Weight : 61.8kg | BMI : 23.5 kg/m ² | Waist Circum : 91-cm |
| Temp : 98.4 | Pulse : 82 bpm | Resp : 18 cp | B.P : 140/80 mmHg |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : *MR. K. V. S. Srinivasan* DATE : *23/3/22*
UHID NO : *164770* AGE : *51*
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>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> |
| Add | <i>5.00</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>5.00</i> | <i>-</i> | <i>-</i> | <i>-</i> |

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

Colour Vision: *normal 100*

Remarks:


Apollo clinic Indiranagar

Mr. Krupasinghlu
ID: 164770

15.04.1972
51 Years

Male

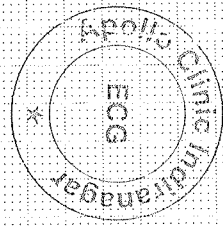
23.03.2024 10:39:08
APOLLO CLINIC
INDIRANAGAR
BANGALORE

ARRW CE

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

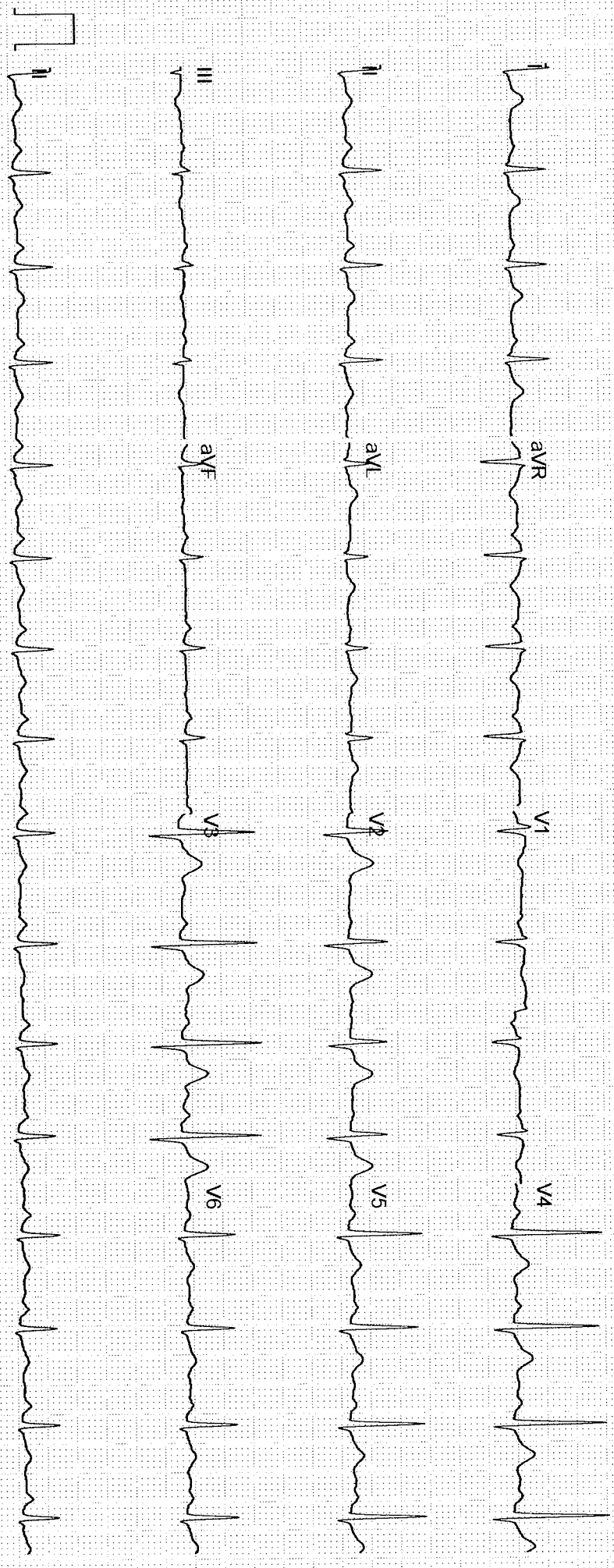
92 bpm
- / - mmHg

QRS 74 ms
QT / QTcBaz 350 / 432 ms
PR 148 ms
P 96 ms
RR / PP 648 / 652 ms
P / QRS / T 53 / 21 / 10 degrees



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Signature



GE MAC2000 1-1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Unconfirmed

| | | |
|---------------------------|------------------|-------------------|
| NAME: MR KRUPASINDHU SAHU | AGE/SEX: 51Y/M | OP NUMBER: 164770 |
| Ref By : SLEF | DATE: 23-03-2024 | |

M mode and doppler measurements:

| CM | CM | M/sec | |
|---------|---------------|----------------|-------------|
| AO: 2.7 | IVS(D): 1.1 | MV: E Vel: 0.7 | A Vel : 0.4 |
| LA: 3.1 | LVIDD(D): 3.9 | AV Peak: 1.0 | |
| | LVPW(D): 1.0 | PV peak: 0.9 | |
| | IVS(S): 1.3 | | |
| | LVID(S): 2.3 | | |
| | LVPW(S): 1.3 | | |
| | LVEF: 65% | | |
| | TAPSE: 2.5 | | |

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: | Normal |
| IVC: | Normal |
| Others | --- |
| | |

IMPRESSION :

Normal cardiac chamber and valves

No Regional wall motion abnormality

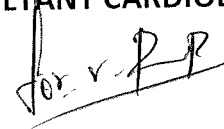
No MR/AR/TR

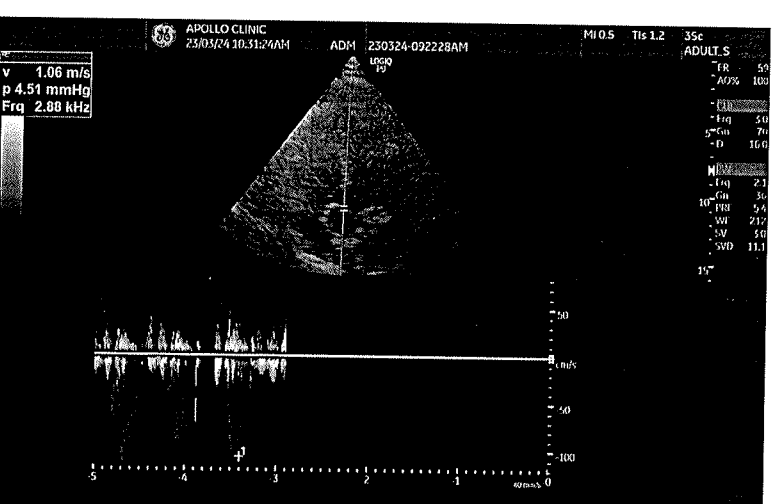
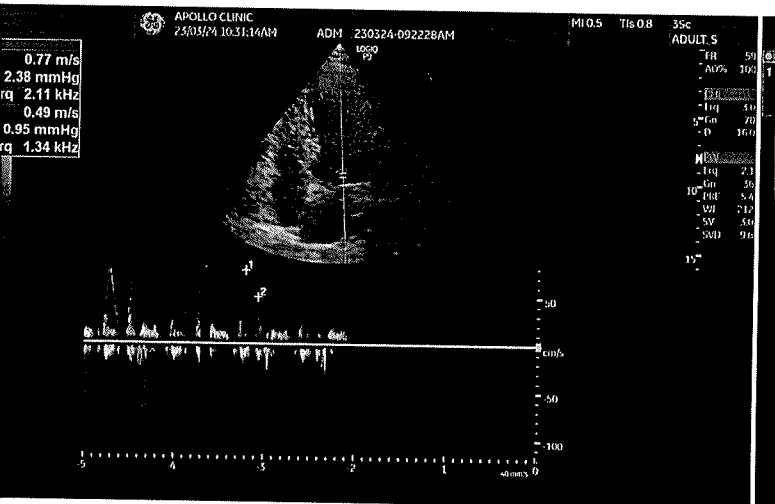
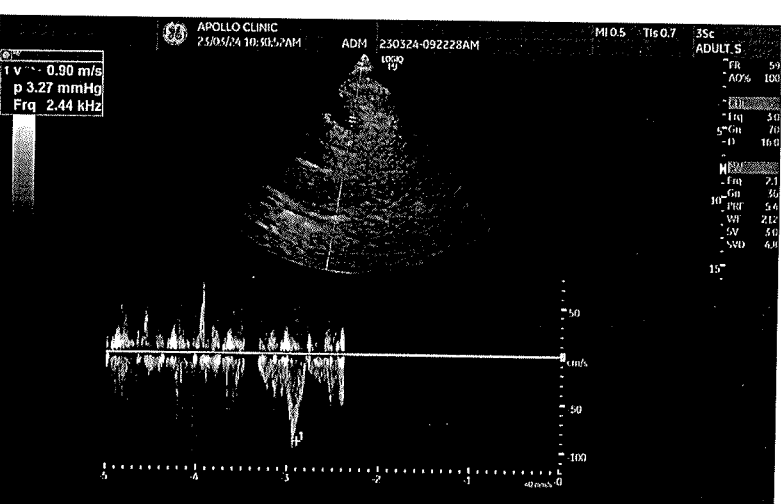
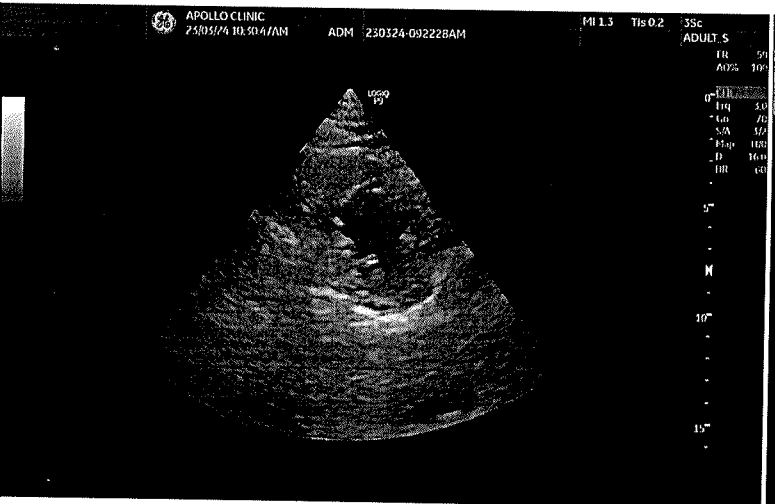
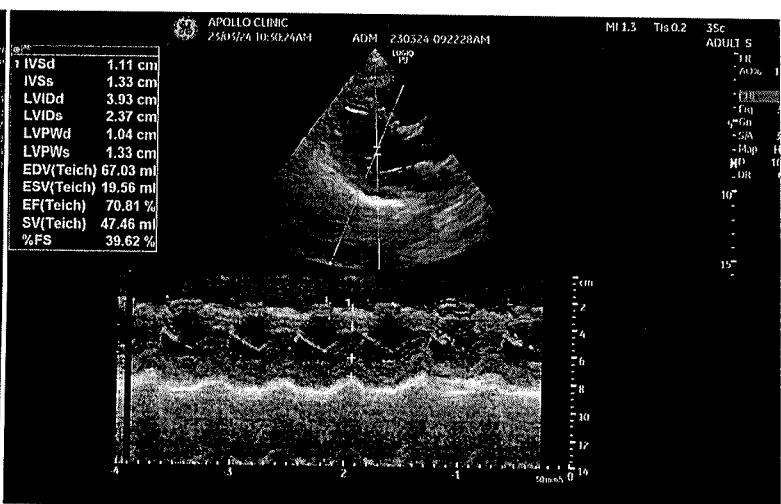
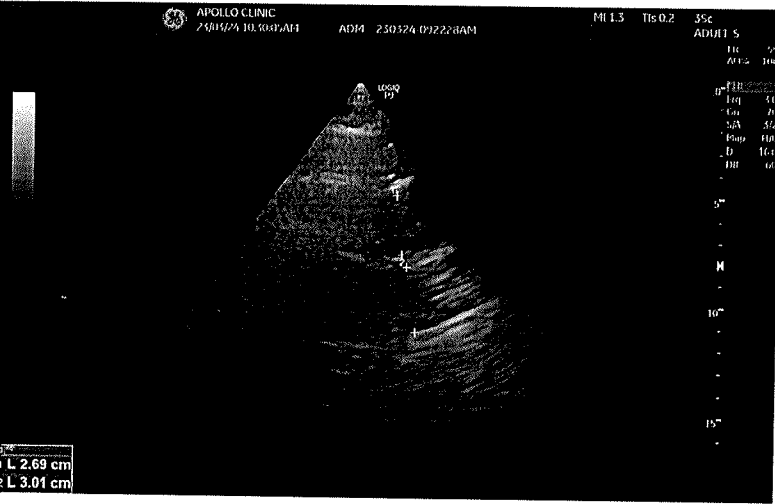
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 65%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST





Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - BANGALORE SOUTH
Chandrakiran, 10-A, Kasturba Road, P.B.
No. 5179, Bangalore, Karnataka, ,
Bangalore- 80

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/Smt./Kum. .,KRUPASINDHU SAHU

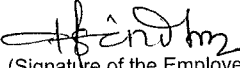
P.F. No. 691215 Designation : HEAD CASHIER II CUM CLERK

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)

कृते युनियन बैंक ऑफ इंडिया
For UNION BANK OF INDIA

BRANCH MANAGER/SENIOR MANAGER
शाखा प्रबंधक / Branch Manager
पी.ई.एस.एस.ई. शाखा
P.E.S.S.E. Branch
बेंगलूर/Bangalore-560 100

PS. : Status of the application- Sanctioned

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



Patient Name : Mr. Krupasindhu Sahu

Age/Gender : 51 Y/M

UHID/MR No. : CINR.0000164770

OP Visit No : CINROPV222983

Sample Collected on :

Reported on : 23-03-2024 20:01

LRN# : RAD2277926

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8217669082

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

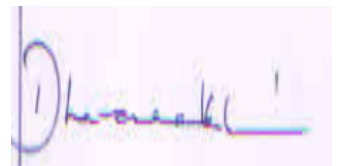
Both costophrenic and cardiophrenic angles are clear .

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

| | | | |
|----------------------------|------------------------|--------------------|--------------------|
| Patient Name | : Mr. Krupasindhu Sahu | Age/Gender | : 51 Y/M |
| UHID/MR No. | : CINR.0000164770 | OP Visit No | : CINROPV222983 |
| Sample Collected on | : | Reported on | : 23-03-2024 16:14 |
| LRN# | : RAD2277926 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 8217669082 | | |

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.

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.

Right kidney measures 8.8x4.5 cm.

Left kidney measures 10.1x5.0 cm.

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 is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

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