

Patient Name : Mr.AKHILESH A	Collected : 28/Oct/2023 08:42AM
Age/Gender : 29 Y 2 M 13 D/M	Received : 28/Oct/2023 11:03AM
UHID/MR No : CINR.0000158307	Reported : 28/Oct/2023 01:47PM
Visit ID : CINROPV209098	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7016297126	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.**



SIN No:BED230263604

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 |  
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**APOLLO CLINICS NETWORK**

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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	16.6	g/dL	13-17	Spectrophotometer
PCV	<b>50.10</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.48	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.4	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,960	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	41.1	%	40-80	Electrical Impedence
LYMPHOCYTES	30.2	%	20-40	Electrical Impedence
EOSINOPHILS	<b>20.9</b>	%	1-6	Electrical Impedence
MONOCYTES	7.4	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3271.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2403.92	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>1663.64</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	589.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.84	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	231000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westgren method
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Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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
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GLUCOSE, FASTING , NAF PLASMA	84	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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	mg/dL	70-140	HEXOKINASE
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**Comment:**

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

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



SIN No:PLF02046482,PLP1382050

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.1	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	100	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.
- 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:EDT230098167

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	176	mg/dL	<200	CHO-POD
TRIGLYCERIDES	65	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>116.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	60.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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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Age/Gender : 29 Y 2 M 13 D/M	Received : 28/Oct/2023 11:42AM
UHID/MR No : CINR.0000158307	Reported : 28/Oct/2023 01:01PM
Visit ID : CINROPV209098	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7016297126	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.80	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	28.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)



SIN No:SE04523478

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**  
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Age/Gender : 29 Y 2 M 13 D/M	Received : 28/Oct/2023 11:42AM
UHID/MR No : CINR.0000158307	Reported : 28/Oct/2023 01:01PM
Visit ID : CINROPV209098	Status : Final Report
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Emp/Auth/TPA ID : 7016297126	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	20.00	U/L	<55	IFCC



SIN No:SE04523478

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Patient Name : Mr.AKHILESH A	Collected : 28/Oct/2023 08:42AM
Age/Gender : 29 Y 2 M 13 D/M	Received : 28/Oct/2023 11:42AM
UHID/MR No : CINR.0000158307	Reported : 28/Oct/2023 01:35PM
Visit ID : CINROPV209098	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7016297126	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.26	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.04	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.950	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



SIN No:SPL23152732

NABL renewal accreditation under process

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 Karnataka - 560034

 **1860 500 7788**  
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Patient Name : Mr.AKHILESH A	Collected : 28/Oct/2023 08:42AM
Age/Gender : 29 Y 2 M 13 D/M	Received : 28/Oct/2023 11:52AM
UHID/MR No : CINR.0000158307	Reported : 28/Oct/2023 01:40PM
Visit ID : CINROPV209098	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7016297126	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		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
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:UR2209181

NABL renewal accreditation under process

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Patient Name : Mr.AKHILESH A	Collected : 28/Oct/2023 08:42AM
Age/Gender : 29 Y 2 M 13 D/M	Received : 28/Oct/2023 11:52AM
UHID/MR No : CINR.0000158307	Reported : 28/Oct/2023 05:59PM
Visit ID : CINROPV209098	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7016297126	

**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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

  
**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



SIN No:UPP015675,UF009668  
 NABL renewal accreditation under process

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 Karnataka- 560034

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

<b>Name</b> : Mr. Akhilesh A  <b>Address</b> : bnagalore  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 29 Y  <b>Sex</b> : M	<b>UHID</b> :CINR.0000158307  <small>* CINR . 0000158307 *</small> <b>OP Number</b> :CINROPV209098 <b>Bill No</b> :CINR-OCR-90145 <b>Date</b> : 28.10.2023 08:36
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>2</del>	<del>GAMMA GLUTAMYL TRANFERASE (GGT)</del>	
<del>3</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>4</del>	<del>2D ECHO - (9) 9:15</del>	
<del>5</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>6</del>	<del>X-RAY CHEST PA - 10</del>	
<del>7</del>	<del>GLUCOSE, FASTING</del>	
<del>8</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>9</del>	<del>ENT CONSULTATION</del>	
<del>10</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>11</del>	<del>DIET CONSULTATION</del>	
<del>12</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>13</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>14</del>	<del>PERIPHERAL SMEAR</del>	
<del>15</del>	<del>ECG - 6</del>	
<del>16</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>17</del>	<del>LIPID PROFILE</del>	
<del>18</del>	<del>BODY MASS INDEX (BMI) - 6</del>	
<del>19</del>	<del>OPHTHAL BY GENERAL PHYSICIAN - 5 after 9:30</del>	
<del>20</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>21</del>	<del>ULTRASOUND - WHOLE ABDOMEN - 1</del>	
<del>22</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
<del>23</del>	<del>DENTAL CONSULTATION - 1</del>	
<del>24</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 1</del>	

Date : 28-10-2023  
 MR NO : CINR.0000158307  
 Name : Mr. Akhilesh A  
 Age/ Gender : 29 Y / Male

Department : GENERAL ENT  
 Doctor : DR. PRATHIMA C.  
 Registration No : 69241 (KAR)  
 Qualification : MBBS MS

Consultation Timing: 08:36

Height : 169 cm	Weight : 57.2 kg	BMI : 20.4	Waist Circum :
Temp : 98° F	Pulse : 62 bpm	Resp : 18 bpm	B.P : 112/78

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Come for ENT check up  
 c/o nasal obstruction  
 many yrs  
 01/01  
 Nose - Mucosa - pale - edematous

Throat: PPW - (N)  
 B/L Tonsils - (N)  
 B/L ears - TM contact.

Allergic Rhinitis

E! 13-9-1.

→ T. MONTEK Fx  
 0-01 x 21d.

→ FLUTIWAYS nasal  
 spray  
 2 puffs - 2 puffs  
 x 1m.

→ T. BANOCIDE FORTE  
 100mg 1-01 x 21d.

- CBC.  
 - Serum IgE levels

Follow up date:

Doctor Signature



**OPHTHAL PRESCRIPTION**

PATIENT NAME : *MR. Akhilesh . A*      DATE : *28/10/23*

UHID NO : *158304*      AGE : *29*

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>Plac</i>				<i>Plac</i>			
Add	<i>Plac</i>				<i>Plac</i>			

PD - RE: *32* LE: *32*

Colour Vision: *normal*

Remarks:

  
Apollo clinic Indiranagar

Akhillesh  
ID: 158307

15.08.1994  
29 Years

Male

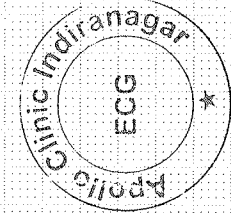
28.10.2023 11:04:39

APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

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

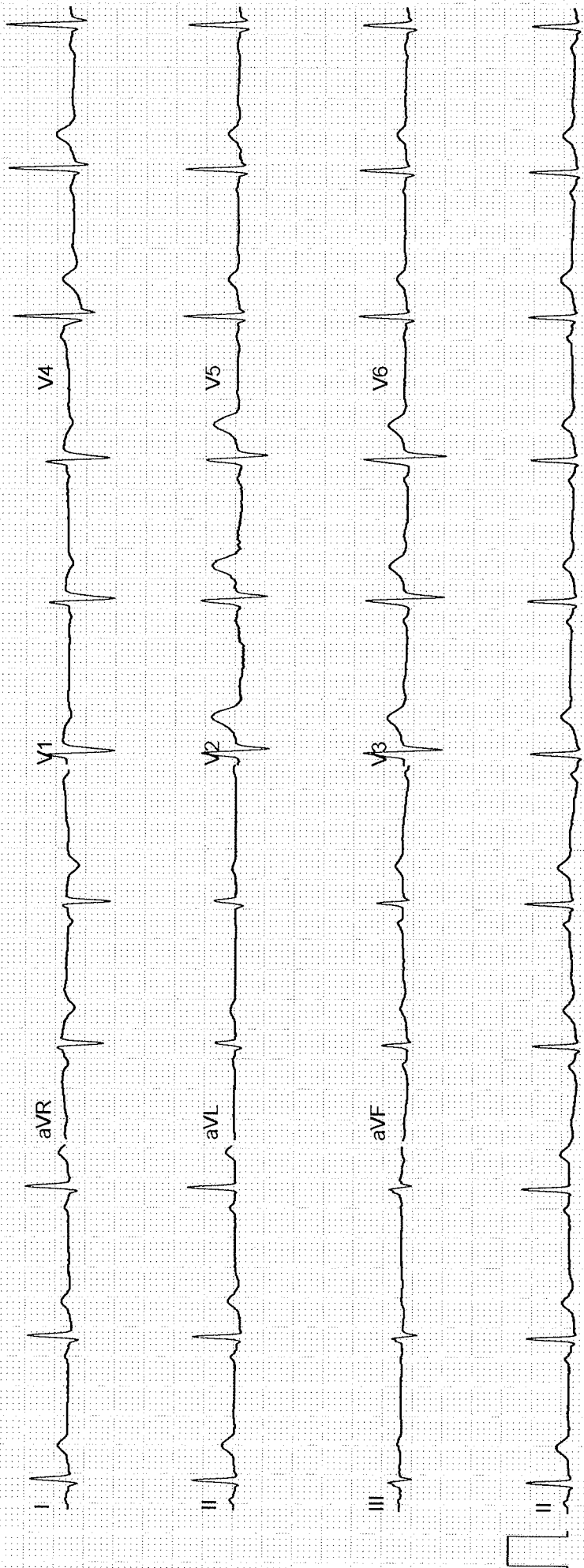
QRS : 88 ms  
QT / QTcBaz : 384 / 389 ms  
PR : 134 ms  
P : 98 ms  
RR / PP : 968 / 967 ms  
P / QRS / T : 31 / 38 / 34 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



**D.R. M. SUDHAKAR RAO**  
M.B.B.S., M.D. (Medical) F.A.C.C. F.I.C.C. F.S.C.C. F.S.C.M.  
Consultant Cardiologist  
KMC Reg. No. C1G000018KTK  
Apollo Clinic

62 bpm  
- / - mmHg



<b>NAME: MR AKHILESH A</b>	<b>AGE/SEX: 29Y/M</b>	<b>OP NUMBER: 158307</b>
<b>Ref By : SELF</b>	<b>DATE: 28-10-2023</b>	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO:2.6	IVS(D): 0.9	MV: E Vel: 0.6	A Vel : 0.4
LA: 2.5	LVIDD(D): 3.7	AV Peak: 0.7	
	LVPW(D): 0.9	PV Peak: 0.4	
	IVS(S): 1.0		
	LVID(S): 2.3		
	LVPW(S): 1.1		
	LVEF: 60%		
	TAPSE: 1.9		

**Descriptive findings:**

<b>Left Ventricle</b>	<b>Normal</b>
<b>Right Ventricle:</b>	<b>Normal</b>
<b>Left Atrium:</b>	<b>Normal</b>
<b>Right Atrium:</b>	<b>Normal</b>
<b>Mitral Valve:</b>	<b>Normal</b>
<b>Aortic Valve:</b>	<b>Normal</b>
<b>Tricuspid Valve:</b>	<b>Normal</b>
<b>IAS:</b>	<b>Normal</b>
<b>IVS:</b>	<b>Normal</b>

<b>Pericardium:</b>	<b>Normal</b>
<b>IVC:</b>	<b>Normal</b>
<b>Others</b>	---

**IMPRESSION :**

**Normal cardiac chambers**

**No Regional wall motion abnormality**

**No MR/AR/TR**

**No clot/vegetation/pericardial effusion**

**Normal LV systolic function - LVEF= 60%**



**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**

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



Dear Team

Please find the attached health checkup booking file and confirm the same.

Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bobS41632	MILU JOLLY	29	Female	akhilesh370@gmai
--------------------------------	---	-----------	---------------	----	--------	------------------

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : [customercare@mediwhe](mailto:customercare@mediwhe)



ഭാരത സർക്കാർ  
Government of India



Akhilesh A  
ജനന തീയതി/DOB: 15/08/1994

ലിംഗം/ GENDER: MALE

9307 2149 6532



എൻ ആധാർ, എൻ എൻ ഐ  
എൻ എൻ ഐ

<b>Patient Name</b>	: Mr. Akhilesh A	<b>Age/Gender</b>	: 29 Y/M
<b>UHID/MR No.</b>	: CINR.0000158307	<b>OP Visit No</b>	: CINROPV209098
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 28-10-2023 15:10
<b>LRN#</b>	: RAD2135660	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7016297126		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

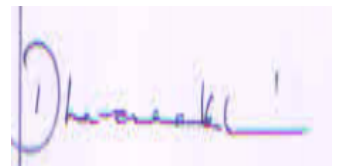
Both costophrenic and cardiophrenic angles are clear .

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



<b>Patient Name</b>	: Mr. Akhilesh A	<b>Age/Gender</b>	: 29 Y/M
<b>UHID/MR No.</b>	: CINR.0000158307	<b>OP Visit No</b>	: CINROPV209098
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 28-10-2023 14:53
<b>LRN#</b>	: RAD2135660	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7016297126		

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**DEPARTMENT OF RADIOLOGY**

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**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.

Right kidney measures 9.1x4.2 cm.

Left kidney measures 9.4x5.0 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.**

**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**