

Patient Name : Mr.RAVICHANDRAN K	Collected : 09/Sep/2023 09:45AM
Age/Gender : 55 Y 0 M 18 D/M	Received : 09/Sep/2023 11:37AM
UHID/MR No : CJPN.0000022166	Reported : 09/Sep/2023 01:46PM
Visit ID : CBASOPV95077	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432.	

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	15.6	g/dL	13-17	Spectrophotometer
PCV	45.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,900	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	55.6	%	40-80	Electrical Impedance
LYMPHOCYTES	34.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYte COUNT

NEUTROPHILS	3280.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2017.8	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	129.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	466.1	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	5.9	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	237000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westegren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



SIN No:BED230217515

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DEPARTMENT OF HAEMATOLOGY

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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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UHID/MR No : CJPN.0000022166	Reported : 09/Sep/2023 02:07PM
Visit ID : CBASOPV95077	Status : Final Report
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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
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GLUCOSE, FASTING , NAF PLASMA	169	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:

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



Patient Name : Mr.RAVICHANDRAN K	Collected : 09/Sep/2023 12:27PM
Age/Gender : 55 Y 0 M 18 D/M	Received : 09/Sep/2023 06:40PM
UHID/MR No : CJPN.0000022166	Reported : 09/Sep/2023 07:27PM
Visit ID : CBASOPV95077	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	255	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.

Ref: Marks medical biochemistry and clinical approach



SIN No:PLP1367142

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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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	9.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	237	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%

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B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Visit ID : CBASOPV95077	Status : Final Report
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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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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	221	mg/dL	<200	CHO-POD
TRIGLYCERIDES	171	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	167	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.09		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

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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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cholesterol is recommended.

6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04476608

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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
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.80	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	86.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



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

CREATININE	0.87	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	27.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.26	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.92	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101–109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	86.00	U/L	30-120	IFCC



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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	0.85	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.28	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.760	µIU/mL	0.34-5.60	CLIA

Comment:

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

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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
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:SPL23128687

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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
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VITAMIN D (25 - OH VITAMIN D) , SERUM	4.8	ng/mL		CLIA
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Comment:

BIOLOGICAL REFERENCE RANGES

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

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	<50	pg/mL	120-914	CLIA

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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.700	ng/mL	0-4	CLIA



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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
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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	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	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	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



SIN No:UR2181175

NABL renewal accreditation under process

Patient Name : Mr.RAVICHANDRAN K	Collected : 09/Sep/2023 12:27PM
Age/Gender : 55 Y 0 M 18 D/M	Received : 09/Sep/2023 05:03PM
UHID/MR No : CJPN.0000022166	Reported : 09/Sep/2023 05:53PM
Visit ID : CBASOPV95077	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432.	

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)	POSITIVE (+++)		NEGATIVE	Dipstick



SIN No:UPP015451

NABL renewal accreditation under process

Patient Name : Mr.RAVICHANDRAN K	Collected : 09/Sep/2023 09:45AM
Age/Gender : 55 Y 0 M 18 D/M	Received : 09/Sep/2023 12:16PM
UHID/MR No : CJPN.0000022166	Reported : 09/Sep/2023 01:53PM
Visit ID : CBASOPV95077	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432.	

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

Prasanna B.K.P
Dr PRASANNA B.K.P
Md.Path.Pathologist

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

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

Prasanna B.K.P
Dr PRASANNA B.K.P
Md.Path.Pathologist



ECHOCARDIOGRAPHY REPORT

Name: MR RAVICHANDRAN K Age: 55 YEARS GENDER: MALE

Consultant: Dr.VISHAL KUMAR.H. Date : 09/09/2023

Findings

2D Echo cardiography

Chambers

- Left Ventricle: MILD LVH , No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.70	m/sec	A	0.57	m/sec	No MR
Tricuspid Valve	E	0.49	m/sec	A	0.33	m/sec	No TR
Aortic Valve	Vmax	1.24	m/sec				No AR
Pulmonary Valve	Vmax	1.03	m/sec				No PR
astolic Dysfunction							

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.8	2.6-3.6	cm
LI	left Atrium	3.4	2.7-3.8	cm
A	Aortic Cusp Separation	1.6	1.4-1.7	cm
II	IVS - Diastole	1.0	0.9-1.1	cm
L	left Ventricle-Diastole	4.4	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	3.1	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.4	2.0-3.3	cm

Impression -

- Mild LVH Present
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

Personal Details

UHID: 01P3FGAT6OD0UG3
PatientID: 22166
Name: Ravichandran K
Age: 55
Gender: Male
Mobile: 5742578656598

Pre-Existing Medical-
Conditions

Symptoms

Vitals

Measurements
HR: 78 BPM
PR: 166 ms
PD: 128 ms
QRS: 90 ms
ORS-Axis: 80 deg
QT/QTc: 347/396 ms

Report ID: AHLLP_01P3FGAT6OD0UG3_V60D0UGR

Interpretation

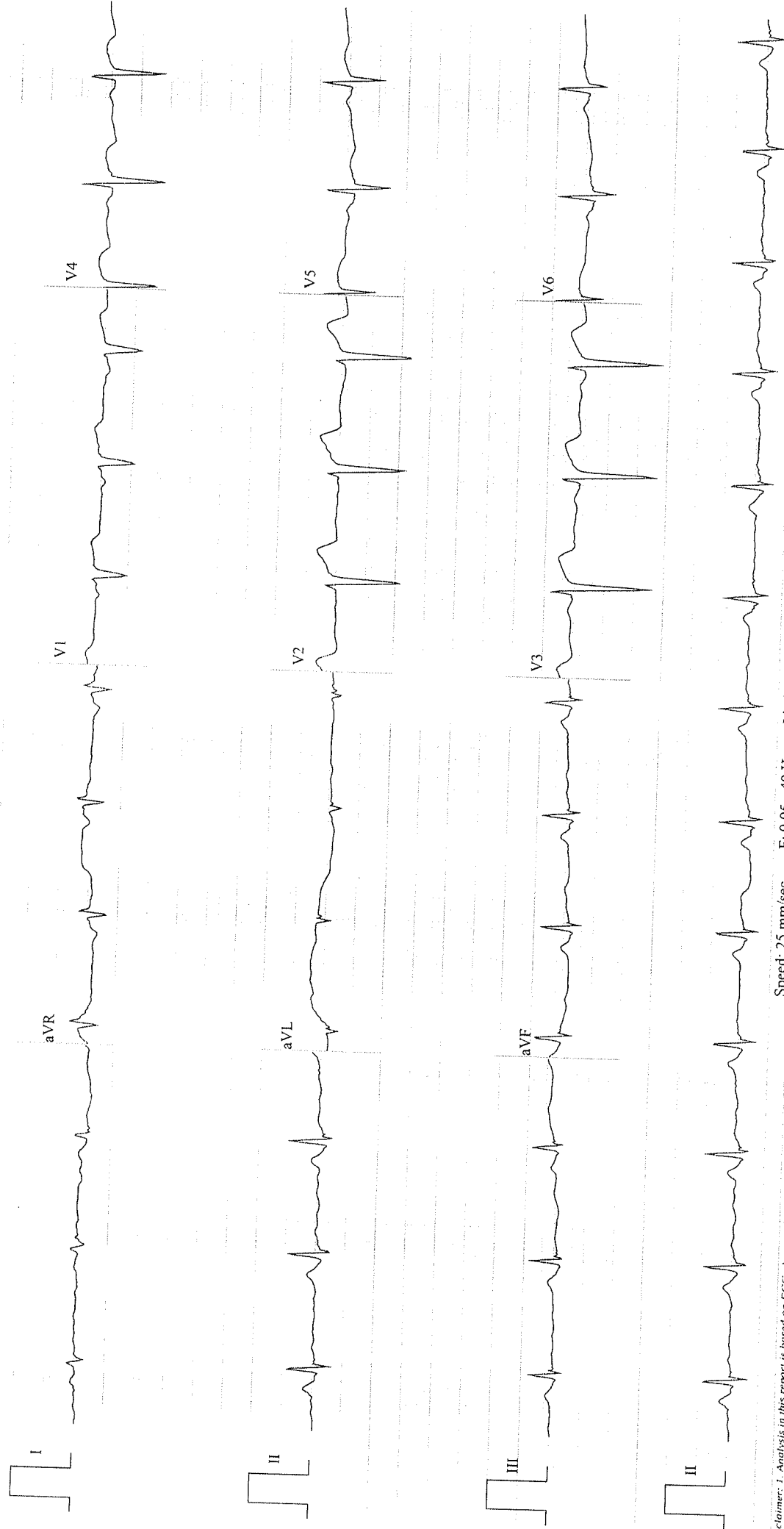
Sinus Rhythm Regular
Normal Axis
No significant ST-T Changes

Author:

yo

Dr. Yogesh
MD, DNB, I
Reg. No.- K

This trace is generated by **KardiaScreen**: Cloud-Connected, Portable, Digital, 6-12 Lead, Scalable ECG Platform from **IMEDRIX**



Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.
Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Name : Mr. RAVICHANDRAN K

Age: 55 Y
Sex: M

UHID: CJPN.0000022166



OP Number: CBASOPV95077

Bill No: CBAS-OCR-57976

Date : 09.09.2023 09:21

Address : BANGALORE
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Department
HC MALE - 2D ECHO - PAN INDIA - FY2324

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

(29) Physio (6)

HF - 164 cms
WT - 68.5 kgs.

BP - 113 u/92 mm of Hg.

PR - 90 bpm

HIP - 83 cms

CAUSI - 91 cms

Ravi Chandran K.
55y. / M.

p+ Clo Sensitivity. in the Right upper back teeth
region.

On Examination

Cattt.

Class V Cavities

6	5	4	3	2	3	4	5
6	5	4	3	3	4	5	6

Adv

oral prophylaxis

Composite ^{on} VRC filling

Dr. Deepika
08026616555

EYE CHECK UP REPORT

Mr. Ravi Chandran K SSM 22166

9/9/23

Vision 6/6p
Unaided
Acuity 6/6p
Digital (R)
IOP (R)

Near N18
Unaided
Vision N18
Colour Normal
Vision Normal

• Fundus: Normal @ study

• Ant. Segment :- RE - WM, LE - Pseudophakia

• Media: Normal

• Pupil: RE - NAR, LE - Dilated pupil

BCVA - RE 0.50 → 180; Add +2.50, 6/6, N6

Adv glasses for constant wear

KRS



Mediwheel
Your wellness partner

011-41195959

Email:wellness@mediwheel.in

Dear **MR. K RAVICHANDRAN**,

Please find the confirmation for following request.

Booking Date : 25-08-2023
Package Name : Arcofemi MediWheel Full Body Annual Plus
Male Above 50 2D ECHO (Metro)
Name of Diagnostic/Hospital : Apollo Clinic - Basavanagudi
Address of Diagnostic/Hospital : 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi -560019
Contact Details : (080) 2661 1236
City : Bangalore
State : Karnataka
Pincode : 560019
Appointment Date : 09-09-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-8:30am
Comment : APPOINTMENT TIME 9:00AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

Mr. Ravichandran, 53y.

9/9/23

Asiss Hypertension on Rx/

Ht -> 160cm
Wt -> 68.5kg

Dm II (Eyg) / ~~II~~

IBW -> 64-65kg
70kg


Adm -> 1800ml Diabetic diet

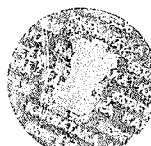

Sochil mitti sech -> nethe -> Ten, leggs -
45min

BF in DM -> Nappi / kullit / Branta ayayya.
Ely (3) / POK (2-3)

huk -> Ten -> ay chel - andray, anst, Gubul

DM -> Sulel -> chylt, sly.


सत्यमेव जयते
ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ
ELECTION COMMISSION OF INDIA
IDENTITY CARD
ICP1998459

ಮತದಾರರ ಹೆಸರು : ಕೆ. ರವಿಚಂದ್ರನ್
Elector's Name : K. Ravichandran
ತಂದೆಯ ಹೆಸರು : ಕಣ್ಣನ್ ಸಿ
Father's Name : Kannan C
ಲಿಂಗ / Sex : ಪು / M
ಜನ್ಮ ದಿನಾಂಕ / Date of Birth: 22/8/1968

ICP1998459

ವಿಳಾಸ : 4(1), 6ನೇ ಮುಖ್ಯ ರಸ್ತೆ 5ನೇ ಅಡ್ಡರಸ್ತೆ
ಭುವನೇಶ್ವರಿ ನಗರ
ಗಾಂಧಿ ನಗರ
ಬೆಂಗಳೂರು (ಬೈ.ಬಿ.ಎಂ.ಪಿ)
ಬೆಂಗಳೂರು 560023
Address : 4(1), 6th Main Road, 5th Cross,
Bhuvaneshwari Nagar
Gandhinagar
Bangalore (B.B.M.P)
Bangalore - 560023

Date : 08/03/2009

164, ಗಾಂಧಿನಗರ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ
ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿಗಳ ಅಧಿಕೃತ ಸಹಿ
Facsimile Signature of
Electoral Registration Officer
164, Gandhinagar Assembly Constituency

Mr. Ravichandran.
55/M.

9/9/23

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for regular health check up
w/o DM & Dyslipidemia since
5 years.
No ENT complaints at present.

O/E:

B/E EAC: Hypertichosis (+).

B/L TM Intact.

Nose
oral cavity } w/m

Adv:

Regular follow up

Follow up date:


Dr ANKITHA PURANIK
MBBS, MS, DNB, FHNQ
KMC-114400
Doctor Signature