

| | |
|------------------------------------|--|
| Patient Name : Mr.KUMARAN P | Collected : 02/Oct/2023 08:51AM |
| Age/Gender : 31 Y 6 M 3 D/M | Received : 02/Oct/2023 12:36PM |
| UHID/MR No : CANN.0000116892 | Reported : 02/Oct/2023 03:00PM |
| Visit ID : CANNOPV372834 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 105744/bobE47261 | |

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

| | |
|----------------|--|
| METHODOLOGY | : Microscopic. |
| RBC MORPHOLOGY | : Predominantly normocytic normochromic RBC's noted. |
| WBC MORPHOLOGY | : Normal in number, morphology and distribution. No abnormal cells seen. |
| PLATELETS | : Adequate in number. |
| PARASITES | : No haemoparasites seen. |
| IMPRESSION | : Normocytic normochromic blood picture. |
| NOTE/ COMMENT | : Please correlate clinically. |



SIN No:BED230239486

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 13.8 | g/dL | 13-17 | Spectrophotometer |
| PCV | 41.10 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.01 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 82 | fL | 83-101 | Calculated |
| MCH | 27.6 | pg | 27-32 | Calculated |
| MCHC | 33.6 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.5 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,000 | cells/cu.mm | 4000-10000 | Electrical Impedance |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 47.3 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 38.1 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 4.1 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 10.0 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.5 | % | <1-2 | Electrical Impedance |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|------|-------------|-----------|----------------------|
| NEUTROPHILS | 2838 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 2286 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 246 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 600 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| BASOPHILS | 30 | Cells/cu.mm | 0-100 | Electrical Impedance |

| | | | | |
|-----------------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 318000 | cells/cu.mm | 150000-410000 | Electrical impedance |
|-----------------------|--------|-------------|---------------|----------------------|

| | | | | |
|---|---|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 5 | mm at the end of 1 hour | 0-15 | Modified Westergren |
|---|---|-------------------------|------|---------------------|

PERIPHERAL SMEAR

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IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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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 | O | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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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 | 89 | 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.

| | | | | |
|---|----|-------|--------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 85 | mg/dL | 70-140 | HEXOKINASE |
|---|----|-------|--------|------------|

Comment:

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

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

| | | | | |
|---|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 5.9 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 123 | 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 |

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| DIABETICS | |
|------------------------|--------|
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:PLF02035189,PLP1374268,EDT230090398

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LIPID PROFILE , SERUM

| | | | | |
|---------------------|-------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL | 163 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 114 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 30 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 133 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 110.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 22.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.43 | | 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 | 0.59 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.12 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.47 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 56 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 48.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 83.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.10 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.40 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.70 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.63 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, 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.



SIN No:SE04498905

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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

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

| | | | | |
|-----------------------|-------------|--------|-------------|--------------------------|
| CREATININE | 0.87 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 19.00 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 8.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.50 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 9.30 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.40 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 142 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.4 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 107 | mmol/L | 101–109 | ISE (Indirect) |



SIN No:SE04498905

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APOLLO CLINICS NETWORK

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

| | |
|------------------------------------|--|
| Patient Name : Mr.KUMARAN P | Collected : 02/Oct/2023 08:51AM |
| Age/Gender : 31 Y 6 M 3 D/M | Received : 02/Oct/2023 12:29PM |
| UHID/MR No : CANN.0000116892 | Reported : 02/Oct/2023 02:16PM |
| Visit ID : CANNOPV372834 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 105744/bobE47261 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 68.00 | U/L | <55 | IFCC |



SIN No:SE04498905

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| | |
|------------------------------------|--|
| Patient Name : Mr.KUMARAN P | Collected : 02/Oct/2023 08:51AM |
| Age/Gender : 31 Y 6 M 3 D/M | Received : 02/Oct/2023 12:34PM |
| UHID/MR No : CANN.0000116892 | Reported : 02/Oct/2023 01:44PM |
| Visit ID : CANNOPV372834 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 105744/bobE47261 | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

| | | | | |
|-----------------------------------|-------|--------|------------|------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.52 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 12.51 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.100 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

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

- 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:SPL23140257

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APOLLO CLINICS NETWORK

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| | |
|------------------------------------|--|
| Patient Name : Mr.KUMARAN P | Collected : 02/Oct/2023 08:51AM |
| Age/Gender : 31 Y 6 M 3 D/M | Received : 02/Oct/2023 04:50PM |
| UHID/MR No : CANN.0000116892 | Reported : 02/Oct/2023 05:36PM |
| Visit ID : CANNOPV372834 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 105744/bobE47261 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| 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 | 1-3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



SIN No:UR2194493

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| | |
|------------------------------------|--|
| Patient Name : Mr.KUMARAN P | Collected : 02/Oct/2023 08:51AM |
| Age/Gender : 31 Y 6 M 3 D/M | Received : 02/Oct/2023 04:50PM |
| UHID/MR No : CANN.0000116892 | Reported : 02/Oct/2023 06:10PM |
| Visit ID : CANNOPV372834 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 105744/bobE47261 | |

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.R.SRIVATSAN
M.D.(Biochemistry)



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



SIN No:UPP015559,UF009548

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Patient Name : Mr. KUMARAN P

Age/Gender : 31 Y/M

UHID/MR No. : CANN.0000116892

OP Visit No : CANNOPV372834

Sample Collected on :

Reported on : 02-10-2023 13:11

LRN# : RAD2114104

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 105744/bobE47261

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

| | | | |
|----------------------------|--------------------|--------------------|--------------------|
| Patient Name | : Mr. KUMARAN P | Age/Gender | : 31 Y/M |
| UHID/MR No. | : CANN.0000116892 | OP Visit No | : CANNOPV372834 |
| Sample Collected on | : | Reported on | : 02-10-2023 12:43 |
| LRN# | : RAD2114104 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 105744/bobE47261 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 10.4cms.

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.7 x 4.4 cms.

Left kidney measures 9.2 x 5.4 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.2 x 3.1 x 3.8cms volume 20cc and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED**

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

21/10/23

Mr. Kumaran. P 31/M.

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

General Examination / Allergies
History

Rx
Patient advised scaling,
restorations & extraction of the
third molars.

[Signature]

Follow up date:

Doctor Signature & Stamp

Name: Kumaran P
 Occupation:
 Age: 31.4 Sex: Male Female
 Address:
 Ph:

Date: 2/10/23 Reg. No.: 116892
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass use past 7 years.

Present Complaint: Comfortable with present glasses,
with glass BE 6/6

ON EXAMINATION:

| | RE | LE |
|-------------------------|-------|------|
| Ocular Movements : | | Full |
| Anterior Segment : | Trace | |
| Intra-Ocular-Pressure : | | |
| Visual Acuity: D.V. : | | N |
| Without Glass : | N | |
| With Glass : | 6/12 | 6/12 |
| N.V. : | | |
| Visual Fields : | | |
| Fundus : | N6 | N6 |
| Impression : | Full | Full |
| Advice : | | |
| Colour Vision : | N | N |

[Handwritten signature]

ENT check up

Kumaran

31/M

2/10/23

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

General Examination / Allergies
History

No complaints

o/c

G II tonsils.



Follow up date:

Doctor Signature & Stamp

| | | | |
|---------------|----------------------|----------------|--------------------|
| Patient Name | : Mr. KUMARAN P | Age | : 31 Y/M |
| UHID | : CANN.0000116892 | OP Visit No | : CANNOPV372834 |
| Conducted By: | : Dr. RAKESH P GOPAL | Conducted Date | : 02-10-2023 11:01 |
| Referred By | : SELF | | |

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|----------------------------|----------------|
| Ao (ed) | 2.2 CM |
| LA (es) | 3.2CM |
| LVID (ed) | 3.6 CM |
| LVID (es) | 3.2 CM |
| IVS (Ed) | 1.1 CM |
| LVPW (Ed) | 1.2 CM |
| EF | 61.00% |
| %FD | 301.00% |
| MITRAL VALVE : | NORMAL |
| AML | NORMAL |
| PML | NORMAL |
| AORTIC VALVE | NORMAL |
| TRICUSPID VALVE | NORMAL |
| RIGHT VENTRICLE | NORMAL |
| INTER ATRIAL SEPTUM | NORMAL |

Patient Name : Mr. KUMARAN P Age : 31 Y/M
UHID : CANN.0000116892 OP Visit No : CANNOPV372834
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 02-10-2023 11:01
Referred By : SELF

**INTER VENTRICULAR
SEPTUM INTACT**

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE: NORMAL

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR FUNCTION

COLOUR AND DOPPLER STUDIES

E/A-E: 0.6m/sec A: 0.4m/sec

VELOCITY ACROSS THE PULMONIC VALVE 0.8/2m/sec

VELOCITY ACROSS THE AV 0.8/2m/sec

IMPRESSION

NO RWMA

NORMAL LV FUNCTION(EF-61%)

NORMAL VALVES

Patient Name : Mr. KUMARAN P Age : 31 Y/M
UHID : CANN.0000116892 OP Visit No : CANNOPV372834
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 02-10-2023 11:01
Referred By : SELF

NO MITRAL REGURGITATION

NO AORTIC REGURGITATION

TRIVIAL TRICUSPID REGURGITATION WITH NO PAH.

Rakesh Gopal

**Dr.
RAKESH P
GOPAL**