

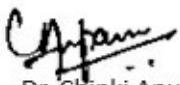
Patient Name : Mr.ASHOK KUMAR VANAM	Collected : 23/Mar/2024 11:05AM
Age/Gender : 36 Y 7 M 20 D/M	Received : 23/Mar/2024 01:33PM
UHID/MR No : CINR.0000164821	Reported : 23/Mar/2024 04:59PM
Visit ID : CINROPV223055	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9885707014	

DEPARTMENT OF HAEMATOLOGY

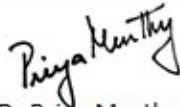
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.3	g/dL	13-17	Spectrophotometer
PCV	47.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.26	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.1	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,010	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	53.8	%	40-80	Electrical Impedance
LYMPHOCYTES	36.3	%	20-40	Electrical Impedance
EOSINOPHILS	0.5	%	1-6	Electrical Impedance
MONOCYTES	9.2	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2695.38	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1818.63	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	25.05	Cells/cu.mm	20-500	Calculated
MONOCYTES	460.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.02	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.48		0.78- 3.53	Calculated
PLATELET COUNT	201000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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Consultant Pathologist



Dr. Priya Murthy  
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SIN No:BED240080397

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**DEPARTMENT OF HAEMATOLOGY**

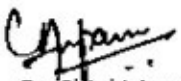
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WBCs: are normal in total number with normal distribution and morphology.

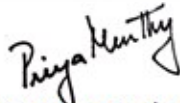
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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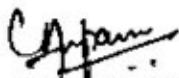
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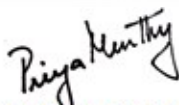
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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SIN No:BED240080397

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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
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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	74	mg/dL	70-140	HEXOKINASE

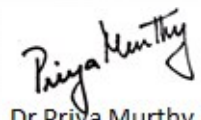
Comment:

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	5.1	%		HPLC

  
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Consultant Biochemist

  
Dr Priya Murthy  
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Consultant Pathologist



SIN No:EDT240036968

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

ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL	Calculated
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**Comment:**

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

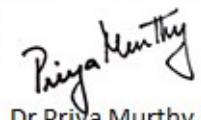
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	76	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>103.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.76		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


**Comment:**

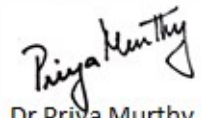
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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 MSc, MPhil, (Phd)  
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**Dr Priya Murthy**  
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SIN No:SE04673536

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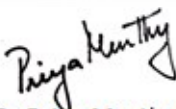
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

- 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).

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

  
**Dr Priya Murthy**  
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Patient Name : Mr.ASHOK KUMAR VANAM	Collected : 23/Mar/2024 11:05AM
Age/Gender : 36 Y 7 M 20 D/M	Received : 23/Mar/2024 01:50PM
UHID/MR No : CINR.0000164821	Reported : 23/Mar/2024 04:34PM
Visit ID : CINROPV223055	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9885707014	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.25	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.04	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	64.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.34	g/dL	2.0-3.5	Calculated
A/G RATIO	2.06		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.

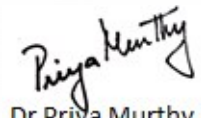
**2. Cholestatic Pattern:**

- 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.

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

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



SIN No:SE04673536

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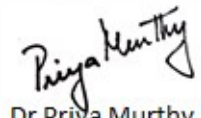
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.16	mg/dL	0.67-1.17	Jaffe's, Method
UREA	<b>16.30</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.20	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.53	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.34	g/dL	2.0-3.5	Calculated
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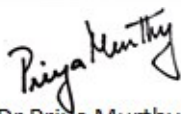
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	<55	IFCC



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Visit ID : CINROPV223055	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9885707014	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.767	µIU/mL	0.34-5.60	CLIA

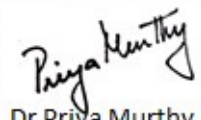
Comment:

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

  
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SIN No: SPL24054035

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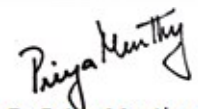


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DEPARTMENT OF IMMUNOLOGY

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

  
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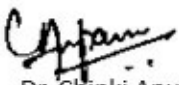
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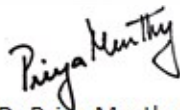
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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



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Consultant Pathologist



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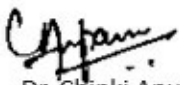
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

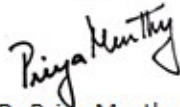
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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:UF011409

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

APOLLO CLINICS NETWORK

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

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

 1860 500 7788  
www.apolloclinic.com



**Name** : Mr. Ashok Kumar Vanam

**Age**: 36 Y

**Sex**: M

**Address** : Bangalore

**Plan** : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

**UHID**:CINR.0000164821

**OP Number**:CINROPV223055

**Bill No** :CINR-OCR-95526

**Date** : 23.03.2024 10:25

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<del>2</del>	D ECHO	
<del>3</del>	LIVER FUNCTION TEST (LFT)	
<del>4</del>	GLUCOSE, FASTING	
<del>5</del>	HEMOGRAM + PERIPHERAL SMEAR	
<del>6</del>	DIET CONSULTATION	
<del>7</del>	COMPLETE URINE EXAMINATION	
<del>8</del>	URINE GLUCOSE(POST PRANDIAL) — (G)	
<del>9</del>	PERIPHERAL SMEAR	
<del>10</del>	ECG	
<del>11</del>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<del>12</del>	DENTAL CONSULTATION — (G)	
<del>13</del>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) — 2 hr.	
<del>14</del>	URINE GLUCOSE(FASTING)	
<del>15</del>	HbA1c, GLYCATED HEMOGLOBIN	
<del>16</del>	X-RAY CHEST PA — LO 200M	
<del>17</del>	ENT CONSULTATION — 2	
<del>18</del>	FITNESS BY GENERAL PHYSICIAN	
<del>19</del>	BLOOD GROUP ABO AND RH FACTOR	
<del>20</del>	LIPID PROFILE	
<del>21</del>	BODY MASS INDEX (BMI)	
<del>22</del>	OPHTHAL BY GENERAL PHYSICIAN — (G) (S)	
<del>23</del>	ULTRASOUND - WHOLE ABDOMEN — (G)	
<del>24</del>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



Date : 23-03-2024  
MR NO : CINR.0000164821

Department : GENERAL ENT  
Doctor : Dr. Prathima.

Name : Mr. Ashok Kumar Vanam

Registration No : 69241

Age/ Gender : 36 Y / Male

Qualification : MBBS MS ENT

Consultation Timing: 10:25

Height : 174 cm	Weight : 79.2 kg	BMI : 26.2 kg/m <sup>2</sup>	Waist Circum : 95 cm
Temp : 98.6 °F	Pulse : 66 bpm	Resp : 18 bpm	B.P : 120/80 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

epo recurrent throat pain - 2yr  
no pain at present

o/c b/c ears - (N)

Throat - (N)

Nose - (N)

imp chronic Tonsillitis

Adv  
1% Betadione  
gargle  
0-01 x 15d

DR. PRATHIMA CONCESSAO  
MBBS, M.S., ENT  
Reg No. 69241

Follow up date:

Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME: MR: Ashok Kumar DATE: 23/3/24  
UHID NO: 164821 AGE 3.6  
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	<u>0.75</u>	<u>-</u>	<u>-</u>	<u>6/6</u>	<u>0.75</u>	<u>-</u>	<u>-</u>	<u>6/6</u>
Add	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

PD - RE: 31 - LE: 31 -

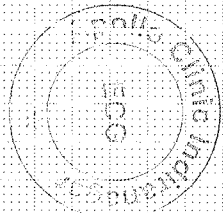
Colour Vision: normal BO

Remarks:

  
Apollo clinic Indiranagar



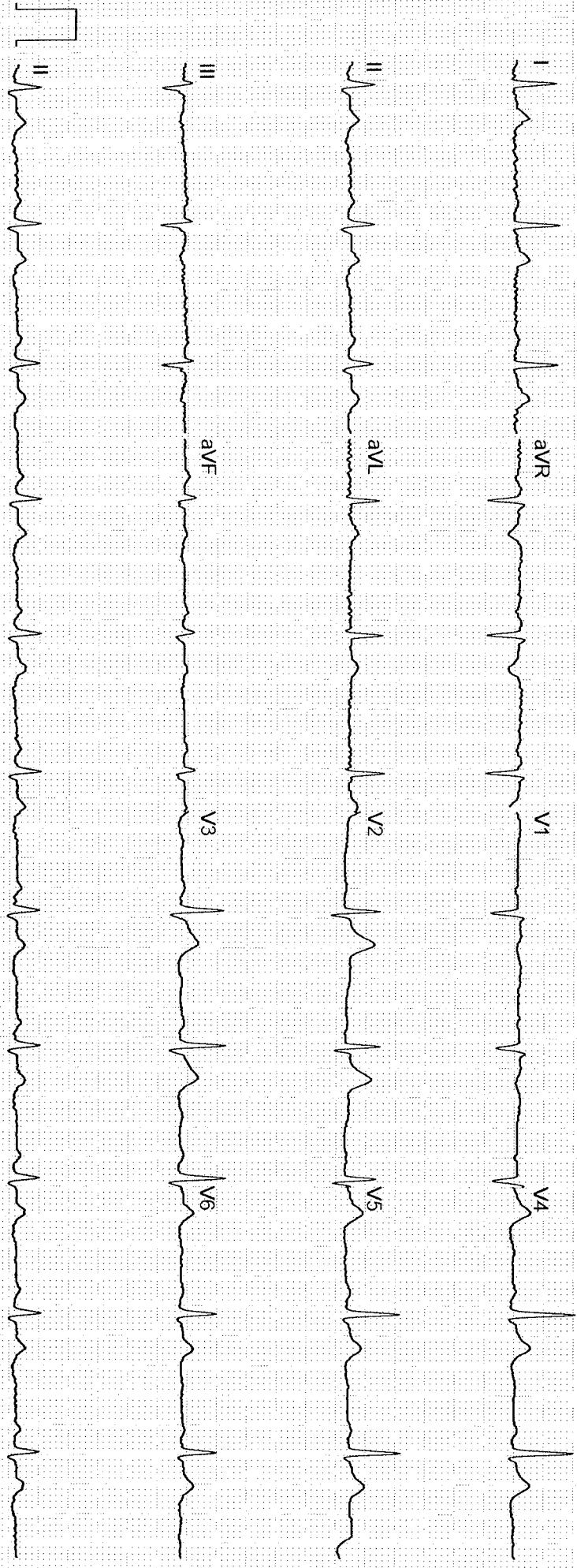
QRS :	88 ms
QT / QTcBaz :	350 / 366 ms
PR :	144 ms
P :	76 ms
RR / PP :	912 / 909 ms
P / QRS / T :	36 / 0 / 6 degrees



*WDR*

Technician:  
Ordering Ph.  
Referring Ph.  
Attending Ph.

*[Handwritten 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 ASHOK KUMAR VANAM	AGE/SEX: 36Y/M	OP NUMBER: 164821
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: 0.4	A Vel : 0.6
LA: 3.4	LVIDD(D): 4.6	AV Peak: 0.8	
	LVPW(D): 1.1	PV peak: 0.7	
	IVS(S): 1.3		
	LVID(S):		
	LVPW(S): 1.4		
	LVEF: 60%		
	TAPSE: 1.7		

### Descriptive findings:

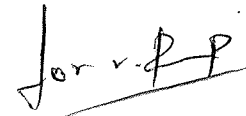
Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal

IVS:	Normal
Pericardium:	Normal
IVC:	Normal
Others	---

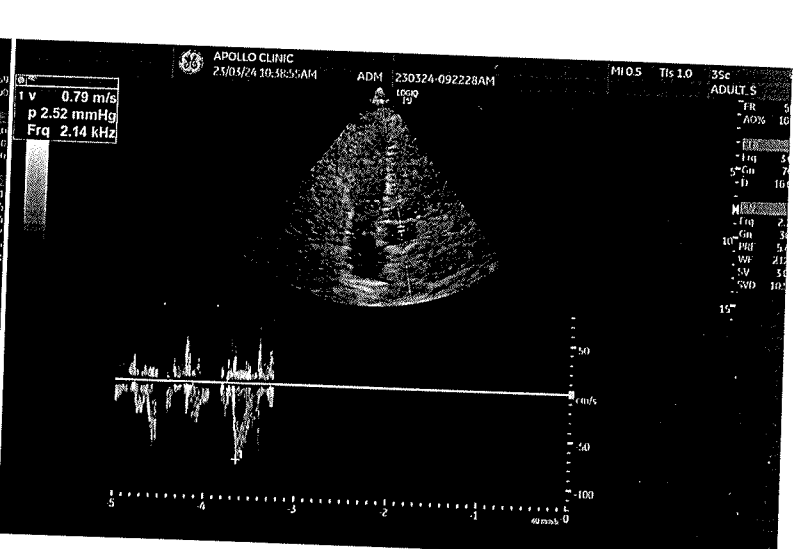
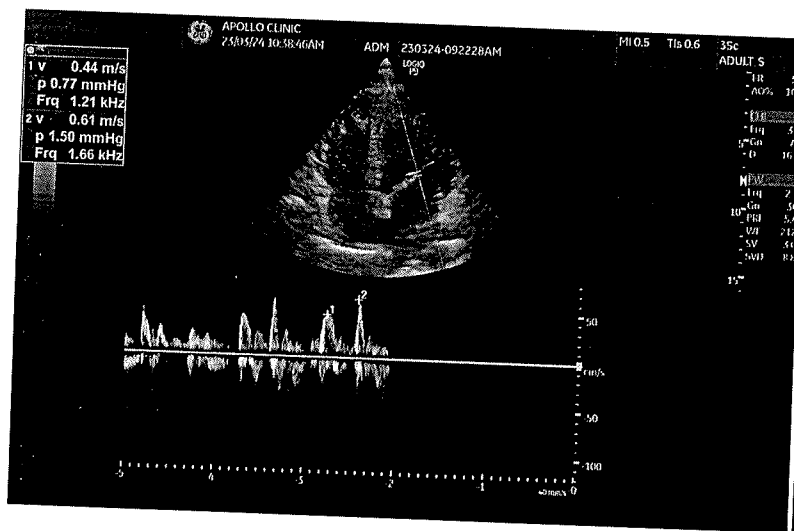
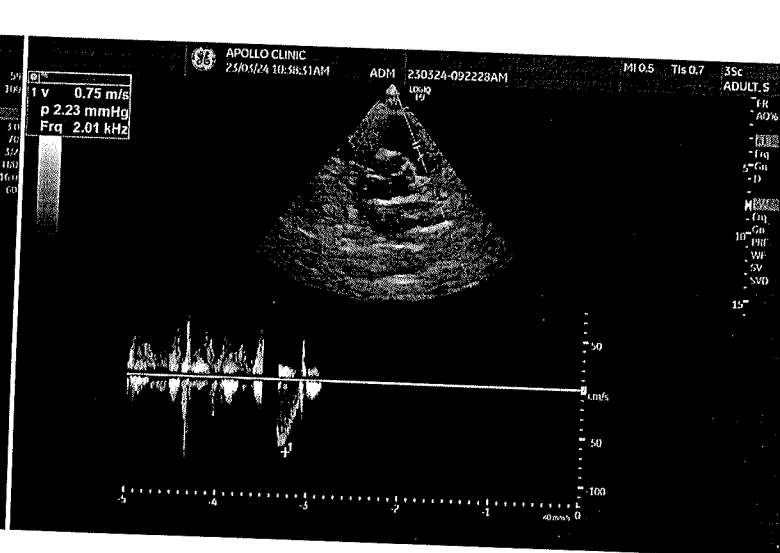
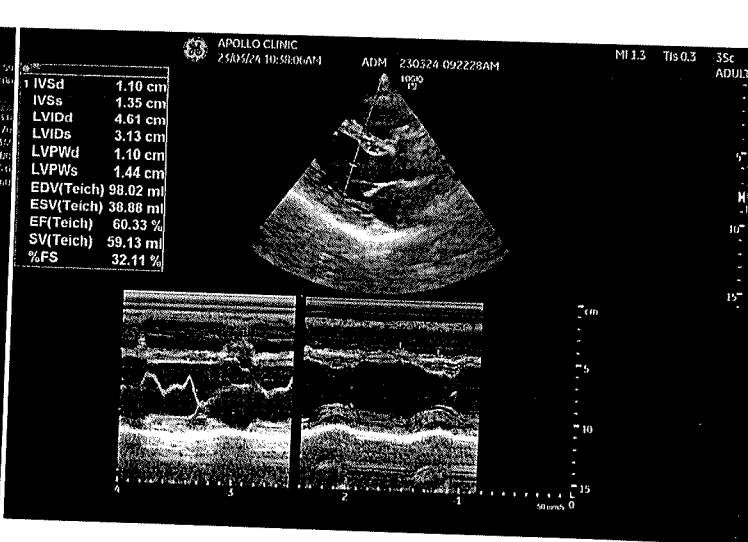
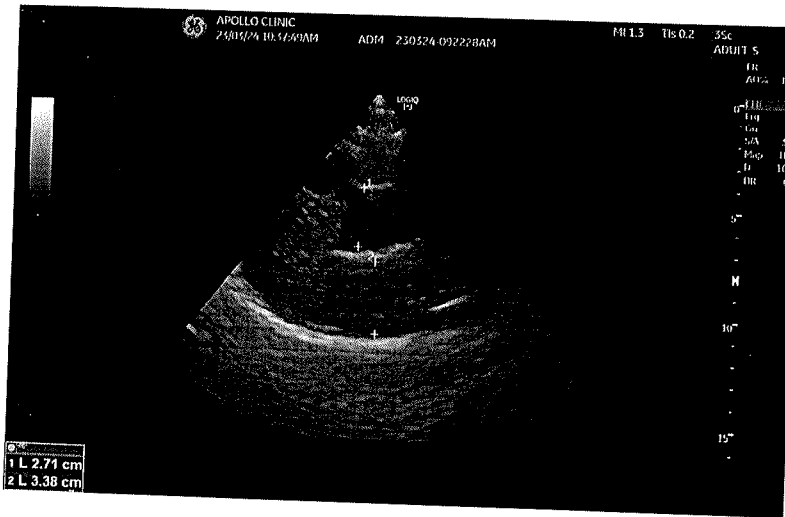
**IMPRESSION :**

- Normal cardiac chamber and valves
- No Regional wall motion abnormality
- No MR/AR/TR
- No clot/vegetation/pericardial effusion
- Grade I LV diastolic dysfunction
- Normal LV systolic function - LVEF= 60%

**DR JAGADEESH H V MD,DM**  
**CONSULTANT CARDIOLOGIST**







**From:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

**Sent:** Thursday, March 14, 2024 11:31 AM

**To:** Corporate Apollo Clinic <corporate@apolloclinic.com>

**Cc:** Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

**Subject:** Health Check-up Bookings No. 55 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards

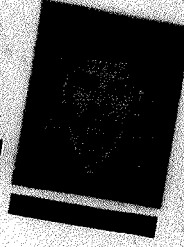
Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)



बैंक ऑफ़ बड़ोदा  
Bank of Baroda



नाम  
Name MR. ASHOK KUMAR VANAM  
कर्मचारी कुट क्र.  
E. C. No. 101749

जारीकर्ता प्राधिकारी  
Issuing Authority

  
धारक के हस्ताक्षर  
Signature of Holder

**Patient Name** : Mr. Ashok Kumar Vanam

**Age/Gender** : 36 Y/M

**UHID/MR No.** : CINR.0000164821

**OP Visit No** : CINROPV223055

**Sample Collected on** :

**Reported on** : 23-03-2024 20:43

**LRN#** : RAD2279163

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9885707014

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

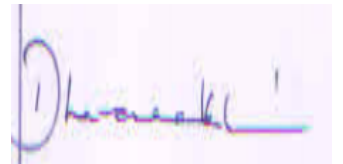
Both costophrenic and cardiophrenic angles are clear .

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. Ashok Kumar Vanam

**Age/Gender** : 36 Y/M

**UHID/MR No.** : CINR.0000164821

**OP Visit No** : CINROPV223055

**Sample Collected on** :

**Reported on** : 23-03-2024 17:40

**LRN#** : RAD2279163

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9885707014

## 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:** Post cholecystectomy status..

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**PROSTATE:** Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

#### IMPRESSION:

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology