

Patient Name : Mr.BALASUBRAMANIAN A .  
Age/Gender : 57 Y 8 M 14 D/M  
UHID/MR No : SALW.0000130250  
Visit ID : SALWOPV208073  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 53982

Collected : 09/Mar/2024 09:11AM  
Received : 09/Mar/2024 09:55AM  
Reported : 09/Mar/2024 12:43PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240062737

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Patient Name : Mr.BALASUBRAMANIAN A .  
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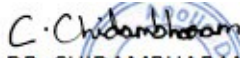
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.4	g/dL	13-17	Spectrophotometer
PCV	46.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.32	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	<b>31.1</b>	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65	%	40-80	Electrical Impedence
LYMPHOCYTES	29	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4160	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1856	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	128	Cells/cu.mm	20-500	Calculated
MONOCYTES	256	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.24		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	269000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	12	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
..				

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240062737



Patient Name : Mr.BALASUBRAMANIAN A .	Collected : 09/Mar/2024 09:11AM
Age/Gender : 57 Y 8 M 14 D/M	Received : 09/Mar/2024 12:04PM
UHID/MR No : SALW.0000130250	Reported : 09/Mar/2024 02:07PM
Visit ID : SALWOPV208073	Status : Final Report
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Emp/Auth/TPA ID : 53982	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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

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



**Dr.MARQUESS RAJ**  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:HA06616261

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



Patient Name : Mr.BALASUBRAMANIAN A .	Collected : 09/Mar/2024 11:54AM
Age/Gender : 57 Y 8 M 14 D/M	Received : 09/Mar/2024 03:44PM
UHID/MR No : SALW.0000130250	Reported : 09/Mar/2024 08:27PM
Visit ID : SALWOPV208073	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 53982	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	163	mg/dL	70-100	GOD - POD

**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:**

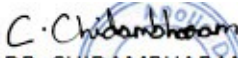
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	246	mg/dL	70-140	GOD - POD

**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.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLP1428947





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UHID/MR No : SALW.0000130250	Reported : 09/Mar/2024 01:14PM
Visit ID : SALWOPV208073	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 53982	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	8.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	206	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)

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240028497

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

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Age/Gender : 57 Y 8 M 14 D/M	Received : 09/Mar/2024 02:43PM
UHID/MR No : SALW.0000130250	Reported : 09/Mar/2024 02:46PM
Visit ID : SALWOPV208073	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 53982	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	165	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>206</b>	mg/dL	<150	
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>41.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.13		0-4.97	Calculated

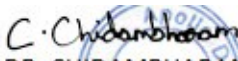
**Comment:**

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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04655293




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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04655293

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Patient Name : Mr.BALASUBRAMANIAN A .	Collected : 09/Mar/2024 09:11AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		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.

  
DR. CHIDAMBARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04655293





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	0.94	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	30.39	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	14.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04655293




Patient Name	: Mr.BALASUBRAMANIAN A .	Collected	: 09/Mar/2024 09:11AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	16-73	Glycylglycine Kinetic method

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04655293

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Patient Name : Mr.BALASUBRAMANIAN A .	Collected : 09/Mar/2024 09:11AM
Age/Gender : 57 Y 8 M 14 D/M	Received : 09/Mar/2024 01:20PM
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Visit ID : SALWOPV208073	Status : Final Report
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Emp/Auth/TPA ID : 53982	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	0.85	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.51	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.914	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

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
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

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24041612

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

Patient Name : Mr.BALASUBRAMANIAN A .  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.R.SRIVATSAN  
M.D.(Biochemistry)



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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



DR.R.SRIVATSAN  
M.D.(Biochemistry)



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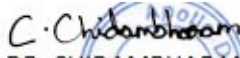
Patient Name : Mr.BALASUBRAMANIAN A .	Collected : 09/Mar/2024 09:11AM
Age/Gender : 57 Y 8 M 14 D/M	Received : 09/Mar/2024 01:05PM
UHID/MR No : SALW.0000130250	Reported : 09/Mar/2024 01:36PM
Visit ID : SALWOPV208073	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 53982	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 15

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2300989



Patient Name : Mr.BALASUBRAMANIAN A .  
Age/Gender : 57 Y 8 M 14 D/M  
UHID/MR No : SALW.0000130250  
Visit ID : SALWOPV208073  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 53982

Collected : 09/Mar/2024 09:11AM  
Received : 09/Mar/2024 01:05PM  
Reported : 09/Mar/2024 01:36PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

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

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UF011031

Page 15 of 15





GE MAC1200 ST  
Male

MR, BALASUBRAMAIAN, APOLLO SPECTRA ALWARPET

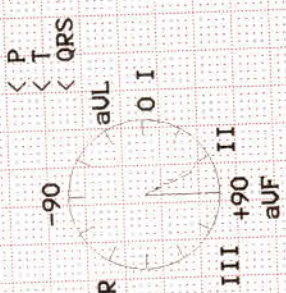
HR 73 bpm

AGE:

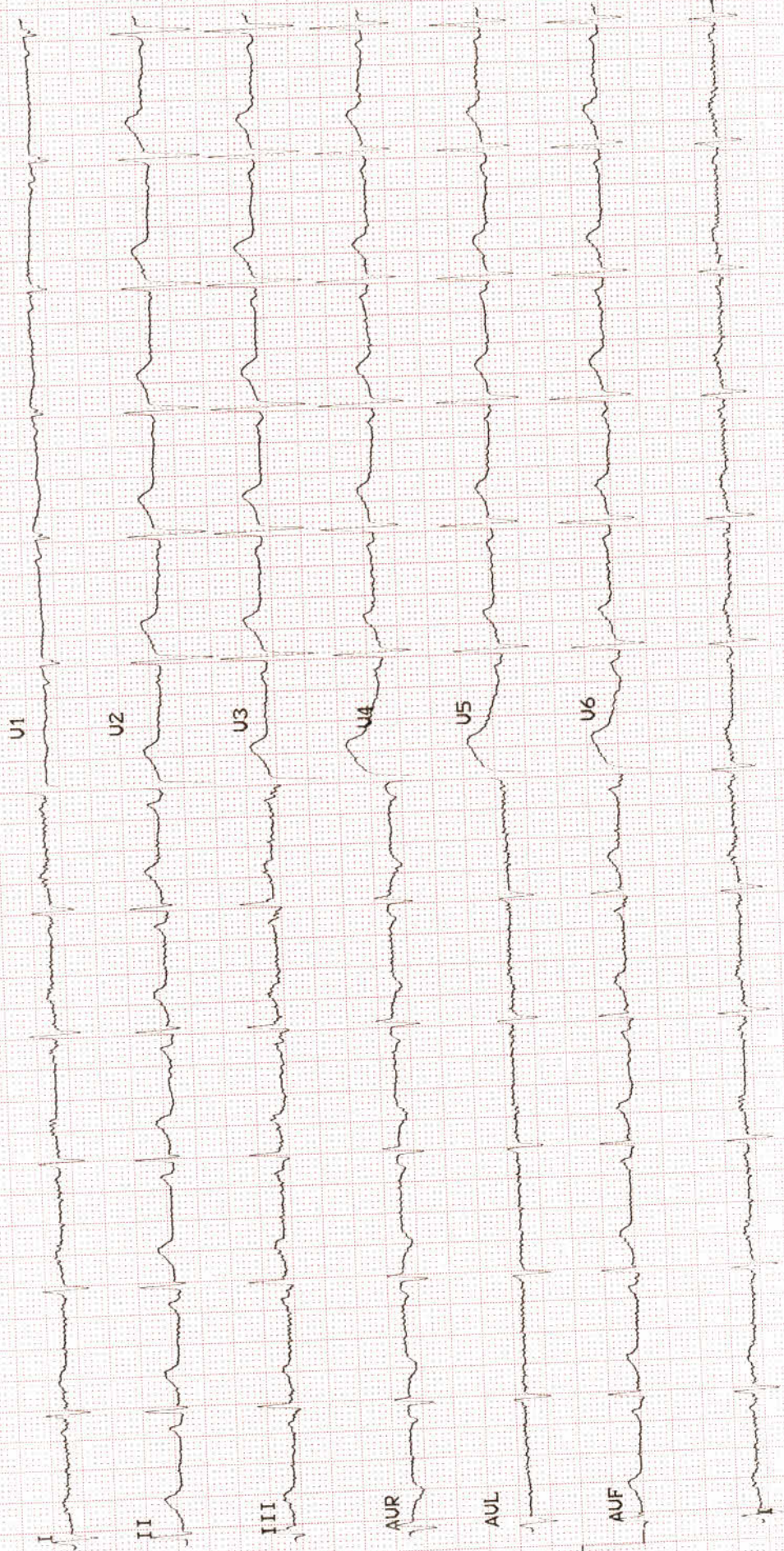
Measurement Results:

QRS : 80 ms  
 QT/QTcB : 374 / 412 ms  
 PR : 142 ms  
 P : 104 ms  
 RR/PP : 812 / 820 ms  
 P/QRS/T : 62/ 91/ 66 degrees

Interpretation:



Unconfirmed report.





Patient Name : Mr. BALASUBRAMANIAN A .  
UHID : SALW.0000130250  
Conducted By: :  
Referred By : SELF

Age : 57 Y/M  
OP Visit No : SALWOPV208073  
Conducted Date : 09-03-2024 16:05

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:	
Ao (cd)	2.6 CM
LA (es)	2.4 CM
LVID (ed)	4.0 CM
LVID (es)	2.5 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.8 CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

**COLOUR AND DOPPLER STUDIES**

PWD: A<E AT MITRAL INFLOW

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office: No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

E/A-E: 1.0m/sec A: 0.7m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
0.9m/sec

VELOCITY ACROSS THE AV UPTO 1.2m/sec

TR VELOCITY UPTO 1.9m/sec 15mmHg

**IMPRESSION**

NO REGIONAL WALL MOTION ABNORMALITY  
LEFT VENTRICLE NORMAL IN SIZE  
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-65%)  
TRIVIAL MITRAL REGURGITATION  
TRIVIAL TRICUSPID REGURGITATION  
NO PULMONARY ARTERY HYPERTENSION  
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

  
DR J CECILY MARY MAJELLA MD.DM (Cardio)

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

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**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

# OPHTHALMIC RECORD

NAME : Mr. BALASUBRAMANIAN A.  
AGE : SALW.0000130250 57/M  
I.D. NO.:

DATE: 9/3/24

## REFERRAL DETAILS :

MHe

## ALLERGIES :

Not aware of

## OCULAR HISTORY :

OU: No specific ocular h.

OU: No eye irritation.

## SYSTEMIC ILLNESS :

No DM x 15yr.

## CURRENT MEDICATION:

Taking ty.

## INVESTIGATIONS :

2mm back. HbA1c : 8.

MAIN DIAGNOSIS

TREATMENT GIVEN

RE

LE

PRESENT GLASSES :

NV ADD :

(y 2mm)

H.∞ / 0.50 x 30

H.50 / 1.00 x 100

Add: 00:

H. 25m

VN. WITH PG :

6/6 Mb

6/6 Mb

VISION UNAIDED :

VN WITH PH :

H.50 / 1.00 x 100

RETINOSCOPY

AR :

H.∞ / 0.50 x 30

SUBJECTIVE :

H.∞ / 0.50 x 30 (6/6)

H.50 / 1.00 x 100 (6/6)

ANTERIOR SEGMENT :

Add: 00:

H. 25m (mb)

Colour m:

cr: Normal m/n

same as old by

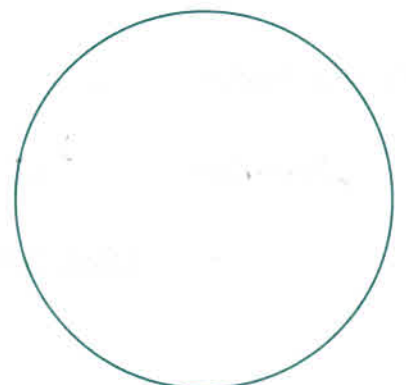
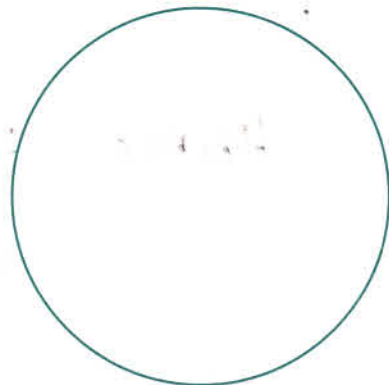
pt not willing for dilation.

IOP

18mmHg  
18mmHg

@ 10.00 am

FUNDUS :





## HC\_alwarpet

---

**From:** Balasubramanian A <ab053982@gmail.com>  
**Sent:** 09 March 2024 08:42  
**To:** hc.alwarpet@apollospectra.com  
**Subject:** Fwd: Health Check up Booking Confirmed Request(bobS14156),Package Code-PKG10000477, Beneficiary Code-276683

----- Forwarded message -----

**From:** Mediwheel <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Fri, 8 Mar 2024, 3:22 pm  
**Subject:** Health Check up Booking Confirmed Request(bobS14156),Package Code-PKG10000477, Beneficiary Code-276683  
**To:** <[ab053982@gmail.com](mailto:ab053982@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>



011-41195959

Dear **Balasubramanian.A,**

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Health Checkup Female Above 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Above 40

**Name of Diagnostic/Hospital** : Apollo Spectra - Alwarpet

**Address of Diagnostic/Hospital-** : 12 Cp Ramaswamy Road, Alwarpet Chennai - 600018

**City** : Chennai

**State** :

**Pincode** : 600018

**Appointment Date** : 09-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 9:00am

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Kasthuribai	54 year	Female

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

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

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,  
Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here to unsubscribe.](#)



Ans D<sup>th</sup>  
4/10/20  
20

 **बैंक ऑफ बड़ौदा**  
**Bank of Baroda**

नाम बालमुन्नमणियन ए.  
Name **BALASUBRAMANIAN.A**

EC No. **53982**

  
बरीकत प्राधिकारी  
Issuing Authority

  
  
धरि के हस्ताक्षर  
Signature of Holder



<b>Patient Name</b>	: Mr. BALASUBRAMANIAN A .	<b>Age/Gender</b>	: 57 Y/M
<b>UHID/MR No.</b>	: SALW.0000130250	<b>OP Visit No</b>	: SALWOPV208073
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 11-03-2024 15:56
<b>LRN#</b>	: RAD2261463	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 53982		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver appear normal in size, Shows fatty changes ( Grade I ).  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Partially distended, No calculi imaged.  
Wall thickness appear normal.

Pancreas - Head region visualised, body and tail obscured.  
Spleen measures 9.9cm and shows uniform echotexture.

Visualised aorta and IVC are normal.  
No evidence of ascites or lymphadenopathy.

Right kidney measures 10.1 x 4.4cm.  
Left kidney measures 10.6 x 5.1cm. Shows a interpole cyst - 0.9 x 1.2cm.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.9 x 3.9 x 3.0cm (Vol-18ml).

Bladder is normal in contour.

**IMPRESSION:**

FATTY LIVER.

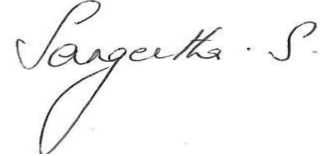
LEFT KIDNEY S/O CYST.

**Patient Name** : Mr. BALASUBRAMANIAN A .

**Age/Gender** : 57 Y/M

**SUGGESTED CLINICAL CORRELATION.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



**Dr. S SANGEETHA**  
**MBBS., TRAINED IN ULTRASONOGRAPHY**  
Radiology

<b>Patient Name</b>	: Mr. BALASUBRAMANIAN A .	<b>Age/Gender</b>	: 57 Y/M
<b>UHID/MR No.</b>	: SALW.0000130250	<b>OP Visit No</b>	: SALWOPV208073
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-03-2024 09:40
<b>LRN#</b>	: RAD2261463	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 53982		

**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:**

Normal study.



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology

Patient Name : Mr. BALASUBRAMANIAN A . Age : 57 Y/M  
UHID : SALW.0000130250 OP Visit No : SALWOPV208073  
Conducted By: : Conducted Date : 09-03-2024 16:05  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed) 2.6 CM  
LA (es) 2.4 CM  
LVID (ed) 4.0 CM  
LVID (es) 2.5 CM  
IVS (Ed) 0.8 CM  
LVPW (Ed) 0.8 CM  
EF 65%  
%FD 35%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

Patient Name : Mr. BALASUBRAMANIAN A . Age : 57 Y/M  
UHID : SALW.0000130250 OP Visit No : SALWOPV208073  
Conducted By: : Conducted Date : 09-03-2024 16:05  
Referred By : SELF

---

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES

PWD: A<E AT MITRAL INFLOW

E/A-E: 1.0m/sec A: 0.7m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
0.9m/sec

VELOCITY ACROSS THE AV UPTO 1.2m/sec

TR VELOCITY UPTO 1.9m/sec 15mmHg

IMPRESSION

NO REGIONAL WALL MOTION ABNORMALITY  
LEFT VENTRICLE NORMAL IN SIZE  
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-65%)  
TRIVIAL MITRAL REGURGITATION  
TRIVIAL TRICUSPID REGURGITATION  
NO PULMONARY ARTERY HYPERTENSION  
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI



Patient Name	: Mr. BALASUBRAMANIAN A .	Age	: 57 Y/M
UHID	: SALW.0000130250	OP Visit No	: SALWOPV208073
Conducted By:	:	Conducted Date	: 09-03-2024 16:05
Referred By	: SELF		

---

DR J CECILY MARY MAJELLA MD.DM (Cardio)