

Patient Name : Mr.NIKHLESH K NAYAK	Collected : 17/Mar/2024 08:34AM
Age/Gender : 34 Y 1 M 18 D/M	Received : 17/Mar/2024 01:43PM
UHID/MR No : CINR.0000164482	Reported : 17/Mar/2024 04:04PM
Visit ID : CINROPV222392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418906861	

DEPARTMENT OF HAEMATOLOGY

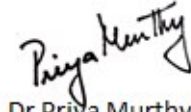
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.9	g/dL	13-17	Spectrophotometer
PCV	45.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.53	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	99.5	fL	83-101	Calculated
MCH	32.9	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,090	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	54.3	%	40-80	Electrical Impedance
LYMPHOCYTES	35.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3849.87	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2538.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.43	Cells/cu.mm	20-500	Calculated
MONOCYTES	510.48	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.52		0.78- 3.53	Calculated
PLATELET COUNT	246000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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SIN No:BED240072097

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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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)

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**DEPARTMENT OF HAEMATOLOGY**

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

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

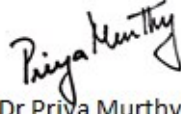
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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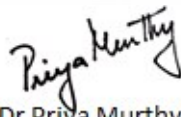
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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)	115	mg/dL	70-140	HEXOKINASE


Comment:

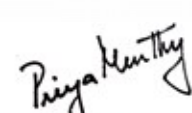
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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	5.7	%		HPLC

Page 4 of 14

  
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SIN No:EDT240033017

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ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL	Calculated
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**Comment:**

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

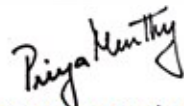
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	278	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	55.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.99		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.49		<0.11	Calculated


**Comment:**

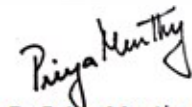
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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SIN No:SE04665118

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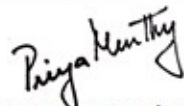
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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).



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.98		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.

  
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 M.B.B.S,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

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



SIN No:SE04665118

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



Patient Name : Mr.NIKHLESH K NAYAK  
 Age/Gender : 34 Y 1 M 18 D/M  
 UHID/MR No : CINR.0000164482  
 Visit ID : CINROPV222392  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8418906861

Collected : 17/Mar/2024 08:34AM  
 Received : 17/Mar/2024 02:49PM  
 Reported : 17/Mar/2024 05:36PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

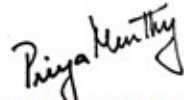
DEPARTMENT OF BIOCHEMISTRY

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	0.81	mg/dL	0.67-1.17	Jaffe's, Method
UREA	33.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	15.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.79	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.76	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.98		0.9-2.0	Calculated



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APOLLO CLINICS NETWORK

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 Karnataka - 560034

 1860 500 7788  
 www.apolloclinic.com

Patient Name : Mr.NIKHLESH K NAYAK	Collected : 17/Mar/2024 08:34AM
Age/Gender : 34 Y 1 M 18 D/M	Received : 17/Mar/2024 02:49PM
UHID/MR No : CINR.0000164482	Reported : 17/Mar/2024 03:41PM
Visit ID : CINROPV222392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418906861	

**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 TRANSEPTIDASE (GGT) , SERUM</b>	40.00	U/L	<55	IFCC



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Karnataka- 560034



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Patient Name : Mr.NIKHLESH K NAYAK	Collected : 17/Mar/2024 08:34AM
Age/Gender : 34 Y 1 M 18 D/M	Received : 17/Mar/2024 02:48PM
UHID/MR No : CINR.0000164482	Reported : 17/Mar/2024 04:15PM
Visit ID : CINROPV222392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418906861	

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)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.137</b>	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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Dr Priya Murthy  
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Consultant Pathologist



SIN No:SPL24048358

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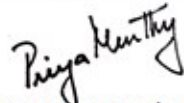
Patient Name	: Mr.NIKHLESH K NAYAK	Collected	: 17/Mar/2024 08:34AM
Age/Gender	: 34 Y 1 M 18 D/M	Received	: 17/Mar/2024 02:48PM
UHID/MR No	: CINR.0000164482	Reported	: 17/Mar/2024 04:15PM
Visit ID	: CINROPV222392	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8418906861		

DEPARTMENT OF IMMUNOLOGY

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



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Dr Priya Murthy  
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APOLLO CLINICS NETWORK

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Karnataka - 560034

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Patient Name : Mr.NIKHLESH K NAYAK	Collected : 17/Mar/2024 08:34AM
Age/Gender : 34 Y 1 M 18 D/M	Received : 17/Mar/2024 05:08PM
UHID/MR No : CINR.0000164482	Reported : 17/Mar/2024 06:19PM
Visit ID : CINROPV222392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418906861	

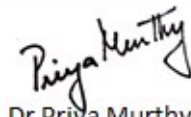
DEPARTMENT OF CLINICAL PATHOLOGY

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	1.020		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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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SIN No:UR2308044

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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APOLLO CLINICS NETWORK

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Karnataka- 560034

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Patient Name : Mr.NIKHLESH K NAYAK	Collected : 17/Mar/2024 08:34AM
Age/Gender : 34 Y 1 M 18 D/M	Received : 17/Mar/2024 05:08PM
UHID/MR No : CINR.0000164482	Reported : 17/Mar/2024 06:14PM
Visit ID : CINROPV222392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418906861	

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

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

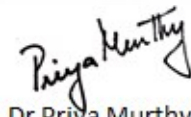
\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR

Page 14 of 14



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



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



SIN No:UF011199

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Karnataka - 560034

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**Name** : Mr. Nikhlesh K Nayak

**Age**: 34 Y

**UHID**:CINR.0000164482

**Sex**: M

**Address** : BANGALORE

**OP Number**:CINROPV222392

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

**Bill No** :CINR-OCR-95200

**Date** : 17.03.2024 08:28

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

Date : 19-03-2024

Department : GENERAL

MR NO : CINR.0000164482

Doctor :

Name : Mr. Nikhlesh K Nayak

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Consultation Timing: 08:28

Height : 173cm	Weight : 75.8kg	BMI : <del>25.7</del> (25.3)	Waist Circum : 94cm
Temp : 98.4	Pulse : 76bpm	Resp : 18cpm	B.P : 100/80 Hgmm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Optical

6/6 without 6/6  
 6/6 " 6/6

C.V

VA  
 VA

VA  
 VA

Adv: Protection glass

Follow up date:

  
 Doctor Signature



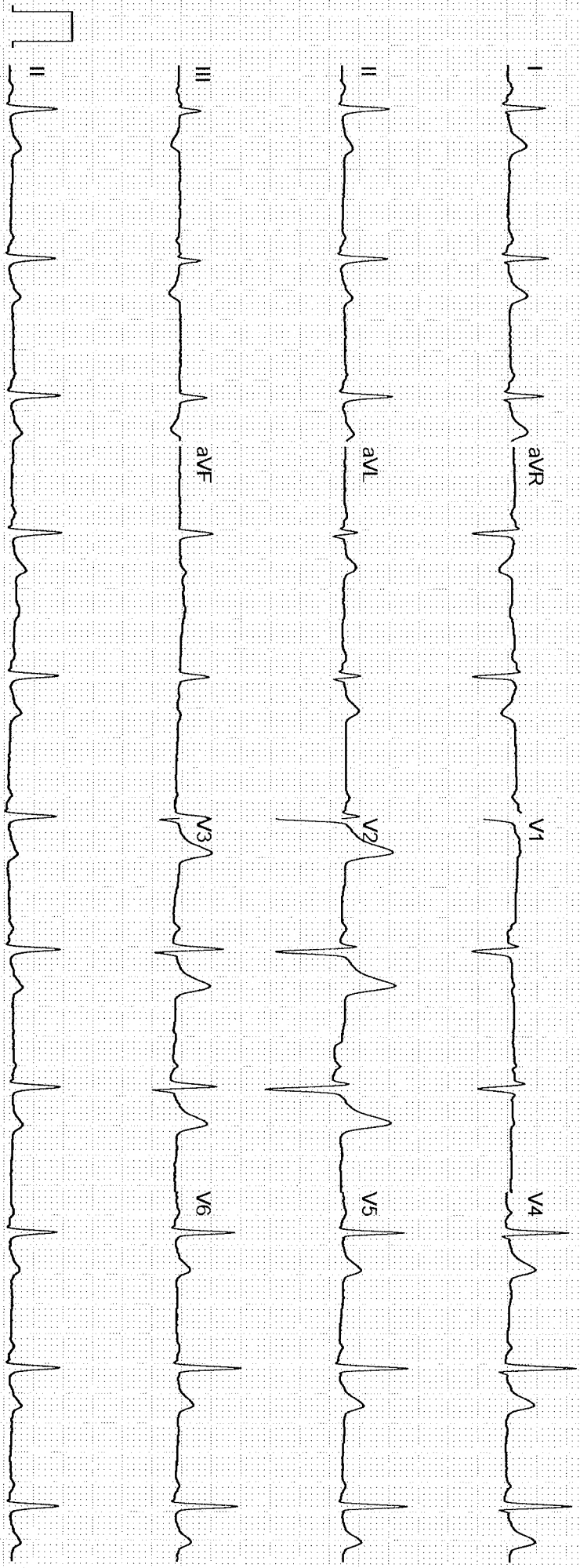
ID: 164482  
30.01.1990  
34 Years  
Male

APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

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

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 372 / 383 ms  
PR : 138 ms  
P : 106 ms  
RR / PP : 932 / 937 ms  
P / QRS / T : 11 / 53 / 7 degrees



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 Nikhlesh	AGE/SEX: 34/M	OP NUMBER: 164482
Ref By : SLEF	DATE: 17-03-2024	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.6	IVS(D): 1.9	MV: E Vel: 0.7	A Vel : 0.5
LA: 2.8	LVIDD(D): 4.2	AV Peak: 11	
	LVPW(D): 1.0	PV pea: 1.1	
	IVS(S): 1.2		
	LVID(S): 2.9		
	LVPW(S): 1.9		
	LVEF: 60 %		
	TAPSE: 2.0		

**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 :**

**No Regional wall motion abnormality**

**No MR/AR/TR**

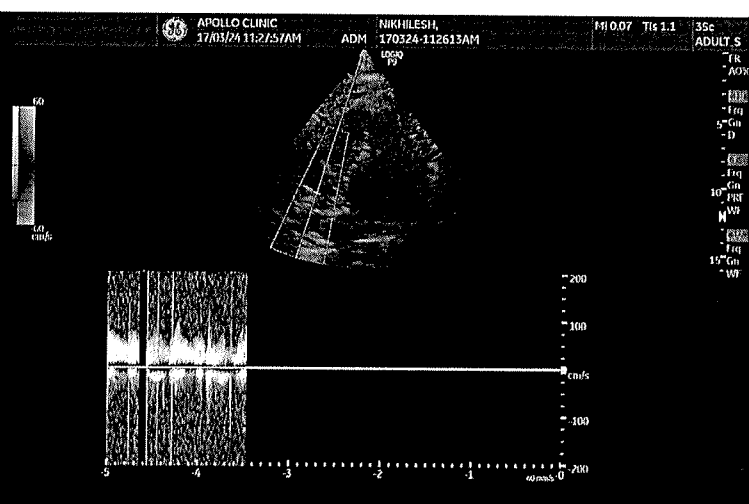
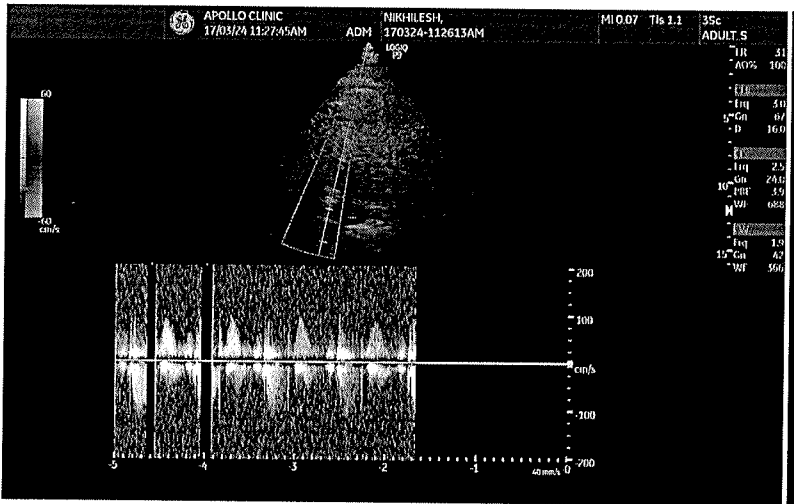
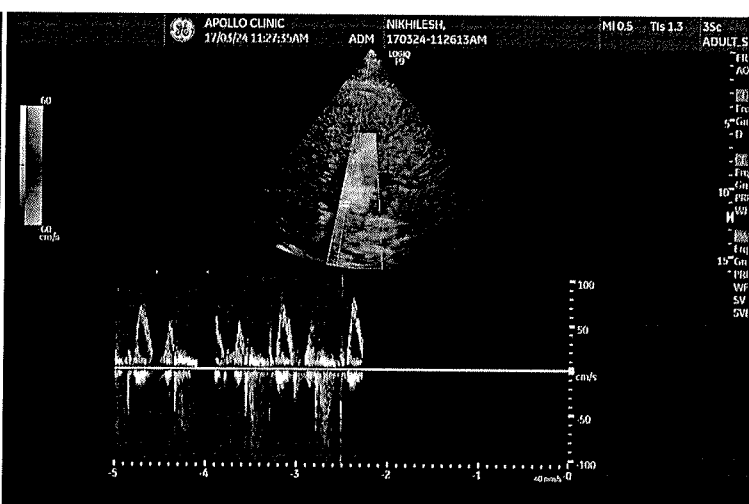
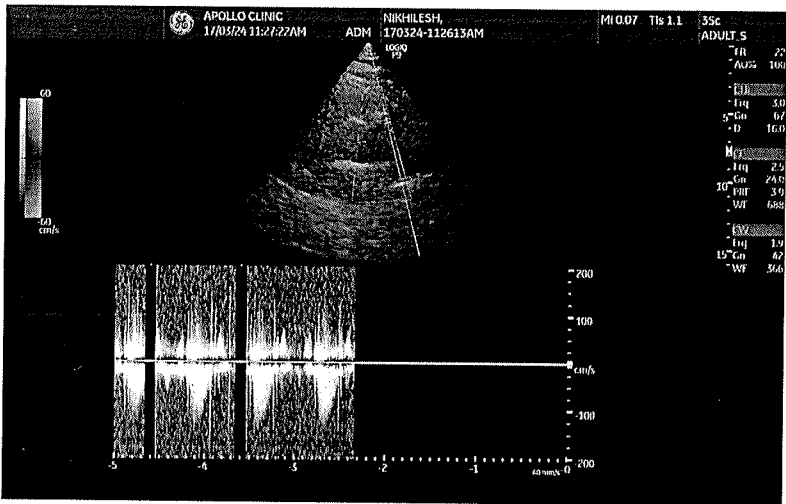
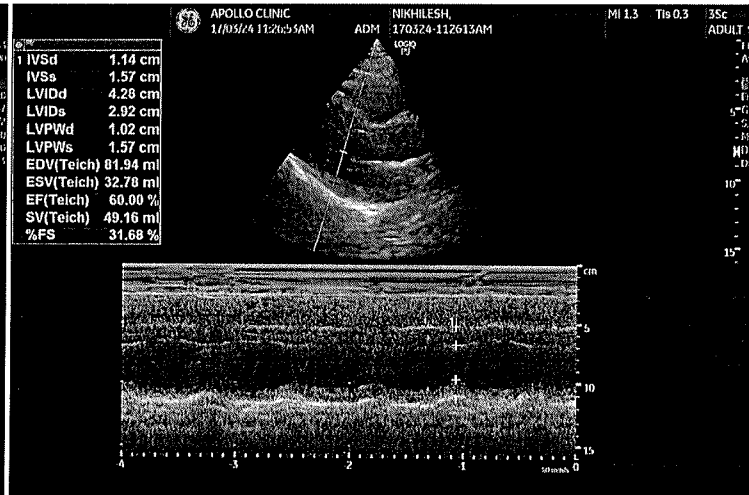
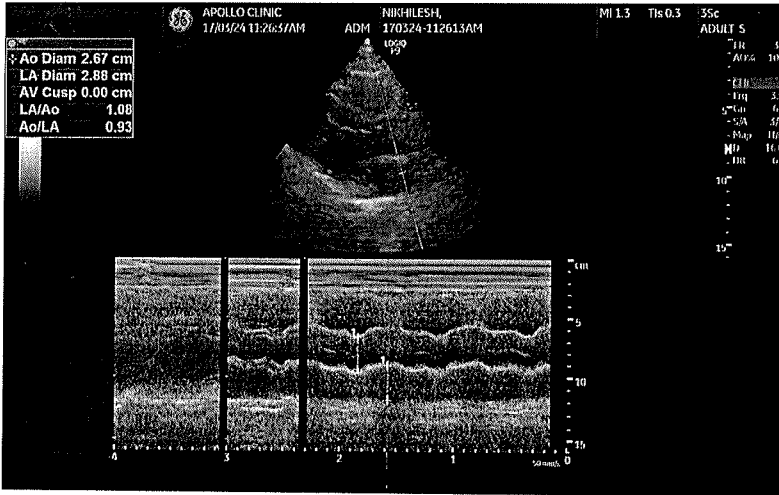
**No clot/vegetation/pericardial effusion**

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



**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**



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

**Sent:** Saturday, March 16, 2024 11:38 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. 44 (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)

Attendee panel closed



भारत सरकार

Government of India



निखलेश कुमार नायक  
Nikhlesh Kumar Nayak

जन्म तिथि / DOB : 30/01/1990  
पुरुष / Male



9294 1284 2597

आधार - आम आदमी का अधिकार

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**Patient Name** : Mr. Nikhlesh K Nayak

**Age/Gender** : 34 Y/M

**UHID/MR No.** : CINR.0000164482

**OP Visit No** : CINROPV222392

**Sample Collected on** :

**Reported on** : 17-03-2024 12:19

**LRN#** : RAD2270719

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8418906861

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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