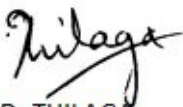


Patient Name	: Mr.SATISH S	Collected	: 09/Apr/2024 12:48PM
Age/Gender	: 39 Y 11 M 13 D/M	Received	: 09/Apr/2024 03:11PM
UHID/MR No	: CHSR.0000087774	Reported	: 09/Apr/2024 05:43PM
Visit ID	: CANNOPV400613	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E19971		

DEPARTMENT OF HAEMATOLOGY

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.



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

SIN No:BED240097739

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	42.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.62	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.7	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	34.2	%	40-80	Electrical Impedance
LYMPHOCYTES	49.0	%	20-40	Electrical Impedance
EOSINOPHILS	6.7	%	1-6	Electrical Impedance
MONOCYTES	9.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1812.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2597	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	355.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	514.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.7		0.78- 3.53	Calculated
PLATELET COUNT	270000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 15



Dr THILAGA
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Visit ID : CANNOPV400613	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E19971	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

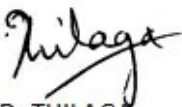
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PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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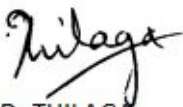
Patient Name : Mr.SATISH S	Collected : 09/Apr/2024 12:48PM
Age/Gender : 39 Y 11 M 13 D/M	Received : 09/Apr/2024 03:11PM
UHID/MR No : CHSR.0000087774	Reported : 09/Apr/2024 06:36PM
Visit ID : CANNOPV400613	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E19971	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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



Dr THILAGA
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Patient Name : Mr.SATISH S	Collected : 09/Apr/2024 12:48PM
Age/Gender : 39 Y 11 M 13 D/M	Received : 09/Apr/2024 02:58PM
UHID/MR No : CHSR.0000087774	Reported : 09/Apr/2024 04:17PM
Visit ID : CANNOPV400613	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E19971	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	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.



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



SIN No:PLF02143079

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Patient Name	: Mr.SATISH S	Collected	: 09/Apr/2024 12:48PM
Age/Gender	: 39 Y 11 M 13 D/M	Received	: 09/Apr/2024 02:58PM
UHID/MR No	: CHSR.0000087774	Reported	: 09/Apr/2024 05:32PM
Visit ID	: CANNOPV400613	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E19971		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	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.



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



SIN No:PLP1444155

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Patient Name : Mr.SATISH S	Collected : 09/Apr/2024 12:48PM
Age/Gender : 39 Y 11 M 13 D/M	Received : 09/Apr/2024 03:12PM
UHID/MR No : CHSR.0000087774	Reported : 09/Apr/2024 04:22PM
Visit ID : CANNOPV400613	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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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M.D.(Biochemistry)



SIN No:EDT240045091

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Patient Name : Mr.SATISH S	Collected : 09/Apr/2024 12:48PM
Age/Gender : 39 Y 11 M 13 D/M	Received : 09/Apr/2024 02:57PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	197	mg/dL	<200	CHO-POD
TRIGLYCERIDES	73	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	152	mg/dL	<130	Calculated
LDL CHOLESTEROL	137.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38		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.
- 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

Page 8 of 15



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



SIN No:SE04691362

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Patient Name	: Mr.SATISH S	Collected	: 09/Apr/2024 12:48PM
Age/Gender	: 39 Y 11 M 13 D/M	Received	: 09/Apr/2024 02:57PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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).

Page 9 of 15



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



SIN No:SE04691362

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Patient Name : Mr.SATISH S	Collected : 09/Apr/2024 12:48PM
Age/Gender : 39 Y 11 M 13 D/M	Received : 09/Apr/2024 02:57PM
UHID/MR No : CHSR.0000087774	Reported : 09/Apr/2024 05:32PM
Visit ID : CANNOPV400613	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E19971	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	61.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		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. R. SRIVATSAN
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Patient Name	: Mr.SATISH S	Collected	: 09/Apr/2024 12:48PM
Age/Gender	: 39 Y 11 M 13 D/M	Received	: 09/Apr/2024 02:57PM
UHID/MR No	: CHSR.0000087774	Reported	: 09/Apr/2024 05:32PM
Visit ID	: CANNOPV400613	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E19971		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	26.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated



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Patient Name : Mr.SATISH S	Collected : 09/Apr/2024 12:48PM
Age/Gender : 39 Y 11 M 13 D/M	Received : 09/Apr/2024 02:57PM
UHID/MR No : CHSR.0000087774	Reported : 09/Apr/2024 04:24PM
Visit ID : CANNOPV400613	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E19971	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	<55	IFCC

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



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Patient Name : Mr.SATISH S	Collected : 09/Apr/2024 12:48PM
Age/Gender : 39 Y 11 M 13 D/M	Received : 09/Apr/2024 03:01PM
UHID/MR No : CHSR.0000087774	Reported : 09/Apr/2024 06:21PM
Visit ID : CANNOPV400613	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E19971	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.26	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.36	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.290	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



DR. R. SRIVATSAN
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SIN No: SPL24066147

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Patient Name : Mr.SATISH S	Collected : 09/Apr/2024 12:48PM
Age/Gender : 39 Y 11 M 13 D/M	Received : 09/Apr/2024 04:06PM
UHID/MR No : CHSR.0000087774	Reported : 09/Apr/2024 05:40PM
Visit ID : CANNOPV400613	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E19971	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/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



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

SIN No:UR2327911

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Patient Name : Mr.SATISH S	Collected : 09/Apr/2024 12:48PM
Age/Gender : 39 Y 11 M 13 D/M	Received : 09/Apr/2024 04:06PM
UHID/MR No : CHSR.0000087774	Reported : 09/Apr/2024 05:39PM
Visit ID : CANNOPV400613	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E19971	

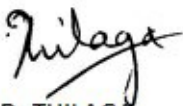
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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 ***



Dr THILAGA
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Consultant Pathologist

SIN No:UF011627

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Patient Name : Mr. SATISH S Age : 40 Y/M
UHID : CHSR.0000087774 OP Visit No : CANNOPV400613
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 10-04-2024 15:49
Referred By : SELF

CARDIOLOGY

CARDIAC STRESS TEST – (TMT)

Angina Pectoria:

NO

Previous MI:

NO

PTCA:

NO

CABG:

NO

HTN:

NO

DM:

NO

Smoking:

NO

Obesity:

NO

Lipidemia:

NO

Resting ECG Supine:

NORMAL

Standing:

NORMAL

Protocol Used:

BRUCE

Patient Name : Mr. SATISH S Age : 40 Y/M
UHID : CHSR.0000087774 OP Visit No : CANNOPV400613
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 10-04-2024 15:49
Referred By : SELF

Monitoring Leads:

12 LEADS

Grade Achieved:

13

% HR / METS:

11.7

Reason for Terminating Test:

FATIGUE

Total Exercise Time:

11.32

Symptoms and ECG Changes during Exercise:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:

NORMAL

S.T. Segment :

NORMAL

Patient Name : Mr. SATISH S Age : 40 Y/M
UHID : CHSR.0000087774 OP Visit No : CANNOPV400613
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 10-04-2024 15:49
Referred By : SELF

III Blood Pressure Response :
NORMAL

IV Fitness Response :
GOOD

Impression:
Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia

Dr. ARULNITHI AYYANATHAN

---- END OF THE REPORT ----

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

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Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

Patient Name	: Mr. SATISH S	Age/Gender	: 39 Y/M
UHID/MR No.	: CHSR.0000087774	OP Visit No	: CANNOPV400613
Sample Collected on	:	Reported on	: 09-04-2024 17:28
LRN#	: RAD2296874	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E19971		

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 8.8cms.

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 10.0 x 4.4cms.
Left kidney measures 10.5 x 5.0cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.5 x 3.4 x 3.4cms volume 22cc and shows normal echopattern.
Seminal vesicles appear normal.
Bladder is normal in contour.

IMPRESSION:

Patient Name : Mr. SATISH S

Age/Gender : 39 Y/M

***NO SIGNIFICANT ABNORMALITY DETECTED.**

DISCLAIMER: THIS ULTRASOUND SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

Dr. ASHIQ MOHAMMED JEFFREY
MD
Radiology

Patient Name	: Mr. SATISH S	Age/Gender	: 39 Y/M
UHID/MR No.	: CHSR.0000087774	OP Visit No	: CANNOPV400613
Sample Collected on	:	Reported on	: 09-04-2024 16:59
LRN#	: RAD2296874	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E19971		

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. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Tabular Summary

APOLLO MEDICAL CEN

MR SATISH S,
 Patient ID 87774RMC
 09.04.2024 Male
 39yrs Indian
 1:00:07pm
 Meds:

Test Reason: BRUCE: Total Exercise Time 11:32
 Max HR: 173 bpm 95% of max predicted 181 bpm HR at rest: 83
 Max BP: 140/90 mmHg BP at rest: 120/80 Max RPP: 23660 mmHg*bpm
 Maximum Workload: 11.70 METS
 Max ST: -1.30 mm, 0.00 mV/s in V6; EXERCISE STAGE 4 10:30
 Arrhythmia: A:2, PVC:1, PSVC:13
 ST/HR index: 0.50 μ V/bpm
 Reasons for Termination: Fatigue
 Conclusion: FINAL IMPRESSION: TMT IS **NEG** FOR INDUCIBLE MYOCARDIAL ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (V6-mm)	Comment
PRETEST	SUPINE	00:11	0.00	0.00	1.0	81	120/80	9720	1	0.25	
EXERCISE	STANDING	00:53	0.50	0.00	1.2	85			0	0.10	
	STAGE 1	03:00	1.70	7.00	3.9	107	120/80	12840	0	-0.20	
	STAGE 2	03:00	2.50	9.00	6.0	122	120/80	14640	0	-0.25	
	STAGE 3	03:00	3.40	11.00	8.7	139	130/90	18070	0	-0.55	
RECOVERY	STAGE 4	02:32	4.20	13.00	11.7	171	140/90	23940	0	-0.30	
		03:59	0.00	0.00	1.0	108	120/80	12960	0	0.05	

SATISH S

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:01 85 bpm 120/80 mmHg	10:30 164 bpm 140/90 mmHg	11:32 171 bpm 140/90 mmHg	3:58 108 bpm 120/80 mmHg	0:01 85 bpm 120/80 mmHg	10:30 164 bpm 140/90 mmHg	11:32 171 bpm 140/90 mmHg	3:58 108 bpm 120/80 mmHg
I 0.55 mm -1.04 mV/s	I -0.30 1.70	I 0.35 1.29	I 0.05 0.58	V1 0.15 -0.83	V1 0.35 -1.21	V1 0.20 -0.87	V1 0.05 -0.74
II 0.25 -0.78	II -0.60 2.99	II -0.20 2.35	II 0.45 1.54	V2 1.15 0.47	V2 0.80 0.92	V2 1.10 1.20	V2 0.50 0.23
III -0.35 0.04	III -0.30 1.20	III -0.50 1.14	III 0.35 0.84	V3 0.55 -0.04	V3 0.50 2.62	V3 0.70 2.54	V3 0.85 1.26
aVR -0.40 -0.81	aVR 0.45 -2.48	aVR -0.05 -1.83	aVR -0.25 -1.22	V4 0.55 -0.26	V4 -0.20 2.38	V4 -0.05 1.98	V4 0.60 1.28
aVL 0.45 -0.61	aVL 0.00 0.17	aVL 0.40 0.08	aVL -0.15 -0.35	V5 0.15 0.23	V5 -0.70 1.57	V5 -0.45 1.35	V5 0.25 0.99
aVF 0.05 -0.47	aVF -0.50 2.02	aVF -0.40 1.69	aVF 0.40 1.20	V6 0.20 -0.43	V6 -1.30 0.86	V6 -0.30 2.25	V6 0.10 0.67

GE CardioSoft V6.73 (2)
10mm/mV 50Hz 0.01-20Hz S+ HEART V5.4

Unconfirmed

Attending MD:

MICRO MED CH
Page

Name: Sadish S
 Occupation:
 Age: 39y Sex: Male Female
 Address:
 Ph:

Date: 9/1/24 Reg. No: 87774
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History:

Nil

Present Complaint:

Nil

ON EXAMINATION:

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :	<u>6/6</u>	<u>6/6</u>
N.V. :		
Visual Fields :		
Fundus :	<u>N6</u>	<u>N6</u>
Impression :	<u>Free</u>	<u>Free</u>
Advice :		
Colour Vision :	<u>N</u>	<u>N</u>

OPHTHALMOLOGY / OPTOMETRIST

Sanku

ENT check up

Satish S

39/M

9/4/24

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

General Examination / Allergies
History

no snoring
No HTN / DM
No EDS / Nocturnal enuresis

O/E - FTP II B
T - II
Nose / WNL
Ears / WNL

Imp: ? UARS

Adv: Sleep study 900 32 299 09
Vijay.



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

CHSR-87774
OCD-102226

 **भारत सरकार**



सथिष एस
Sathish S
जन्म दिनांक/DOB: 26/04/1984
पुरुष/ MALE

7831 9795 3743
VID : 9109 9129 2232 9076

For Annual Health
Checkup at Apollo
9/4/2024.

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Fri 4/5/2024 2:40 PM

To:satish.s2@bankofbaroda.com <satish.s2@bankofbaroda.com>

Cc:Annagar Apolloclinic <annagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear **MR. S SATISH**,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-04-09** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE,
ANNANAGAR EAST,CHENNAI - 600102.**

Contact No: 7358392880/7305702537.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic



Apollo Clinic

CONSENT FORM

Patient Name: Sathish Age: 39 / M
 UHID Number: 87774 Company Name: Arco

I Mr/Mrs/Ms Sathish Employee of Arco
 (Company) Want to inform you that I'll be getting Dental on

Tests done which is a part of my routine health check package.
 And I claim the above statement in my full consciousness.

Review
(Due to nonavailability of doctor today)

Patient Signature: Sathish Date: 9/4/2024

Apollo Medical Centre
 No. 30, F-Block, 2nd Avenue,
 Anna Nagar East, Chennai-600 102
 Tel: 044-26224505, Mobile: 7358392880
 Toll No. 1860 500 7788

MR SATHISH S
ID: 87774R

39 Years

Male

09.04.2024 7:54:14 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

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

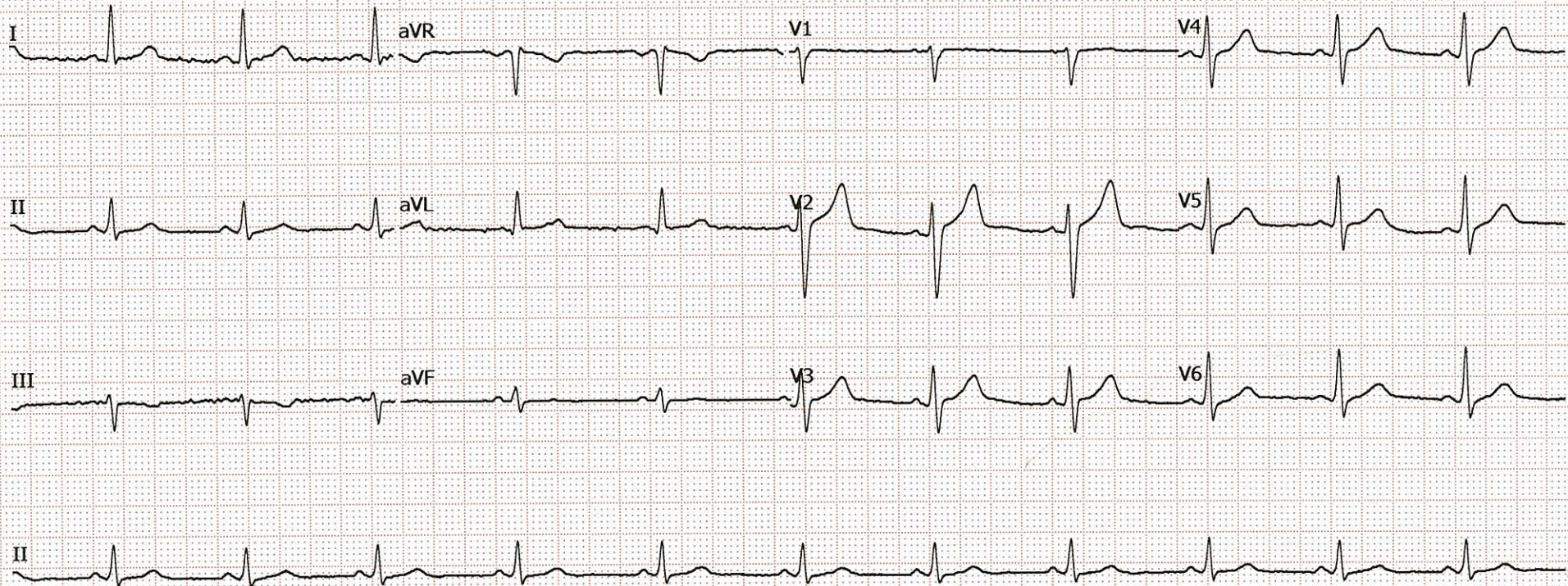
Room:

69 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 90 ms
QT / QTcBaz : 396 / 424 ms
PR : 120 ms
P : 106 ms
RR / PP : 870 / 869 ms
P / QRS / T : 40 / 5 / 1 degrees

*NR
By*



Signature

Unconfirmed

4x2.5x3_25_R1

1/1

Patient Name	: Mr. SATISH S	Age	: 40 Y/M
UHID	: CHSR.0000087774	OP Visit No	: CANNOPV400613
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 09-04-2024 18:31
Referred By	: SELF		

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 69 beats per minutes.**

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. ARULNITHI AYYANATHAN