

Patient Name : Mr.NARESH P	Collected : 09/Mar/2024 08:22AM
Age/Gender : 43 Y 2 M 5 D/M	Received : 09/Mar/2024 01:22PM
UHID/MR No : CVEL.0000142373	Reported : 09/Mar/2024 03:45PM
Visit ID : CVELOPV200698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101296	

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

SIN No:BED240062250

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



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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	13-17	Spectrophotometer
PCV	38.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.12	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.8	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.0	%	40-80	Electrical Impedance
LYMPHOCYTES	31.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.0	%	1-6	Electrical Impedance
MONOCYTES	9.5	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3685	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2123.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	201	Cells/cu.mm	20-500	Calculated
MONOCYTES	636.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	53.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
PLATELET COUNT	300000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 14



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NOTE/ COMMENT	: Please correlate clinically.



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Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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

SIN No:BED240062250

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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
GLUCOSE, FASTING , NAF PLASMA	264	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)	351	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:PLP1428519

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	11.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	289	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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SIN No:EDT240028184

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	141	mg/dL	<200	CHO-POD
TRIGLYCERIDES	179	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	66.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.62		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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'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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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SIN No:SE04654798

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:

D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05



APOLLO CLINICS NETWORK

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

Patient Name : Mr.NARESH P	Collected : 09/Mar/2024 08:22AM
Age/Gender : 43 Y 2 M 5 D/M	Received : 09/Mar/2024 02:25PM
UHID/MR No : CVEL.0000142373	Reported : 09/Mar/2024 05:50PM
Visit ID : CVELOPV200698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101296	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<55	IFCC



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



SIN No:SE04654798

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APOLLO CLINICS NETWORK

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Patient Name : Mr.NARESH P	Collected : 09/Mar/2024 08:22AM
Age/Gender : 43 Y 2 M 5 D/M	Received : 09/Mar/2024 02:39PM
UHID/MR No : CVEL.0000142373	Reported : 09/Mar/2024 06:45PM
Visit ID : CVELOPV200698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101296	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.52	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.87	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	9.740	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No: SPL24041200

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

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APOLLO CLINICS NETWORK

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Patient Name : Mr.NARESH P	Collected : 09/Mar/2024 08:22AM
Age/Gender : 43 Y 2 M 5 D/M	Received : 09/Mar/2024 02:39PM
UHID/MR No : CVEL.0000142373	Reported : 09/Mar/2024 04:25PM
Visit ID : CVELOPV200698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101296	

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	0.340	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 40-49 years is 0-2.5 ng/mL



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



SIN No:SPL24041200

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Patient Name : Mr.NARESH P	Collected : 09/Mar/2024 08:22AM
Age/Gender : 43 Y 2 M 5 D/M	Received : 09/Mar/2024 01:19PM
UHID/MR No : CVEL.0000142373	Reported : 09/Mar/2024 01:45PM
Visit ID : CVELOPV200698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101296	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	TRACE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/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:UR2300539

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Patient Name : Mr.NARESH P	Collected : 09/Mar/2024 08:22AM
Age/Gender : 43 Y 2 M 5 D/M	Received : 09/Mar/2024 01:16PM
UHID/MR No : CVEL.0000142373	Reported : 09/Mar/2024 02:24PM
Visit ID : CVELOPV200698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101296	

DEPARTMENT OF CLINICAL PATHOLOGY

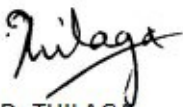
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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 (TRACE)		NEGATIVE	Dipstick

*** End Of Report ***

Page 14 of 14



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

SIN No:UF010998

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Patient Name	: Mr. NARESH P	Age/Gender	: 43 Y/M
UHID/MR No.	: CVEL.0000142373	OP Visit No	: CVELOPV200698
Sample Collected on	:	Reported on	: 09-03-2024 17:24
LRN#	: RAD2260875	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 101296		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (13.8 cms) with increased echogenicity. No focal lesion is seen. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen. PV and CBD normal.

Spleen appears normal (7.9 cms). No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

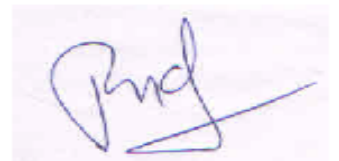
Right kidney - 10.9 x 4.4 cms. **Left kidney** -10.9 x 5.5 cms.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size 3.6 x 3.2 x 3.5 cms (Vol 22.0 ml) and echo texture.

IMPRESSION:- * GRADE I FATTY LIVER.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology

Patient Name	: Mr. NARESH P	Age/Gender	: 43 Y/M
UHID/MR No.	: CVEL.0000142373	OP Visit No	: CVELOPV200698
Sample Collected on	:	Reported on	: 09-03-2024 16:41
LRN#	: RAD2260875	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 101296		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .


Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Name: Mr. NARESH P
Age/Gender: 43 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000142373
Visit ID: CVELOPV200698
Visit Date: 09-03-2024 08:15
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. NARESH P
Age/Gender: 43 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. V J NIRANJANA BHARATHI

MR No: CVEL.0000142373
Visit ID: CVELOPV200698
Visit Date: 09-03-2024 08:15
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. NARESH P
Age/Gender: 43 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
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MR No: CVEL.0000142373
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Visit Date: 09-03-2024 08:15
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

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IMPRESSION

RECOMMENDATION

Doctor's Signature

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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 16:29	78 Beats/min	110/70 mmHg	20 Rate/min	98.4 F	173 cms	77 Kgs	%	%	Years	25.73	cms	cms	cms		AHLL05400

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 16:29	78 Beats/min	110/70 mmHg	20 Rate/min	98.4 F	173 cms	77 Kgs	%	%	Years	25.73	cms	cms	cms		AHLL05400

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 16:29	78 Beats/min	110/70 mmHg	20 Rate/min	98.4 F	173 cms	77 Kgs	%	%	Years	25.73	cms	cms	cms		AHLL05400

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 16:29	78 Beats/min	110/70 mmHg	20 Rate/min	98.4 F	173 cms	77 Kgs	%	%	Years	25.73	cms	cms	cms		AHLL05400

Fwd: Health Check up Booking Confirmed Request(bobE12914),Package Code-PKG10000476, Beneficiary Code-309415

Naresh P <NARESH.P@bankofbaroda.com>

Sat 3/9/2024 8:15 AM

To:Velachery Apolloclinic <velachery@apolloclinic.com>

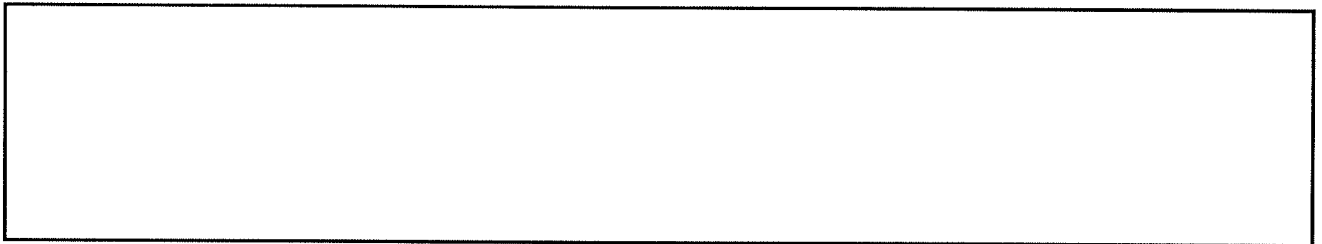
142 373

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From: Mediwheel <wellness@mediwheel.in>
Sent: Tuesday, March 5, 2024 6:17:46 pm
To: Naresh P <NARESH.P@bankofbaroda.com>
Cc: customercare@mediwheel.in <customercare@mediwheel.in>
Subject: Health Check up Booking Confirmed Request(bobE12914),Package Code-PKG10000476, Beneficiary Code-309415

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011-41195959

Dear **MR. P NARESH,**

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

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Name of Diagnostic/Hospital : Apollo Clinic - Velachery

Address of Diagnostic/Hospital- Apollo Clinic, Plot no:46, 7th street, Near Vijayanagar bus stand, Tansi nagar, Velachery - 600042

City : Chennai

State :

Pincode : 600042

Appointment Date : 09-03-2024



બંક ઝીન સંહી
Bank of Baroda

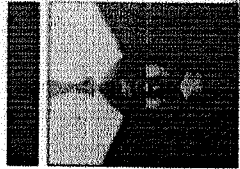
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Name MANESH P

EO No. 175042

Handwritten signature

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Issuing Authority



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Signature of Holder

Patient Name : Mr. NARESH P Age : 43 Y/M
UHID : CVEL.0000142373 OP Visit No : CVELOPV200698
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 09-03-2024 13:45
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.1 CM
LA (es)	3.2 CM
LVID (ed)	3.7 CM
LVID (es)	2.4 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	65.00%
%FD	35.00%
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:	

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NO REGIONAL WALL MOTION ABNORMALITY

Doppler studies

AV max 1.3 m/s; PG5.7 mmHg;

PV max 1.3 m/s; PG5.0 mmHg;

MV E 0.8 m/s; MV A0.6 m/s;

TV E 0.6 m/s; TV A 0.4 m/s.

Impression

*NO REGIONAL WALL MOTION ABNORMALITY;

*NORMAL LEFT VENTRICULAR IN SIZE AND SYSTOLIC FUNCTION;

* NO PERICARDIAL EFFUSION/PULMONARY ARTERY HYPERTENSION;



DR SHANMUGA SUNDARAM D

Patient Name : Mr. NARESH P Age : 43 Y/M
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CONSULTANT CARDIOLOGIST