





: Mr.SWARUP NAYAK

Age/Gender

: 41 Y 3 M 0 D/M

UHID/MR No

: CMAR.0000343065

Visit ID

: CMAROPV785140

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 168451 Collected

: 10/Mar/2024 12:02PM

Received

: 10/Mar/2024 02:19PM : 10/Mar/2024 05:02PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	12.4	g/dL	13-17	Spectrophotometer
PCV	38.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	79.7	fL	83-101	Calculated
MCH	25.9	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	16.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,020	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	58.4	%	40-80	Electrical Impedance
LYMPHOCYTES	31.7	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3515.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1908.34	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	120.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	451.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.08	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.84		0.78- 3.53	Calculated
PLATELET COUNT	227000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

Vigna

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



Page 1 of 15

SIN No:BED240064401

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

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DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.

Note: Kindly evaluate for iron deficiency status.

Kindly correlate clinically.

Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 2 of 15



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA	A		
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 3 of 15



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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	167	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:

- 1.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
- 2. 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)	277	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

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			

Page 4 of 15

DR.SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

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



SIN No:EDT240029370

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Age/Gender





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DEPARTMENT OF BIOCHEMISTRY

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HBA1C, GLYCATED HEMOGLOBIN	7.4	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	166	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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic
- Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST

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

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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	241	mg/dL	<200	CHO-POD
TRIGLYCERIDES	347	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	63	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	69.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.82		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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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



SIN No:SE04657053

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DEPARTMENT OF BIOCHEMISTRY

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

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

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.04	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	87.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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, Wilsons'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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.97	mg/dL	0.67-1.17	Jaffe's, Method
UREA	29.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.30	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.86	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<55	IFCC

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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
THYROID PROFILE TOTAL (T3, T4, TSH)	SERUM	<u>'</u>		
TRI-IODOTHYRONINE (T3, TOTAL)	1.11	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.4	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.235	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	Т3	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

Page 11 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24042880

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK









: Mr.SWARUP NAYAK

Age/Gender

: 41 Y 3 M 0 D/M

UHID/MR No

: CMAR.0000343065

Visit ID Ref Doctor : CMAROPV785140

Emp/Auth/TPA ID

: Dr.SELF

: 168451

Collected

: 10/Mar/2024 12:02PM

Received

: 10/Mar/2024 02:32PM : 10/Mar/2024 03:18PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 12 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24042880

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APOLLO CLINICS NETWORK









: Mr.SWARUP NAYAK

Age/Gender

: 41 Y 3 M 0 D/M

UHID/MR No

: CMAR.0000343065

Visit ID

: CMAROPV785140

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 168451 Collected

: 10/Mar/2024 12:02PM

Received Reported : 10/Mar/2024 02:32PM : 10/Mar/2024 03:08PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	0.880	ng/mL	0-4	CLIA
ANTIGEN (tPSA), SERUM				

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.

Manufacturer: BECKMAN COULTER

Page 13 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24042880

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK









: Mr.SWARUP NAYAK

Age/Gender

: 41 Y 3 M 0 D/M

UHID/MR No

: CMAR.0000343065

Visit ID

: CMAROPV785140

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 168451 Collected

: 10/Mar/2024 12:02PM

Received

: 10/Mar/2024 03:22PM : 10/Mar/2024 04:26PM

Reported 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
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	1.020		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
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

Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 14 of 15



SIN No:UR2302305

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK









: Mr.SWARUP NAYAK

Age/Gender

: 41 Y 3 M 0 D/M

UHID/MR No

: CMAR.0000343065

Visit ID

: CMAROPV785140

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 168451

Collected

: 10/Mar/2024 12:02PM

Received Reported : 10/Mar/2024 03:22PM

Status

: 10/Mar/2024 04:23PM

: 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)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 15 of 15

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

SIN No:UF011146

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









CERTIFICATE OF MEDICAL FITNESS

This is to certify that Thave conducted the clinical examination

After r	reviewing the medical history and on clinical examination it has been found	
		Tic
•	Medically Fit	
•	Fit with restrictions/recommendations	
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
	1	
	2	
	3	
	However the employee should follow the advice/medication that has been communicated to him/her.	
	Review after	
•	Currently Unfit.	
	Review afterrecommended	
•	Unfit Unfit	
	Dr.	
	Medical Officer	

This certificate is not meant for medico-legal purposes



Patient Name : Mr. SWARUP NAYAK Age/Gender : 41 Y/M

UHID/MR No.

: CMAR.0000343065

OP Visit No

: CMAROPV785140

Sample Collected on

: RAD2262884

Reported on

: 11-03-2024 13:38

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 168451 Specimen

.

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. NAVEEN KUMAR KMBBS, DMRD Radiology, (DNB)

Nauen, C

Radiology



Apollo Medical Expertise. Closer to you.

Date

: 10-03-2024

Department

GENERAL

MR NO

: CMAR.0000343065

Doctor

Name

: Mr. SWARUP NAYAK

Registration No

Qualification

\dagger Gender : 41 Y / Male

Consultation Timing: 08:24

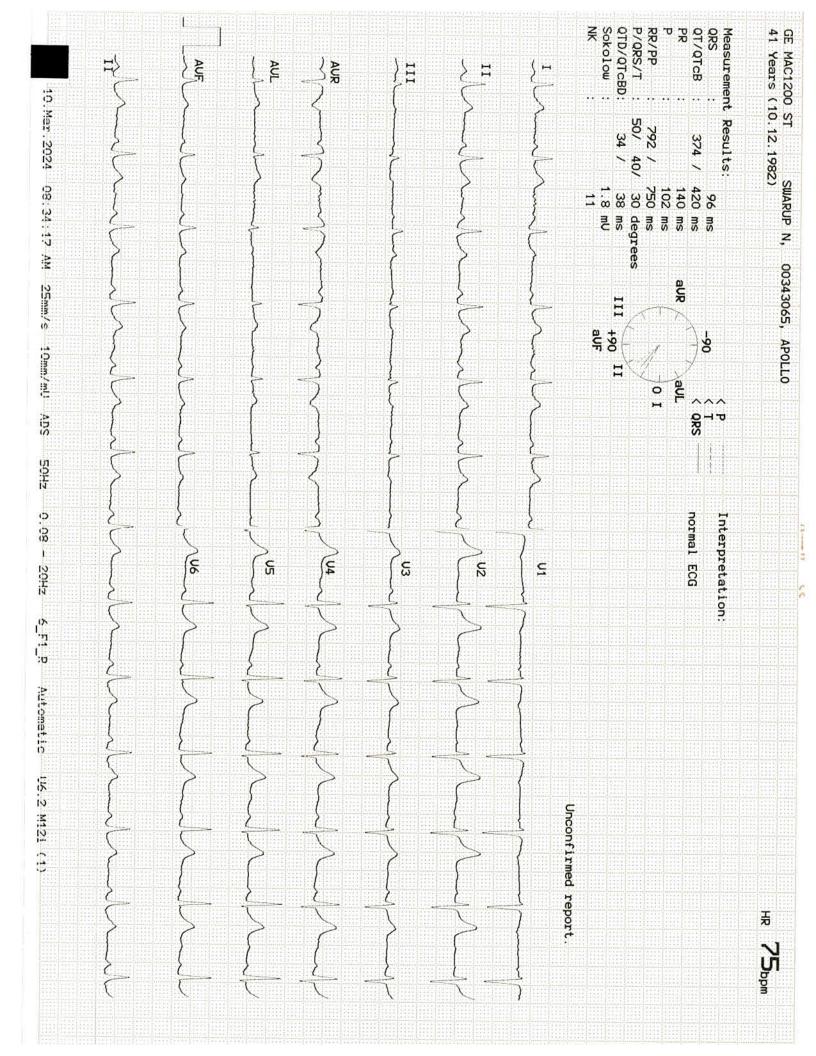
Height: 172cm	Weight: 67 Kg	вмі:	Waist Circum	
Temp :	Pulse: 90 hm	Resp:	B.P: 120/	Some

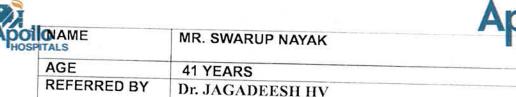
General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature





Apollo Medical
DATE C19/03/24
SEX Expertise Marser to you.
BILL NO: 113889

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DOPPLER	VALU	ES(m/sec)
AO(ed)	25mm	25 - 37 mm	MV	E:0.9	A:0.5
LA(es)	30mm	19 - 40 mm	AV	0.8	
LVID(es)	29mm	24 - 42 mm	PV	0.7	
LVID(ed)	46mm	35 - 55 mm			
IVS(ed)	11mm	06 – 11mm			
LVPW(ed)	65mm	06 – 11mm			<u> </u>
EF	65%	(50 – 70%)			
ГАРЅЕ	21	>17mm			

MORPHOLOGICAL DATA

Situs	Solitus	
Cardiac position	Levocardia	
Systemic veins	Normal	
Pulmonary veins	Normal	15
Mitral valve	Normal	
Aortic Valve	Normal	
Tricuspid Valve	Normal	
Pulmonary Valve	Normal	
Right Ventricle	Normal	
Left Ventricle	Normal	
nteratrial Septum	Intact	
nterventricular Septum	Intact	-

(CIN - U85110TG2000PI C046089) Read Office #7-1-617/A 615 2-616 Imperial Toward 7th Floor: American Livershot Tolorons 500 029 | Empirican Liversho

Apollo Medical
Normal

Aorta

Normal

Normal

Normal

Normal

Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal
IMPRESSION	Normal cardiac chambers Normal valves Normal LV systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi

Dr.VAGADEESH HV Consultant Cardiologist KMC No. 86848





: Mr. SWARUP NAYAK

: CMAR.0000343065

Reported on

UHID

: 10-03-2024 11:48

Adm/Consult Doctor

Age

: 41 Y M

OP Visit No

: CMAROPV785140

Printed on

: 10-03-2024 11:54

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

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

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal.

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

Right kidney measures 9.7 x 4.8 cm

Left kidney measures 9.6 x 5.9 cm

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

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

IMPRESSION:

Few small calcifications seen in right lobe of liver , largest 3.7 mm .

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Report disclaimer:

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
- 2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3. Printing mistakes should immediately be brought to notice for correction.





: Mr. SWARUP NAYAK

Age

: 41 Y M

UHID

: CMAR.0000343065

OP Visit No

: CMAROPV785140

Reported on

: 10-03-2024 11:48

Printed on

: 10-03-2024 11:54

Adm/Consult Doctor

Ref Doctor

: SELF

Printed on:10-03-2024 11:48

---End of the Report---

Or. RAMESH G MBBS DMRD RADIOLOGY



: 10-03-2024 11:54

Patient Name : Mr. SWARUP NAYAK Age/Gender : 41 Y/M

UHID/MR No. : CMAR.0000343065 **OP Visit No** : CMAROPV785140

Reported on

Ref Doctor : SELF Emp/Auth/TPA ID : 168451

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

Sample Collected on

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

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- 3. Printing mistakes should immediately be brought to notice for correction.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

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

From: Mediwheel < wellness@mediwheel.in>

Date: Sat, 9 Mar, 2024, 2:34 pm

Subject: Health Check up Booking Confirmed Request(bobE14002), Package Code-PKG10000367,

Beneficiary Code-300193 To: <swarup.nk@gmail.com>

Cc: <customercare@mediwheel.in>



011-41195959

Dear Swarup nayak,

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

Hospital Package

Name

: Mediwheel Full Body Annual Plus Above 50 Male

Patient Package

Name

: Mediwheel Full Body Health Checkup Male Above 40

Name of

Diagnostic/Hospital

: Apollo Clinic- Marathahalli

Apollo Clinic, 673/A, Shriram Samruddhi Apartments, Varthur Diagnostic/Hospital
Road, Near Kundalahalli Signal, Whitefield, BEML Layout,

Brookefield - 560066

City : Bangalore

State

Pincode : 560066

Appointment Date : 10-03-2024

Confirmation Status: Booking Confirmed

Preferred Time : 8:00am

: Booking Confirmed **Booking Status**

Member Inform	nation	
Booked Member Name	Age	Gender
MR. NAYAK SWARUP	41 year	Male

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
- 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

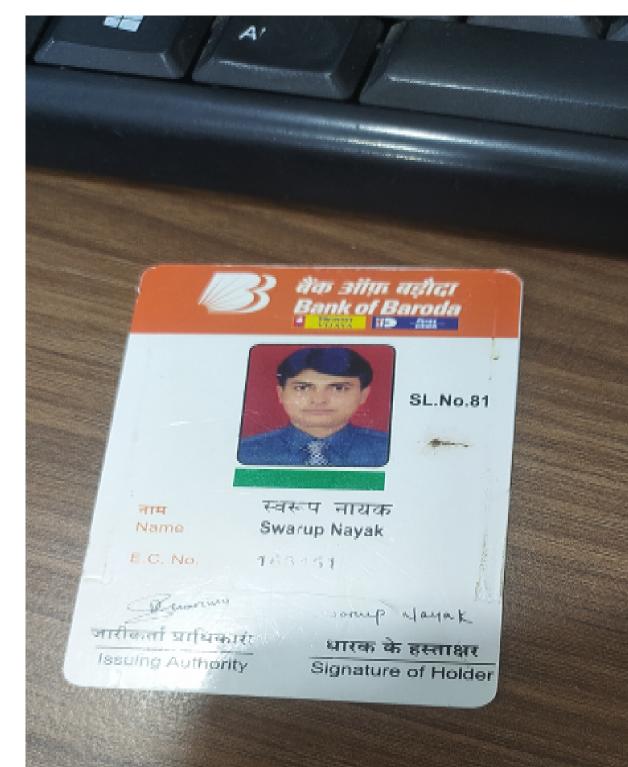




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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)



Patient Name : Mr. SWARUP NAYAK Age : 41 Y/M

UHID : CMAR.0000343065 OP Visit No : CMAROPV785140 Conducted By: : Dr. JAGADEESH H V Conducted Date : 10-03-2024 16:35

Referred By : SELF

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	35mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
RVID(ed)	17mm	07 - 21 mm	EF	60 %	(50 – 70 %)
LVID(ed)	45mm	35 - 55 mm	%FD	30%	(25 - 40%)
LVID(es)	30mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

Patient Name : Mr. SWARUP NAYAK Age : 41 Y/M

UHID : CMAR.0000343065 OP Visit No : CMAROPV785140 Conducted By: : Dr. JAGADEESH H V Conducted Date : 10-03-2024 16:35

Referred By : SELF

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers
	Normal valves
	Normal LV Systolic function
	No pulmonary hypertension
	No RWMA at rest
	Normal pericardium,
	No intracardiac masses / thrombi

Dr. Jagadeesh H V Consultant Cardiologist KMC No. 86848