


Patient Name	: Mr.PRAKASH NAVIN	Collected	: 18/Apr/2024 08:07AM
Age/Gender	: 34 Y 6 M 10 D/M	Received	: 18/Apr/2024 10:05AM
UHID/MR No	: CMYS.0000060513	Reported	: 18/Apr/2024 11:44AM
Visit ID	: CMYSOPV124574	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 632101472966		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

SIN No:BED240104116




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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	13.7	g/dL	13-17	Spectrophotometer
PCV	42.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.3	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	98	fL	83-101	Calculated
MCH	32	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.8	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3180.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2343.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	291.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	359.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.36		0.78- 3.53	Calculated
PLATELET COUNT	146000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.C: Majority are normocytic normochromic.



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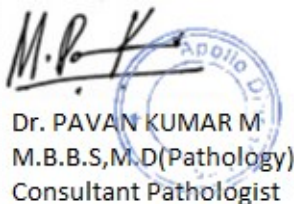
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

W.B.C: normal in number with normal morphology and distribution.  
Platelets: mildly reduced in number and are seen in singles and clumps.  
Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD THROMBOCYTOPENIA.**



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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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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	103	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  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)	110	mg/dl	70-140	GOD, POD

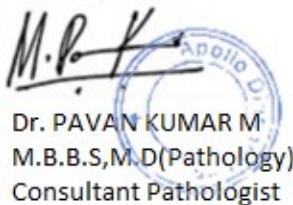
Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC

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

ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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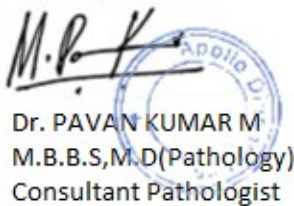
**Comment:**

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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	198	mg/dl	0-200	CHOD
TRIGLYCERIDES	136	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	<b>32</b>	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	<b>166</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>139.01</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.21	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.23</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.27</b>		<0.11	Calculated

**Comment:**

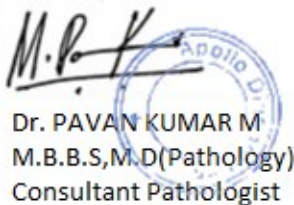
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.12	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.30</b>	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.82	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>48</b>	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>38.0</b>	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	120.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.20	g/dl	6.4-8.3	Biuret
ALBUMIN	4.82	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.38	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.03</b>		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:**

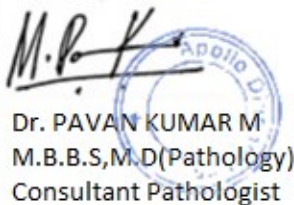
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.



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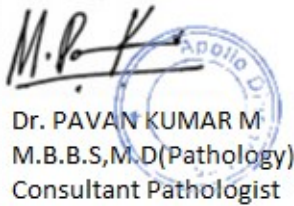


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>1.18</b>	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	23.51	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	11.0	mg/dl	6-20	Urease, UV
URIC ACID	<b>8.00</b>	mg/dL	3.5-7.2	Uricase
CALCIUM	9.26	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.81	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.20	g/dl	6.4-8.3	Biuret
ALBUMIN	4.82	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.38	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.03</b>		0.9-2.0	Calculated



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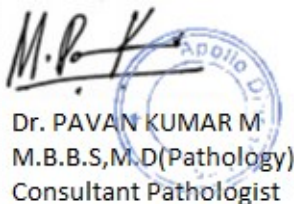


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	30.00	U/l	0-55	IFCC

  
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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	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.67	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.530	µIU/mL	0.35-4.94	CMIA

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



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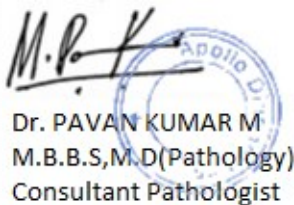


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UHID/MR No : CMYS.0000060513	Reported : 18/Apr/2024 12:58PM
Visit ID : CMYSOPV124574	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 632101472966	

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	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/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. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2332326



Patient Name : Mr.PRAKASH NAVIN	Collected : 18/Apr/2024 08:07AM
Age/Gender : 34 Y 6 M 10 D/M	Received : 18/Apr/2024 12:35PM
UHID/MR No : CMYS.0000060513	Reported : 18/Apr/2024 12:58PM
Visit ID : CMYSOPV124574	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 632101472966	

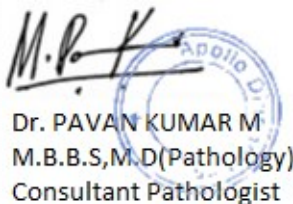
**DEPARTMENT OF CLINICAL PATHOLOGY**

**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 \*\*\*



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

SIN No:UF011642



<b>Name</b> : Mr. PRAKASH NAVIN  <b>Address</b> : MYSORE <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 34 Y <b>Sex</b> : M	<b>UHID</b> :CMYS.0000060513  <b>OP Number</b> :CMYSOPV124574 <b>Bill No</b> :CMYS-OCR-22998 <b>Date</b> : 18.04.2024 08:02
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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>D ECHO</del> ——— P	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>DIET CONSULTATION</del> ——— P	
<del>7</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>8</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	8 3
<del>9</del>	<del>PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ECG</del>	166
<del>11</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>12</del>	<del>DENTAL CONSULTATION</del>	120/80
<del>13</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</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</del>	
<del>17</del>	<del>ENT CONSULTATION</del> ——— P	
<del>18</del>	<del>FITNESS BY GENERAL PHYSICIAN</del> ——— P	
<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</del>	
<del>23</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>24</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	



Date : 18-04-2024  
MR NO : CMYS.0000060513

Department : GENERAL  
Doctor : ophthal

Name : Mr. PRAKASH NAVIN

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Consultation Timing: 08:01

Height : 160	Weight : 83	BMI :	Waist Circum :
Temp : N	Pulse : 90/min	Resp : 30/min	B.P : 120/80

General Examination /  
Allergies History

NO -

Clinical Diagnosis & Management Plan

Not wearing corrected vision  
Spectacles  
Occasionally Having Eye pain  
Headache etc

Not on any regular Medication.  
No H/o T4 II DM / HTN.

vision	(R)	(L)
Far.	C6	C6
Near	6/6	6/6
colour	N	N.

Follow up date :

Doctor Signature  
**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Regular Eye check.

Date : 18-04-2024  
MR NO : CMYS.0000060513

Department : GENERAL  
Doctor : Dr. Umesh HB

Name : Mr. PRAKASH NAVIN

Registration No : 67084  
Qualification : MBBS - MD

Age/ Gender : 34 Y / Male

Consultation Timing: 08:01

Height : 170	Weight : 83	BMI :	Waist Circum :
Temp :	Pulse : 70	Resp : 20	B.P : 120/80

General Examination /  
Allergies History

WS  
RS  
PM / NAs

Clinical Diagnosis & Management Plan

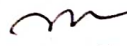
Adh

I = overweight - (30)  
O/D

II = ALT D3 60k once - (5)  
a Week

Regular Exam

Follow up date :

  
Doctor Signature  
**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Date : 18-04-2024

Department : GENERAL (Ent)

MR NO : CMYS.0000060513

Doctor :

Name : Mr. PRAKASH NAVIN

Registration No : Dr. Praveen Kumar

Age/ Gender : 34 Y / Male

Qualification : MS (ENT)

Consultation Timing: 08:01

Height : 160	Weight : 83	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Came for regular checkup

Deviated nasal septum to (R)

Ear - Bicaudal TM - normal

Note nasal mucosa pale.

Deviated nasal septum

to (R). HES

oral cavity & oropharynx - (N)

neck - (N)

Follow up date :

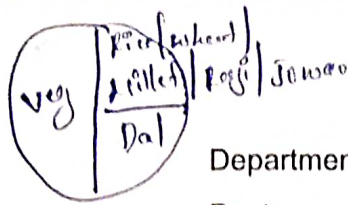
As

Suggested Septoplasty + functional rhinoplasty

LC

PK

Apollo Clinic  
Doctor's Signature  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41



Dietetics  
GENERAL (Diet)

Date : 18-04-2024  
MR NO : CMYS.0000060513

Department : GENERAL (Diet)  
Doctor : Madhura . B . P

Name : Mr. PRAKASH NAVIN

Registration No :

Age/ Gender : 34 Y / Male

Qualification : M.Sc Nutrition & Dietetics  
PhD\*

Consultation Timing: 08:01

T.Bcm - 60kg

Height : 160	Weight : 83	BMI : 32 kg/m <sup>2</sup>	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Vitamin B<sub>12</sub> - 158

HDL - 32

Non HDL - 166

LDL - 139.01

chol / HDL - 6.23

uric acid - 8.00

- H/O - Constipation
- ⇒ Advised low calorie, high protein diet with fiber rich foods.
  - ⇒ Take small frequent meals, do not skip meals.
  - ⇒ Include all variety of seasonal fruits, vegetables and green leafy vegetables.
  - ⇒ Include nuts like Almonds, walnuts and dry - fruits like dried dates & raisins.
  - ⇒ Include seeds like Flaxseeds, Pumpkin seeds, Sesame seeds, watermelon seeds & sunflower seeds - 1 Teaspoon each, dry roasted.
  - ⇒ Avoid alcohol, sugar, too much of salt, eating soda & creams.

Follow up date :

Doctor Signature

- ⇒ Avoid bakery products, chats, junk foods, deep fried foods, packed & processed foods.

Madhura . B . P 18/4/2024

Date : 18-04-2024  
MR NO : CMYS.0000060513

Department : GENERAL  
Doctor : *Dental*

Name : Mr. PRAKASH NAVIN

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Consultation Timing: 08:01

Height : <i>160</i>	Weight : <i>83</i>	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : <i>120/80</i>

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

*Cat, SGT*

*ADU- oral prophylaxis*

*Gen Teeth affliction noted*

Follow up date :

*Joshi*  
**Apollo Clinic**  
Doctor Signature  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Prakash. Navin on 18/04/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after: _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	

Dr.   
 Medical Officer  
 The Apollo Clinic, Mysore.

**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalidasa Road, Mysore - 02  
 Ph : 0821-4006040/41

*This certificate is not meant for medical legal purposes.*

MR PRAKASH NAVIN

Male 34Years

160cm 3kg 120/80 mmHg

Diagnosis Information:

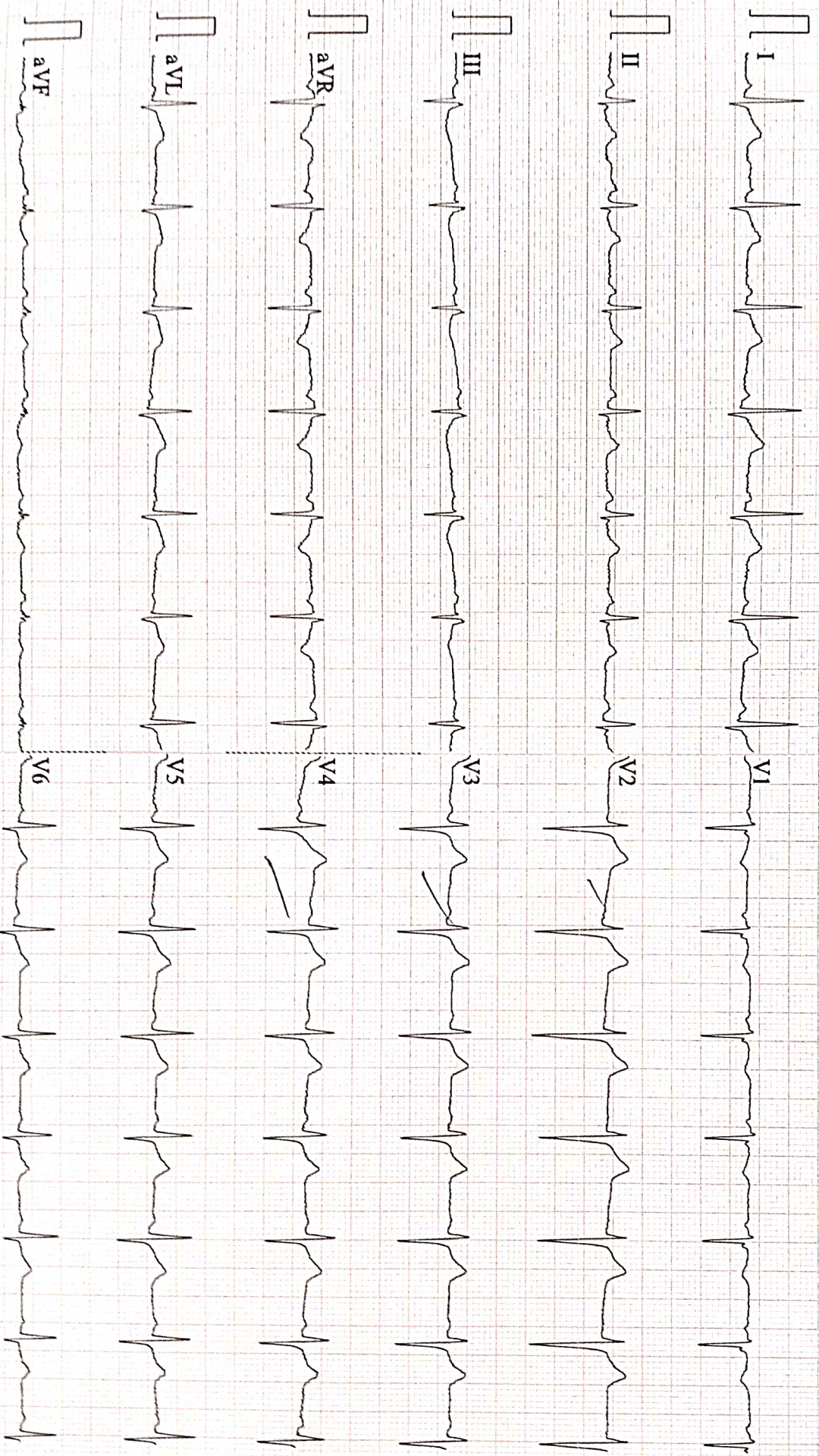
**Apollo Clinic**

# 23, 1st Floor,

Kalidasa Road, Mysore - 02

Ph : 0821-4006040/41

Unconfirmed Report.



Patient Name : Mr. PRAKASH NAVIN  
UHID : CMYS.0000060513  
Reported on : 18-04-2024 16:13  
Adm/Consult Doctor :

Age : 34 Y M  
OP Visit No : CMYSOPV124574  
Printed on : 18-04-2024 16:14  
Ref Doctor : SELF

**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.

**IMPRESSION :NORMAL STUDY .**

Printed on:18-04-2024 16:13

---End of the Report---

  
**Dr. CHETAN HOLEPPAGOL**  
MBBS, DNB(RADIO DIAGNOSIS)  
**Apollo Clinic** Radiology  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

**Apollo Health and Lifestyle Limited**

ICMR : U65110TG2000PLC115819  
Regd. Office : 1, 10/43/62, Ashoka Rajghat Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
Ph: No. 040 4304 7777 | Fax: No. 4304 7744 | Email ID: enquiry@apollohosp.com | www.apollohosp.com

**APOLLO CLINICS NETWORK KARNATAKA**

Bangalore : Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |  
Koramangala | Sarjapur Road | Mysore : VV Mohalla

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Patient's Name : Mr. PRAKASH NAVIN	Age & Sex; 34Yrs /male
Date : 18.04.2024	UHID No:060513

## 2D ECHOCARDIOGRAPHY STUDY

### Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 67 %
- No clots. No pericardial effusion

### Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

#### **Apollo Health and Lifestyle Limited**

ICIN: U85110TG2000PLC115819

Regd. Office: T-10-BD-62, Ashoka Kaigupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No. (040) 4904 7777. Fax No. 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Koramangala | Sarjapur Road) Mysore (VV Mahalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name: Mr. Prakash Navin	Date: 18.04.2024	Referring Doctor: Self
Age / Sex : 34yrs /Male	UHID :60513	
<b>ULTRASONOGRAPHY – ABDOMEN &amp; PELVIS</b>		

**LIVER:** It is normal in size, outline and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is distended and normal. No evidence of calculi.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It measures 9.4cm with parenchymal thickness of 1.6 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 8.9 cm with parenchymal thickness of 1.3 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

**PROSTATE:** It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

**IMPRESSION:** NORMAL STUDY.

Dr. Raghuveer Suh's Prasad, DNB  
Consultant Radiologist.

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

**Apollo Health and Lifestyle Limited**

ICD# U85110TG2000PLC115819

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

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

**Patient Name** : Mr. PRAKASH NAVIN

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

**UHID/MR No.** : CMYS.0000060513

**OP Visit No** : CMYSOPV124574

**Sample Collected on** :

**Reported on** : 18-04-2024 16:14

**LRN#** : RAD2303288

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 632101472966

---

**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.

**IMPRESSION :NORMAL STUDY .**

**Dr. CHETAN HOLEPPAGOL**  
**MBBS, DNB(RADIO DIAGNOSIS)**  
Radiology

**Patient Name** : Mr. PRAKASH NAVIN

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

**UHID/MR No.** : CMYS.0000060513

**OP Visit No** : CMYSOPV124574

**Sample Collected on** :

**Reported on** : 18-04-2024 12:34

**LRN#** : RAD2303288

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 632101472966

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** It is normal in size, outline and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is distended and normal. No evidence of calculi.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It measures 9.4cm with parenchymal thickness of 1.6 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 8.9 cm with parenchymal thickness of 1.3 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

**LOSTATE:** It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

**IMPRESSION: NORMAL STUDY.**

. Raghuvver Suhas Prasad, DNB

Consultant Radiologist.

**Dr. CHETAN HOLEPPAGOL**  
**MBBS, DNB(RADIO DIAGNOSIS)**  
Radiology

Name: Mr. PRAKASH NAVIN  
Age/Gender: 34 Y/M  
Address: MYSORE  
Location: MYSORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: MYSORE\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000060513  
Visit ID: CMYSOPV124574  
Visit Date: 18-04-2024 08:01  
Discharge Date:  
Referred By: SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS:::: For Routine Health Checkup,

## SYSTEMIC REVIEW

### \*\*Weight

--->: Stable,

Number of kgs: 75,

## HT-HISTORY

### Past Medical History

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: NILL,

## PHYSICAL EXAMINATION

### SYSTEMIC EXAMINATION

### IMPRESSION

### IMPRESSION

Finding Category : within normal limits,

## ECG

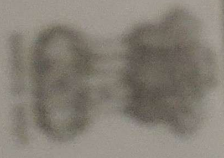
: NORMAL,

## RECOMMENDATION

## DISCLAIMER

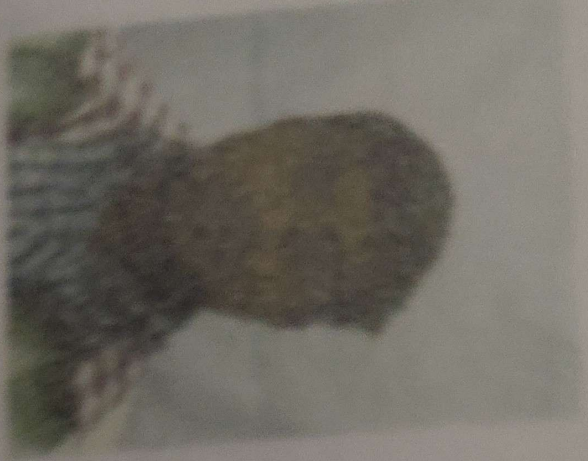
Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature



ಭಾರತ ಸರ್ಕಾರ

Government of India



ನವೀನ ಪ್ರಕಾಶ್

Navin Prakash

ಬಿ.ಬಿ. ಬಾಸ್ಕರಯ್ಯ ರಸ್ತೆ, 66 10 1000

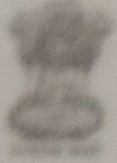
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Issue Date: 07-09-2021

6321 0147 2966

VID : 9137 6843 3927 3907

ಆಧಾರ್ . ನೆನಪಿ ಸುಖಮಾಡಿ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

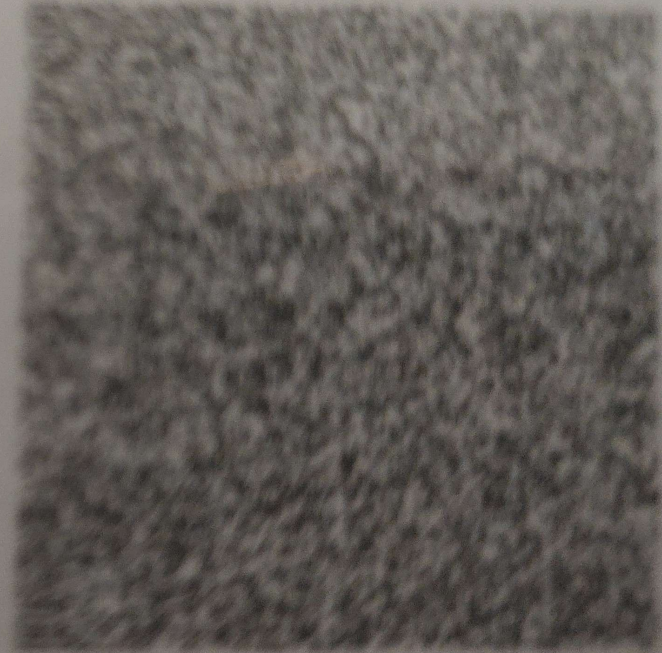


ವಿಳಾಸ:

ಕೆ.ಆರ್. ಆರ್. ಬಿರೇಂದ್ರ ಪ್ರಸಾದ್, ಪಿ.ಐ. ನಂ. 27 ಮುಖ್ಯ  
ರೋಡ್, ಮಡಿಕೇರಿ, ಕೊಡಗು,  
ಕರ್ನಾಟಕ - 571201

Address:

C/O: Birendra Prasad, pb no 27 main road,  
Madikeri, Kodagu,  
Karnataka - 571201



6321 0147 2966

VID : 9137 6843 3927 3907



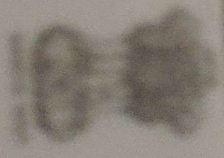
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help@uidai.gov.in

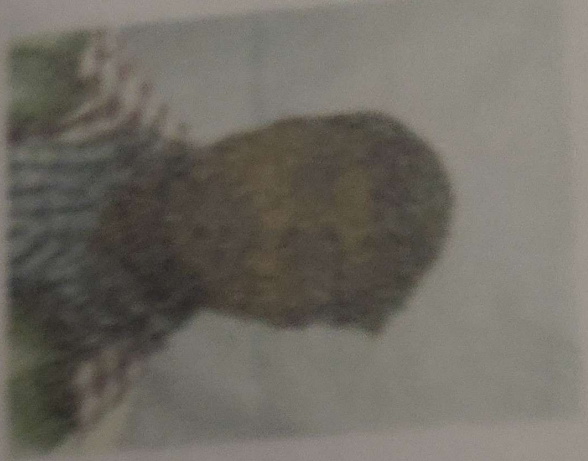


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Government of India



ನವೀನ ಪ್ರಕಾಶ್

Navin Prakash

ಬಿ.ಬಿ. ಬಾಸ್ಕರಯ್ಯ ರಸ್ತೆ, 66 10 1000

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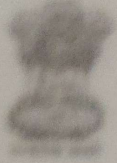
Issue Date: 07-09-2021

6321 0147 2966

VID : 9137 6843 3927 3907

ಆಧಾರ್ . ನೆನಪಿ ಸುಖಮಾಡಿ





ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

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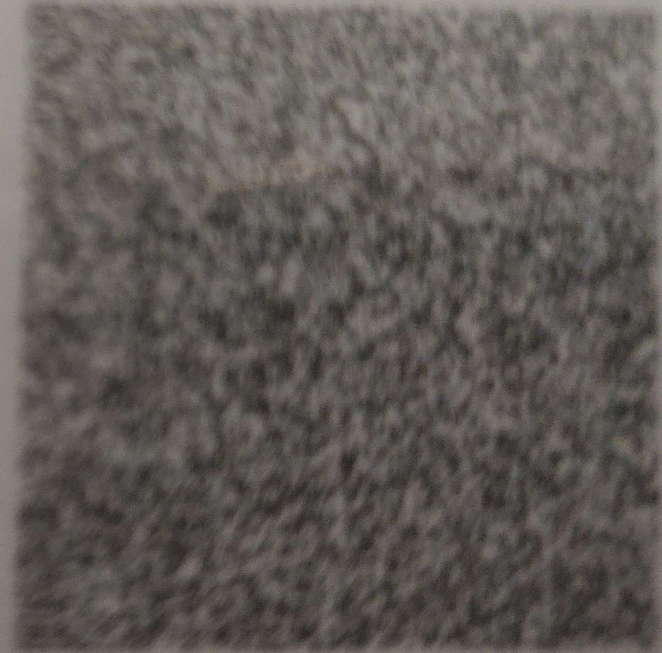


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