

Patient Name : Mr.SIVAKUMAR SHANDRASEKARAN	Collected : 29/Mar/2024 10:46AM
Age/Gender : 36 Y 3 M 28 D/M	Received : 29/Mar/2024 04:04PM
UHID/MR No : CELE.0000131183	Reported : 29/Mar/2024 06:26PM
Visit ID : CELEOPV346255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17857	

DEPARTMENT OF HAEMATOLOGY

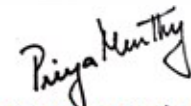
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	44.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.81	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92	fL	83-101	Calculated
MCH	31.6	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	11.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.2	%	40-80	Electrical Impedance
LYMPHOCYTES	37.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2872.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2025	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	210.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	286.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.42		0.78- 3.53	Calculated
PLATELET COUNT	252000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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SIN No:BED240087407

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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WBCs: are normal in total number with normal distribution and morphology.

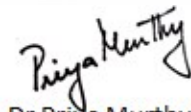
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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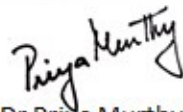
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	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)	95	mg/dL	70-140	HEXOKINASE

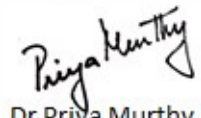
Comment:

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

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

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


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SIN No:EDT240040573

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

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

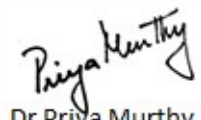
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	254	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	202	mg/dL	<130	Calculated
LDL CHOLESTEROL	184.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.88		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

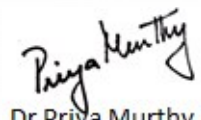
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.


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SIN No:SE04680814

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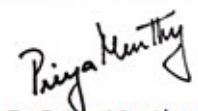
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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.

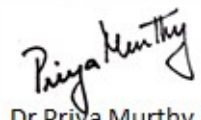
2. Cholestatic Pattern:

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



SIN No:SE04680814

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 Karnataka- 560034



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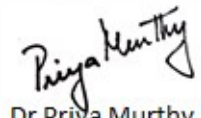
Patient Name : Mr.SIVAKUMAR SHANDRASEKARAN	Collected : 29/Mar/2024 10:46AM
Age/Gender : 36 Y 3 M 28 D/M	Received : 29/Mar/2024 04:32PM
UHID/MR No : CELE.0000131183	Reported : 29/Mar/2024 06:09PM
Visit ID : CELEOPV346255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17857	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.67-1.17	Jaffe's, Method
UREA	36.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	17.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.06	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.95	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated


Govinda Raju N L
 MSc, MPhil, (Phd)
 Consultant Biochemist


Dr Priya Murthy
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 Consultant Pathologist



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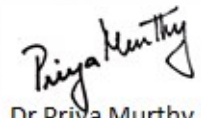
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<55	IFCC


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Patient Name : Mr.SIVAKUMAR SHANDRASEKARAN	Collected : 29/Mar/2024 10:47AM
Age/Gender : 36 Y 3 M 28 D/M	Received : 29/Mar/2024 04:39PM
UHID/MR No : CELE.0000131183	Reported : 29/Mar/2024 05:43PM
Visit ID : CELEOPV346255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17857	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.39	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.996	µIU/mL	0.34-5.60	CLIA

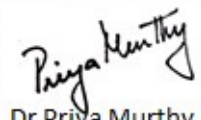
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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 Consultant Biochemist


Dr Priya Murthy
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 Consultant Pathologist



SIN No: SPL24059238

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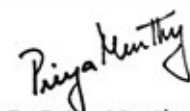
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Age/Gender : 36 Y 3 M 28 D/M
UHID/MR No : CELE.0000131183
Visit ID : CELEOPV346255
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobE17857

Collected : 29/Mar/2024 10:47AM
Received : 29/Mar/2024 04:39PM
Reported : 29/Mar/2024 05:43PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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


Govinda Raju N L
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Patient Name : Mr.SIVAKUMAR SHANDRASEKARAN	Collected : 29/Mar/2024 10:47AM
Age/Gender : 36 Y 3 M 28 D/M	Received : 29/Mar/2024 04:23PM
UHID/MR No : CELE.0000131183	Reported : 29/Mar/2024 07:14PM
Visit ID : CELEOPV346255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17857	

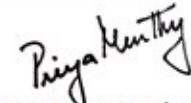
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/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. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UR2320222

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Age/Gender : 36 Y 3 M 28 D/M	Received : 29/Mar/2024 04:23PM
UHID/MR No : CELE.0000131183	Reported : 29/Mar/2024 06:55PM
Visit ID : CELEOPV346255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17857	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

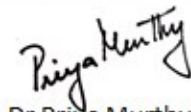
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UF011569

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

Patient Name : Mr. SIVAKUMAR Shandrasekaran

Age/Gender : 36 Y/M

UHID/MR No. : CELE.0000131183

OP Visit No : CELEOPV346255

Sample Collected on :

Reported on : 31-03-2024 16:06

LRN# : RAD2286525

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE17857

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: appear normal in size and echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal

GALL BLADDER: moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

PANCREAS: Normal to the extent visualized.

SPLEEN: normal in size and echo texture. No focal lesion noted.

KIDNEYS: Both kidneys are normal in size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus / hydronephrosis on both sides.

PELVIC ORGANS:

Urinary bladder is moderately distended and appears normal.

Prostate appear normal in size and echogenicity.

No free fluid in the abdomen and pelvis.

IMPRESSION:

- **No definitive sonological abnormality detected in present scan .**

To correlate clinically & with other investigations.

Not for medico-legal purpose

Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

Completed

Name : Mr. SIVAKUMAR Shandrasekaran

Age: 36 Y

UHID:CELE.0000131183

Address : e city

Sex: M



OP Number:CELEOPV346255

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :CELE-OCR-56368

Date : 29.03.2024 10:28

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) - 12	
2	2D ECHO (11)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION 25 by physician	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG - 138	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
X 12	DENTAL CONSULTATION - 15 - consent	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA - 9	
X 17	ENT CONSULTATION - 6 - consent	
18	FITNESS BY GENERAL PHYSICIAN - 25	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN - 5	
23	ULTRASOUND - WHOLE ABDOMEN - 8	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mr. SIVAKUMAR Shandrasekaran
UHID : CELE.0000131183
Reported on : 29-03-2024 17:20
Adm/Consult Doctor :

Age : 36 Y M
OP Visit No : CELEOPV346255
Printed on : 29-03-2024 17:21
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.

CONCLUSION :

No obvious abnormality seen

Printed on:29-03-2024 17:20

---End of the Report---


For **Dr. VIGNESH K**
MBBS, MD Radio-Diagnosis
Radiology

NAME:	Mr. SIVAKUMAR Shandrasekaran
AGE / SEX:	36 YRS/ MALE
DATE:	29/03/2024
REFERRED BY:	ARCOFEMI HEALTHCARE

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: appear normal in size and echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal

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PELVIC ORGANS:

Urinary bladder is moderately distended and appears normal.

Prostate appear normal in size and echogenicity.

No free fluid in the abdomen and pelvis.

IMPRESSION:

- ***No definitive sonological abnormality detected in present scan .***

To correlate clinically & with other investigations.

Not for medico-legal purpose



DR. VIGNESH K

CONSULTANT RADIOLOGIST

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi 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

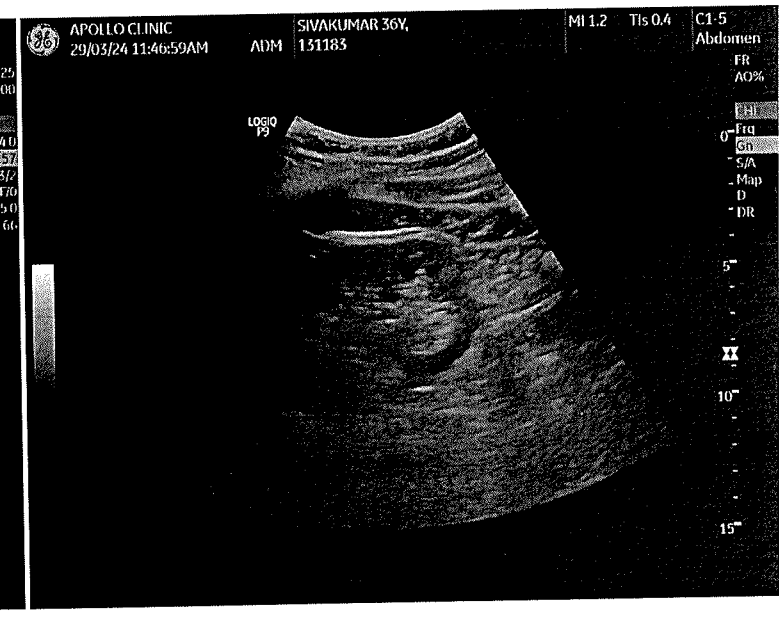
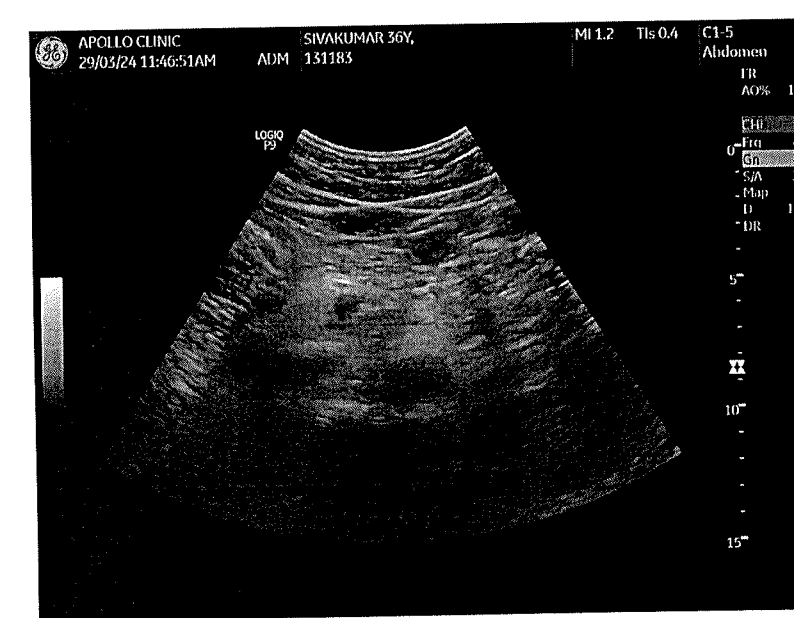
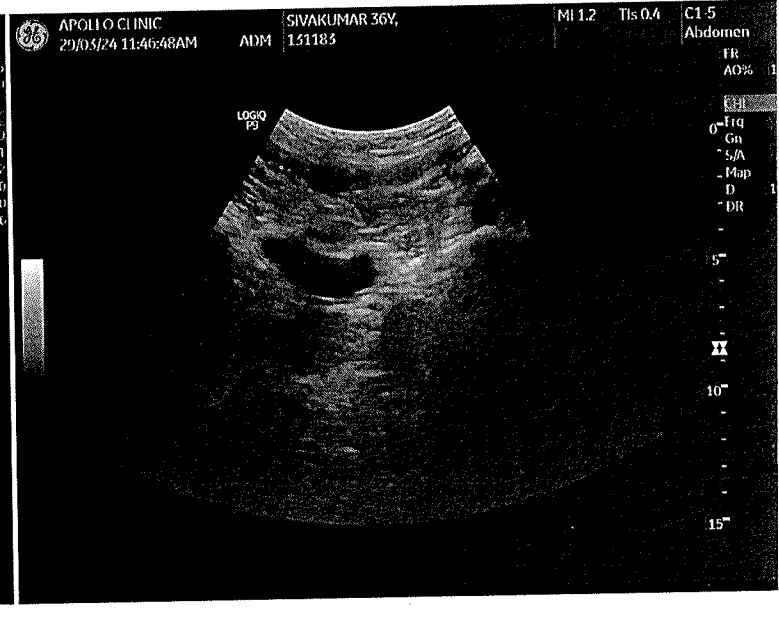
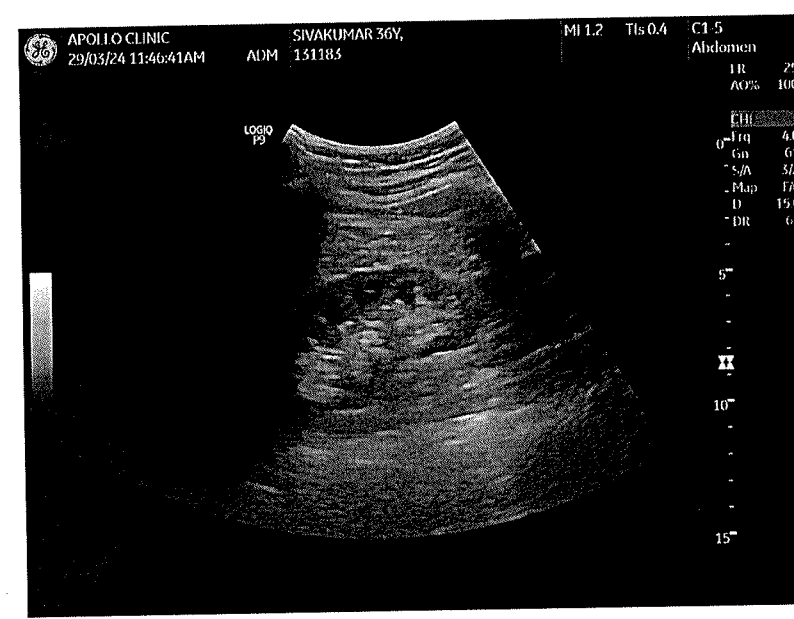
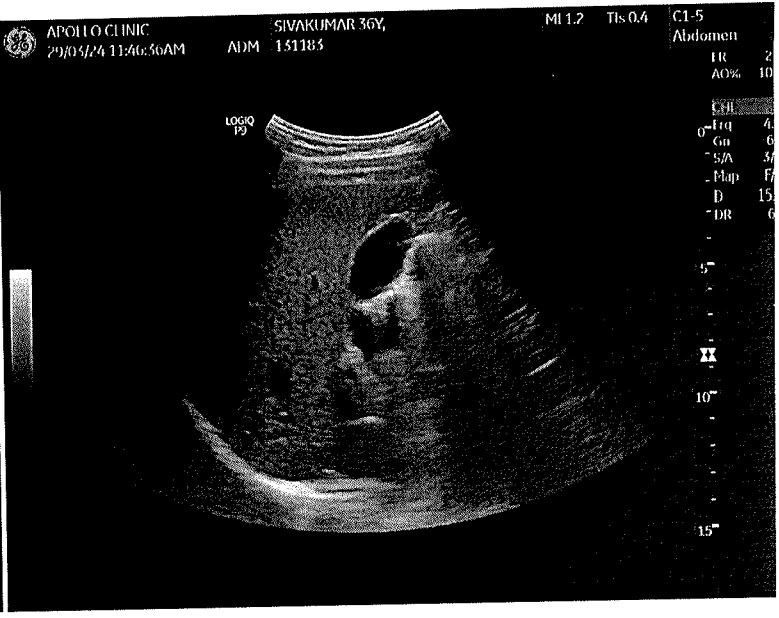
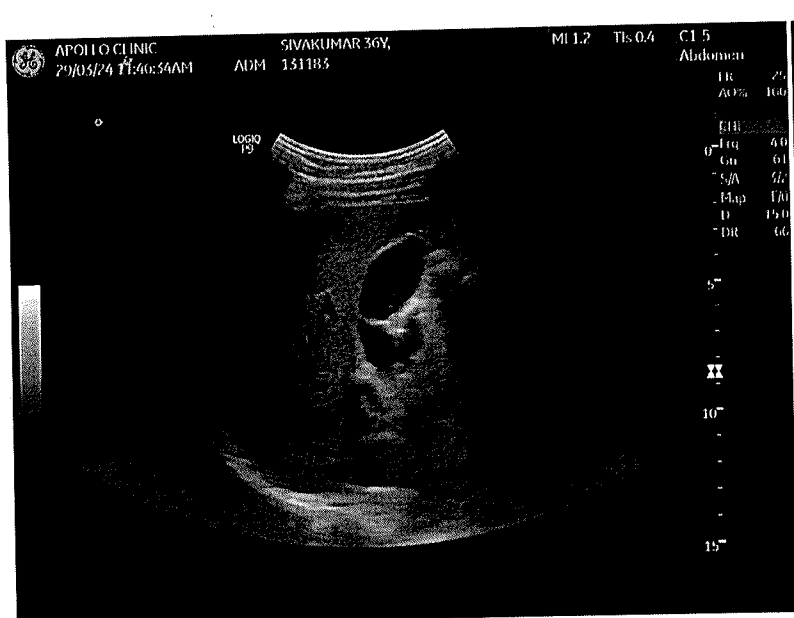
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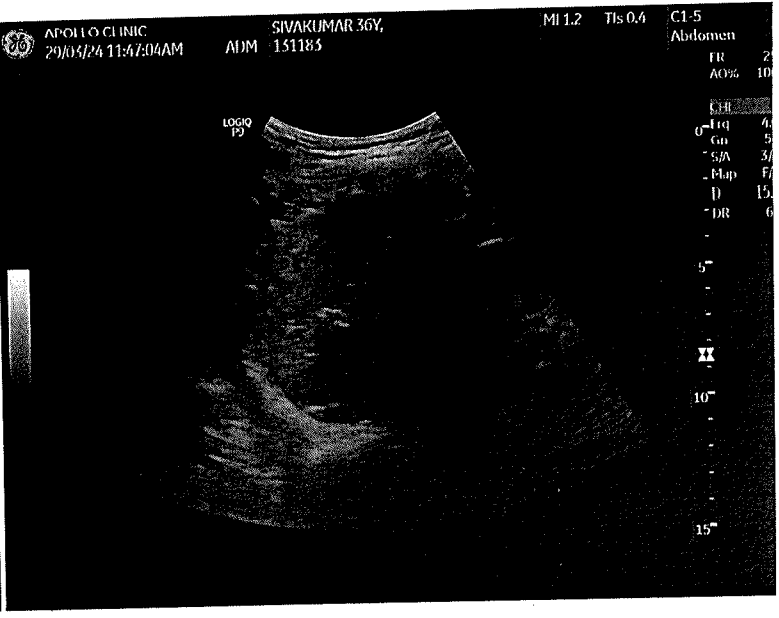
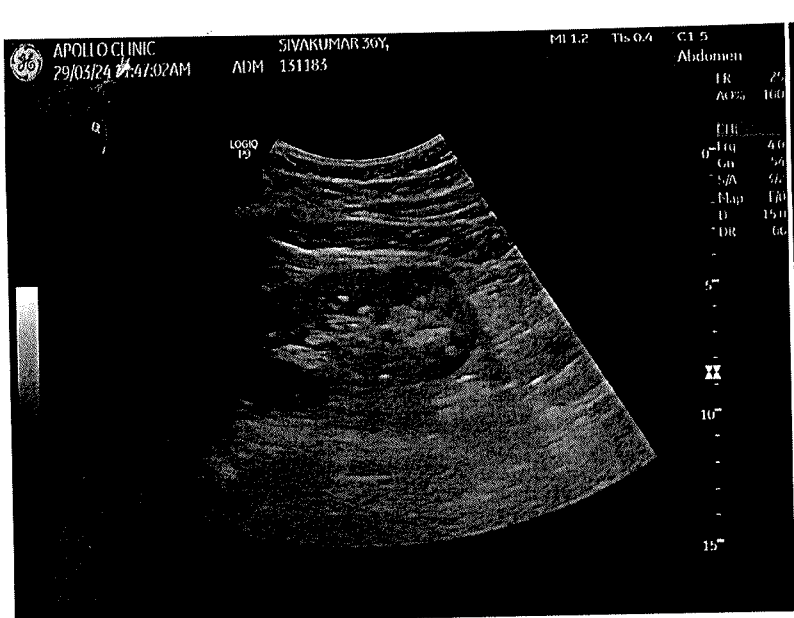
Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**





Personal Details

UHID: 00XHEIPU6TZ103Y
PatientID: 131183
Name: Mr. Sivakumar Shandrasekar
Age: 36
Gender: Male
Mobile: 9941166300

Pre-Existing Medical Conditions

Symptoms

Vitals

Measurements
HR: 81 BPM
PR: 165 ms
PD: 115 ms
QRSD: 98 ms
QRS Axis: 14 deg
QT/QTc: 347/347 ms

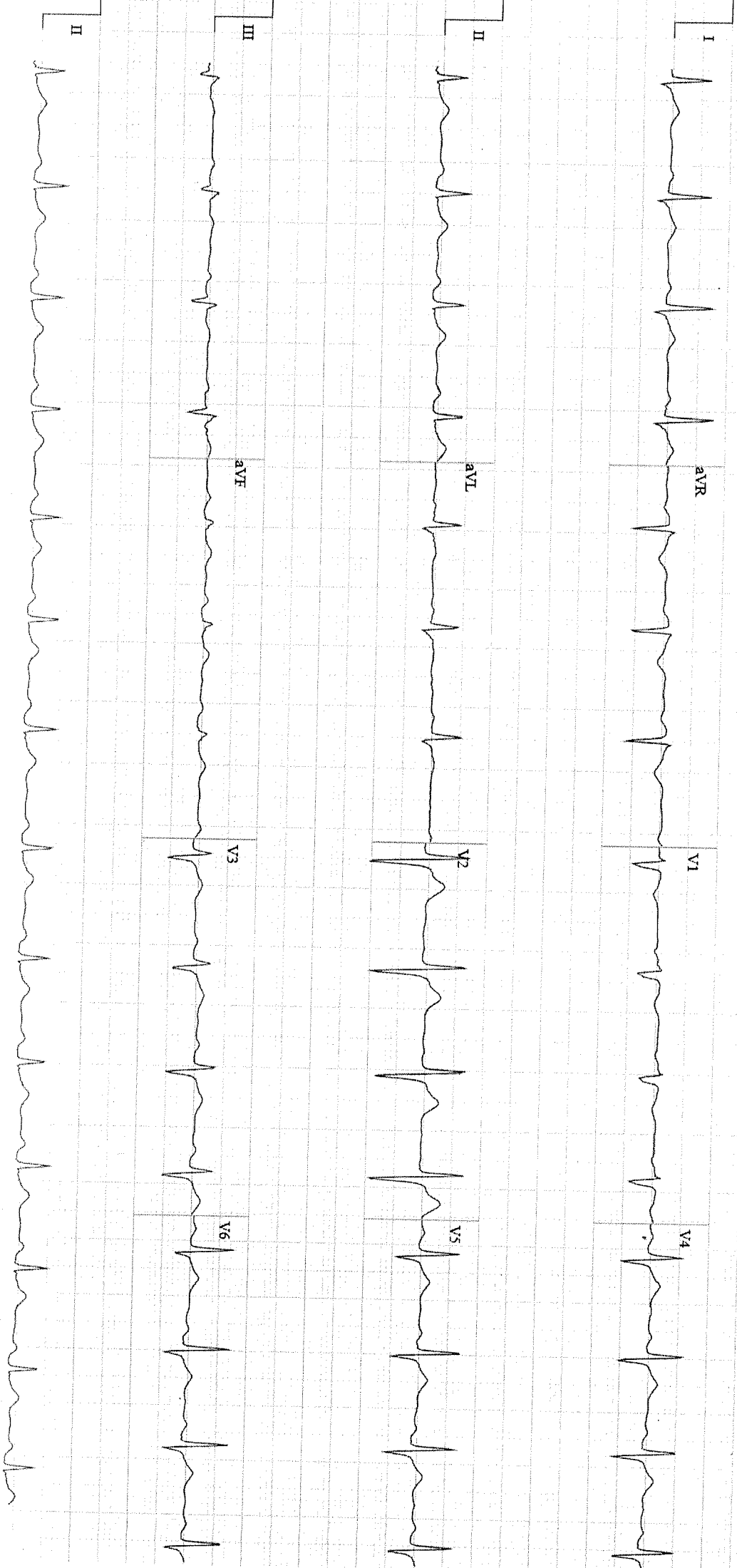
Report ID: AHLLP_00XHEIPU6TZ103Y_V6TZ106Z

Interpretation

Normal sinus rhythm
Normal axis

Authorized by
[Signature]
Dr. Yogesh Kohari
MD, DNB, FESC, FEP
Reg No- KMC 44065

Apollo Medical Centre
Espace - 25/11/14



Speed: 25 mm/sec F: 0.05 - 40 Hz Lamb: 10 mm/mV Chest: 10 mm/mV
*
©

MEDICAL FITNESS CERTIFICATE

DATE:

NAME:

AGE/SEX:

UHID:

CHIEF COMPLAINTS:

no complaints
Right
l/o shoulder - 2011
dislocation
(Implants)

PAST/FAMILY HISTORY:-

NAD

ALLERGIES:-

NAD.

GENERAL EXAMINATION:-

PULSE: 80
HT: 175
BP: 115/28
WT: 70.9

TEMP: 98.6 F
WAIST:
RR: 22/min
BMI: 23.6

SYSTEMIC EXAMINATION:-

VISION SCREENING

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
DISTANT	6/6	6/6	
NEAR	N6	N6	Included
COLOUR	Normal		

- Plano -

Chest:

CVS:

P/A:

NAD.

IMPRESSION:-

FINAL RECOMMENDATIONS:-

GENERAL PHYSICIAN

2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MR SIVAKUMAR SHANDRASEKARAN

DATE:29/03/2024

AGE/SEX: 36Y/ M

REF : ARCOFEMI

UHID:131183/03/144

***** MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.**

1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR. TRIVIAL PR : END PG : 5 mm of Hg; NO PAH
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE (IVS & IAS).
9. GOOD LV & RV SYSTOLIC FUNCTION.
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



DR (CAPT.)S.V KRISHNA RAO

MD (PGI), DNB (Card)

Senior Consultant – Cardiologist

Reg No : ANP 19780000746KTK

To correlate with clinical findings & other relevant investigations .

Apollo Health and Lifestyle Limited

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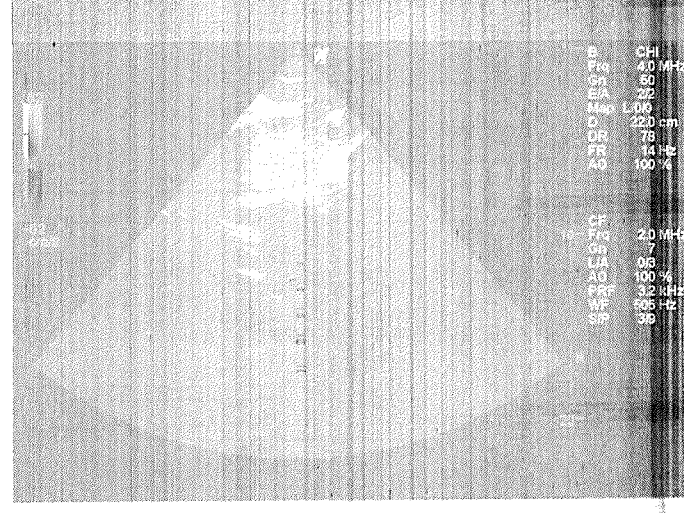
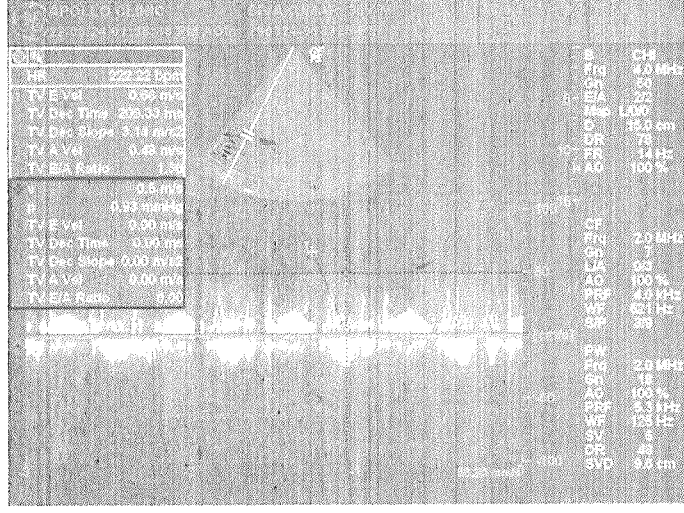
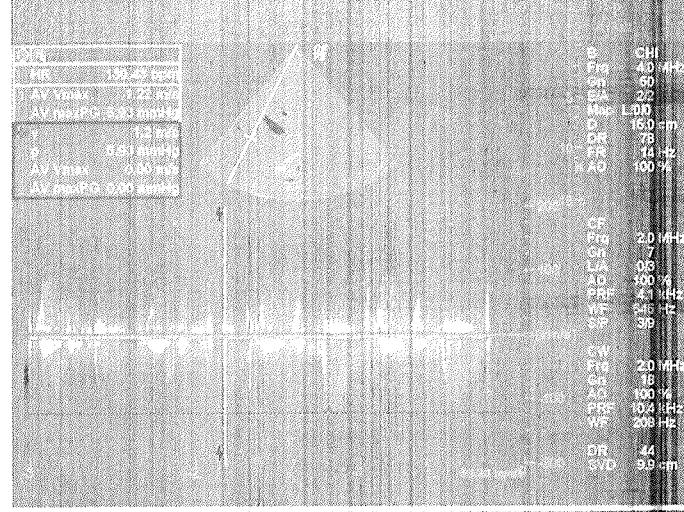
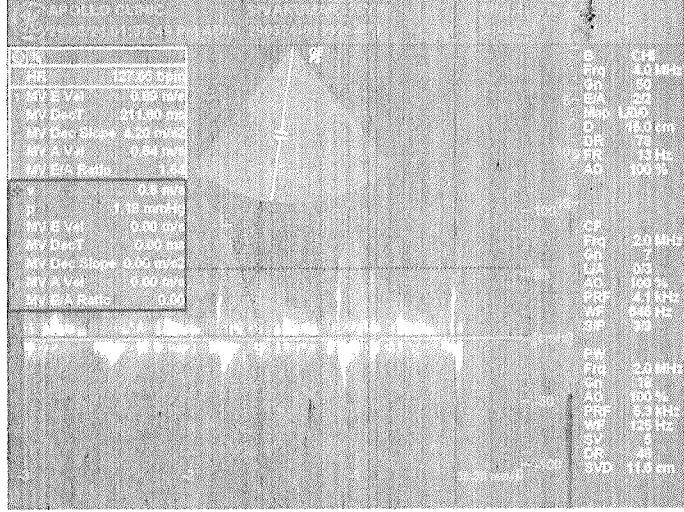
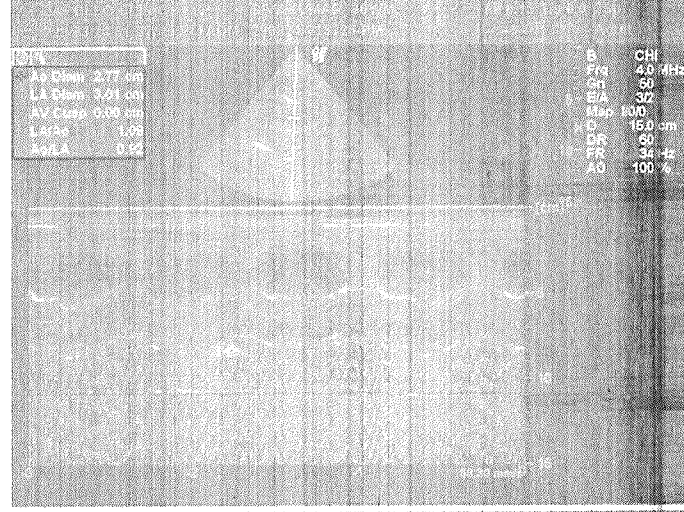
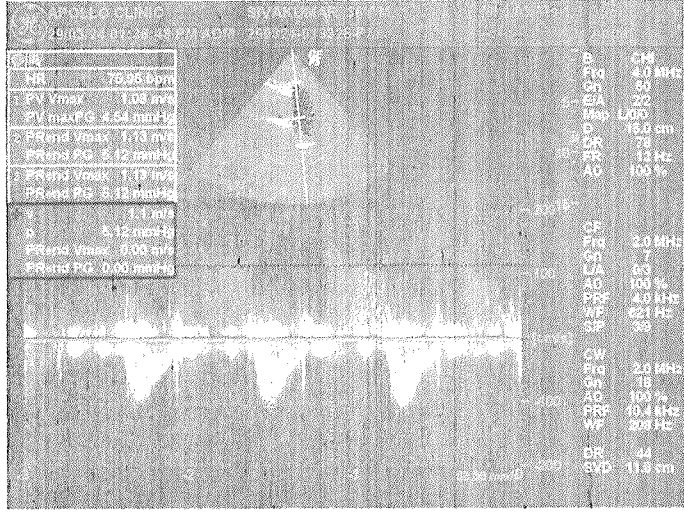
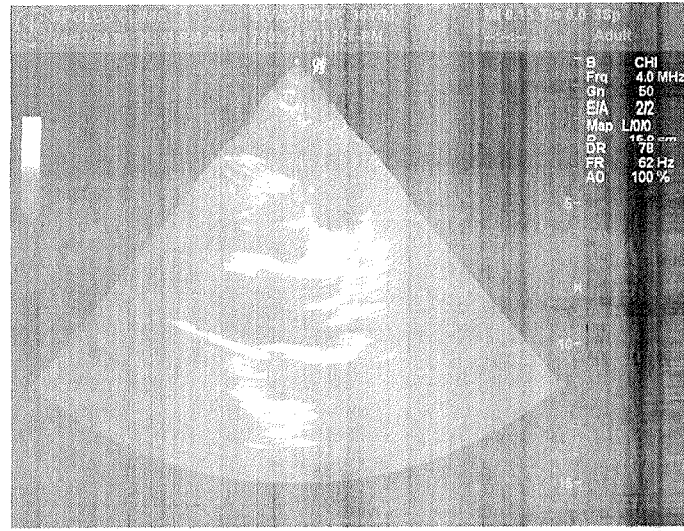
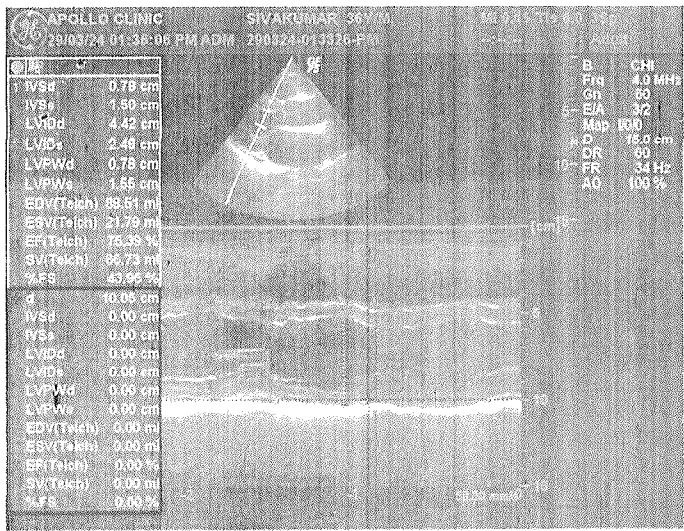
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TO BOOK AN APPOINTMENT

1860 500 7788





Apollo Clinic

Consent Form

Patient Name: Sivakumar - S Age: 86

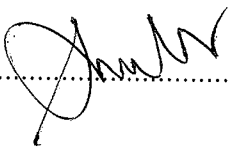
UHID Number: CELE 0000131183 Company Name: BOIS

I Mr/Mrs/Ms. Sivakumar - S Employee of Bank of Baroda

(Company) want to inform you that I am not getting the ENT & Dental consultation test done which is a part of routine health check package.

Reason if any: Doctor not available

And I claim the above statement in my full consciousness.

Patient signature:  Date: 29/3/24



Download Date: 13/07/2021



சிவக்குமார் சந்திரசேகரன்
SIVAKUMAR SHANDRASEKARAN
பிறந்த நாள்/DOB: 01/12/1987
ஆண்/ MALE

Issue Date: 10/12/2016

3339 9176 6253

VID : 9164 9909 2001 7438

எனது ஆதார். எனது அடையாளம்

Patient Name : Mr. SIVAKUMAR Shandrasekaran

Age/Gender : 36 Y/M

UHID/MR No. : CELE.0000131183

OP Visit No : CELEOPV346255

Sample Collected on :

Reported on : 29-03-2024 17:21

LRN# : RAD2286525

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE17857

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. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology