

Patient Name : Mr.MUTHUKUMAR K	Collected : 26/Mar/2024 09:07AM
Age/Gender : 47 Y 1 M 1 D/M	Received : 26/Mar/2024 10:55AM
UHID/MR No : CTNA.0000206569	Reported : 26/Mar/2024 12:19PM
Visit ID : CTNAOPV196905	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 159430/bobE17938	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240082731

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

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14	g/dL	13-17	Spectrophotometer
PCV	<b>39.60</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.6	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	<b>35.2</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	43.3	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>42.9</b>	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2294.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2273.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	259.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	455.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	15.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.01		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	255000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				
METHODOLOGY	: Microscopic.			

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

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**DEPARTMENT OF HAEMATOLOGY**

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

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>101</b>	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



**DR. R. SRIVATSAN**  
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SIN No:PLF02133796

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Age/Gender : 47 Y 1 M 1 D/M	Received : 26/Mar/2024 03:45PM
UHID/MR No : CTNA.0000206569	Reported : 26/Mar/2024 04:11PM
Visit ID : CTNAOPV196905	Status : Final Report
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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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	102	mg/dL	70-140	HEXOKINASE

**Comment:**

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

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



**DR.R.SRIVATSAN**  
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SIN No:PLP1437841

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240038121

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>235</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>255</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>49</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>186</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>135</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>51</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>4.80</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.36</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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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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).



**DR. R. SRIVATSAN**  
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Patient Name : Mr.MUTHUKUMAR K	Collected : 26/Mar/2024 09:07AM
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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.73	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.62	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	57.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.95	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>16.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	37.00	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.49	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.347	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



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**DEPARTMENT OF IMMUNOLOGY**

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



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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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.940	ng/mL	0-4	CLIA



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**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
<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	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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**Dr. MARQUESS RAJ**  
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SIN No:UR2316458

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





Patient Name : Mr.MUTHUKUMAR K	Collected : 26/Mar/2024 09:07AM
Age/Gender : 47 Y 1 M 1 D/M	Received : 26/Mar/2024 12:40PM
UHID/MR No : CTNA.0000206569	Reported : 26/Mar/2024 02:33PM
Visit ID : CTNAOPV196905	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 159430/bobE17938	

**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)	NEGATIVE		NEGATIVE	Dipstick

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

\*\*\* End Of Report \*\*\*



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

SIN No:UF011463

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

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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



**1860 500 7788**  
www.apolloclinic.com

**APOLLO CLINICS NETWORK**

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

Name <i>Muthukumar. K</i>	Date <i>26/03/24</i>
Age <i>47</i>	UHID No. <i>266569</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

**OPHTHAL FITNESS CERTIFICATE**

	RE	LE
DV-UCVA :	<i>16 (6p)</i>	<i>16 (6p)</i>
DV-BCVA :		
NEAR VISION :	<i>1<sup>+</sup> 50/6</i>	<i>1<sup>+</sup> 50/6</i>
ANTERIOR SEGMENT :	<i>full</i>	
IOP :		<i>full</i>
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>Review on 1 year</i>	

**APOLLO MEDICAL CENTRE**  
11A, Sivasubramani Street, Pandy Bazaar  
T. Nagar, Chennai - 600 017.  
Phone: 044 - 2434 1000 / 93301 68355

Physical Examination			
Name <input checked="" type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss		Muthukumar, K	
Age / Gender		47	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
DATE OF CHECK UP			
HEIGHT	166	Cms	
WEIGHT	76.8kg	Kgs	
BLOOD PRESSURE (if above 140/90 need 3 readings)	1) 110/70	mm/Hg	
	2)		
	3)		
BMI	27.87		
WAIST	92		
HIP	96		
WAIST HIP RATIO	0.95	Min	
RESPIRATORY RATE	18	Min	
PULSE	86 b/min		
CHEST	INSPIRATION	Ins:	Cms
	EXPIRATION	Exp:	Cms

OPHTHAL EXAMINATION					COLOUR VISION		
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT	
WITHOUT GLASS							
WITH GLASS							
REMARKS IF ANY							

**APOLLO MEDICAL CENTRE**  
11/4, Sivapet Street, Pandy Bazaar  
T. Nagar, Chennai - 600 017.  
Phone: 044-2434 1066 / 95001 66355

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TAMILNADU

Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr. Muthukumarid Aiyar on 28/03/2024

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

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	Tick
<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. <u>Dyslipidaemia</u></p> <p>2. ....</p> <p>3. ....</p> <p>4. ....</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.</li> </ul> <p>Review after</p> <p>.....</p> <p>.....recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. [Signature]  
Medical Officer  
The Apollo Clinic, (Location)

J. HARI K, M.D.  
Apollo Family Physician  
Reg. No. 151909

*This certificate is not meant for medico-legal purposes*

**Patient Name** : Mr. Muthukumar K

**Age/Gender** : 47 Y/M

**UHID/MR No.** : CTNA.0000206569

**OP Visit No** : CTNAOPV196905

**Sample Collected on** :

**Reported on** : 27-03-2024 13:33

**LRN#** : RAD2281628

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 159430/bobE17938

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

Normal study.



**Dr. RASHEED ARAFATH HIDAYATHULLAH**  
**MBBS, DNB (RD)**  
Radiology

**Patient Name** : Mr. Muthukumar K

**Age/Gender** : 47 Y/M

**UHID/MR No.** : CTNA.0000206569

**OP Visit No** : CTNAOPV196905

**Sample Collected on** :

**Reported on** : 26-03-2024 18:18

**LRN#** : RAD2281628

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 159430/bobE17938

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver shows increase in echogenicity suggestive of fatty changes.**

Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.

Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 8.3 cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Aorta and IVC appear normal.

Right kidney measures 9.9 cms.

Left kidney measures 9.8 cms.

**A simple cyst is seen in left kidney measures 0.6 x 0.6 cms.**

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.8 x 2.7 x 2.5 cms ( volume 10 cc ) and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour. Both iliac fossae appear normal.

**Umbilical hernia is noted with omentum as content.**

**The defect measures 1.8 cms.**

### IMPRESSION:

**Fatty Liver ( Grade I ).**


**Simple left renal cyst.**

**Umbilical hernia with omentum as content.**

**Patient Name** : Mr. Muthukumar K

**Age/Gender** : 47 Y/M

---



**Dr. RASHEED ARAFATH HIDAYATHULLAH**  
MBBS, DNB (RD)  
Radiology

Name: Mr. Muthukumar K  
Age/Gender: 47 Y/M  
Address: chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000206569  
Visit ID: CTNAOPV196905  
Visit Date: 26-03-2024 09:02  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Name: Mr. Muthukumar K  
Age/Gender: 47 Y/M  
Address: chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000206569  
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Visit Date: 26-03-2024 09:02  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. Muthukumar K  
Age/Gender: 47 Y/M  
Address: chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. REKHA SANJAY

MR No: CTNA.0000206569  
Visit ID: CTNAOPV196905  
Visit Date: 26-03-2024 09:02  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. Muthukumar K  
Age/Gender: 47 Y/M  
Address: chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. T DEVI SHANMUGA PRIYA

MR No: CTNA.0000206569  
Visit ID: CTNAOPV196905  
Visit Date: 26-03-2024 09:02  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
26-03-2024 13:09	86 Beats/min	110/70 mmHg	Rate/min	F	166 cms	76.8 Kgs	%	%	Years	27.87	cms	cms	cms		AHLL03212

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

**Vitals**

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Established Patient: No

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Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
26-03-2024 13:09	86 Beats/min	110/70 mmHg	Rate/min	F	166 cms	76.8 Kgs	%	%	Years	27.87	cms	cms	cms		AHLL03212

**Fwd: Health Check up Booking Confirmed Request(bobE17938),Package Code-PKG10000367, Beneficiary Code-248363**

MUTHUKUMAR K &lt;MUTHUKUMAR.K@bankofbaroda.com&gt;

Tue 3/26/2024 8:57 AM

To:Tnagar Apolloclinic &lt;tnagar@apolloclinic.com&gt;

Muthukumar

Bob

Get [Outlook for Android](#)**From:** Mediwheel <wellness@mediwheel.in>**Sent:** Saturday, March 23, 2024 4:31:18 pm**To:** MUTHUKUMAR K <MUTHUKUMAR.K@bankofbaroda.com>**Cc:** customercare@mediwheel.in <customercare@mediwheel.in>**Subject:** Health Check up Booking Confirmed Request(bobE17938),Package Code-PKG10000367, Beneficiary Code-248363You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

)T CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

**011-41195959**Dear **Muthukumar,**

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 - T Nagar**Address of Diagnostic/Hospital-** Apollo Clinic, Door No 11, 4, Sivaprakasam St, opposite to Brilliant Tutorial, Pondy Bazaar, Parthasarathi Puram, T Nagar - 600017



Q

206569  
47 Years

M. MUTHUKUMAR, K  
Male

26/03/2024 09:53:20 AM  
APOLLO CLINIC T NAGAR

Rate 85 Sinus rhythm.....normal P axis, V-rate 50- 99

PR 159  
QRS 71  
QT 369  
QTc 439

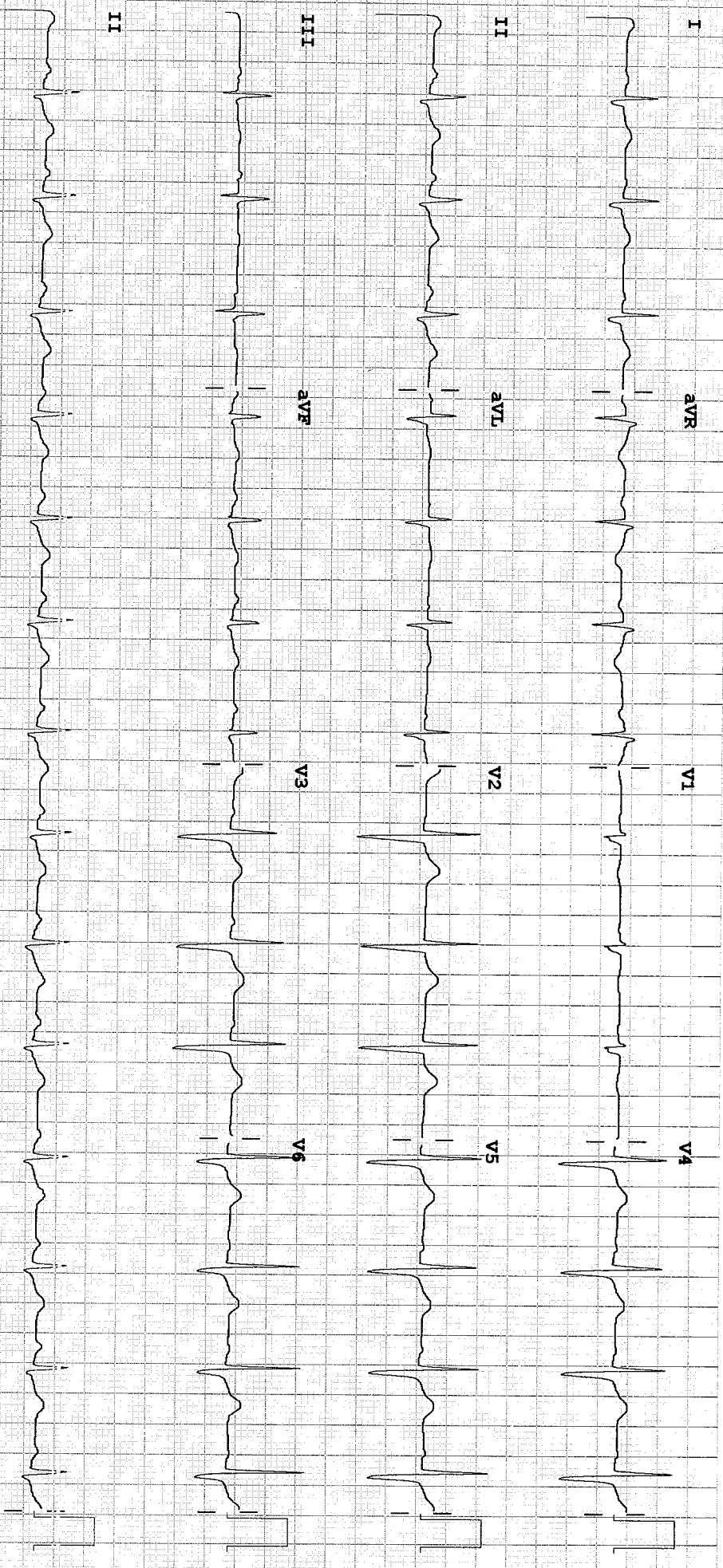
*AB*

--AXIS--  
P 53  
QRS 71  
T 39

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

PHILIPS

REORDER M3709A

F 50~0.50-100 Hz W

PH100B CL

P?

Patient Name	: Mr. Muthukumar K	Age	: 47 Y/M
UHID	: CTNA.0000206569	OP Visit No	: CTNAOPV196905
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 26-03-2024 11:48
Referred By	: SELF		

---

## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

Ao (ed)	2.7 CM
LA (es)	3.6 CM
LVID (ed)	4.0 CM
LVID (es)	3.2 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	63.00%
%FD	32.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. Muthukumar K	Age	: 47 Y/M
UHID	: CTNA.0000206569	OP Visit No	: CTNAOPV196905
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 26-03-2024 11:48
Referred By	: SELF		

---

## **DOPPLER STUDIES**

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.7m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.4m/sec

VELOCITY ACROSS THE AV UPTO 1.0m/sec

## **IMPRESSION:**

**NO REGIONAL WALL MOTION ABNORMALITIES**

**NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION**

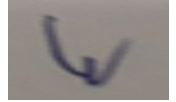
**NORMAL LEFT VENTRICULAR IN SIZE**

**NO : PE/PAH**

**DONE BY  
NIRMALA**

Patient Name : Mr. Muthukumar K Age : 47 Y/M  
UHID : CTNA.0000206569 OP Visit No : CTNAOPV196905  
Conducted By: : Dr. KIRUBAKARAN . Conducted Date : 26-03-2024 11:48  
Referred By : SELF

---



Dr.KIRUBAKARAN.

Patient Name	: Mr. Muthukumar K	Age	: 47 Y/M
UHID	: CTNA.0000206569	OP Visit No	: CTNAOPV196905
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 26-03-2024 11:48
Referred By	: SELF		

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Patient Name	: Mr. Muthukumar K	Age	: 47 Y/M
UHID	: CTNA.0000206569	OP Visit No	: CTNAOPV196905
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 26-03-2024 11:48
Referred By	: SELF		

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Patient Name	: Mr. Muthukumar K	Age	: 47 Y/M
UHID	: CTNA.0000206569	OP Visit No	: CTNAOPV196905
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 26-03-2024 11:48
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Patient Name	: Mr. Muthukumar K	Age	: 47 Y/M
UHID	: CTNA.0000206569	OP Visit No	: CTNAOPV196905
Conducted By:	: Dr. KIRUBAKARAN .	Conducted Date	: 26-03-2024 11:48
Referred By	: SELF		

---



Patient Name	: Mr. Muthukumar K	Age	: 47 Y/M
UHID	: CTNA.0000206569	OP Visit No	: CTNAOPV196905
Reported By:	: Dr. HARI K	Conducted Date	: 26-03-2024 12:36
Referred By	: SELF		

---

## ECG REPORT

### **Impression:**

NORMAL SINUS RHYTHM

NORMAL ECG.

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



Dr. HARI K