





Patient Name : Mr.DINESH BHARDWAJ

 Age/Gender
 : 47 Y 11 M 5 D/M

 UHID/MR No
 : CJPN.0000007763

 Visit ID
 : CJPNOPV192215

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 919463120739 Collected : 29/Mar/2024 08:36AM
Received : 29/Mar/2024 12:19PM
Reported : 29/Mar/2024 02:38PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	44.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.11	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.9	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,680	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	63.3	%	40-80	Electrical Impedance
LYMPHOCYTES	27.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3595.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1567.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	85.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	408.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.29		0.78- 3.53	Calculated
PLATELET COUNT	225000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS

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

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PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	Ā		
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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## **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	HEXOKINASE

## **Comment:**

As per American Diabetes Guidelines, 2023

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

#### Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	104	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), V	VHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC

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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:EDT240040067

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated

#### **Comment:**

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

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

Note: Dietary preparation or fasting is not required.

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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## **DEPARTMENT OF BIOCHEMISTRY**

Status

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

Test Name	Result	Unit	Bio. Ref. Range	Method		
LIPID PROFILE , SERUM						
TOTAL CHOLESTEROL	223	mg/dL	<200	CHO-POD		
TRIGLYCERIDES	102	mg/dL	<150	GPO-POD		
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition		
NON-HDL CHOLESTEROL	171	mg/dL	<130	Calculated		
LDL CHOLESTEROL	150.3	mg/dL	<100	Calculated		
VLDL CHOLESTEROL	20.4	mg/dL	<30	Calculated		
CHOL / HDL RATIO	4.28		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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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist M.B.B.S, M.D (Pathology) Consultant Pathologist



SIN No:SE04679981

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.09	g/dL	2.0-3.5	Calculated
A/G RATIO	2.16		0.9-2.0	Calculated

## **Comment:**

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

Common patterns seen:

#### 1. Hepatocellular Injury:

- AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:
- ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. Synthetic function impairment: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.95	mg/dL	0.67-1.17	Jaffe's, Method
UREA	28.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.14	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.27	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.09	g/dL	2.0-3.5	Calculated
A/G RATIO	2.16		0.9-2.0	Calculated

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

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## **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM	<u>'</u>		<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	0.85	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.83	μg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.170	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	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK









: Mr.DINESH BHARDWAJ

Age/Gender UHID/MR No : 47 Y 11 M 5 D/M : CJPN.0000007763

Visit ID

: CJPNOPV192215

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 919463120739

Collected

: 29/Mar/2024 08:36AM

Received

: 29/Mar/2024 04:47PM

Reported

: 29/Mar/2024 06:19PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF IMMUNOLOGY**

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

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 16



SIN No:SPL24058553

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: Mr.DINESH BHARDWAJ

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: 47 Y 11 M 5 D/M

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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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.456	ng/mL	<4	CMIA

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 13 of 16



SIN No:SPL24058553

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APOLLO CLINICS NETWORK









: Mr.DINESH BHARDWAJ

Age/Gender UHID/MR No : 47 Y 11 M 5 D/M : CJPN.0000007763

Visit ID

: CJPNOPV192215

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 919463120739

Collected

: 29/Mar/2024 08:35AM

Received

: 29/Mar/2024 12:44PM

Reported

Status

: 29/Mar/2024 01:55PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	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	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 16

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

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



SIN No:UR2319476

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

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









: Mr.DINESH BHARDWAJ

Age/Gender

: 47 Y 11 M 5 D/M

UHID/MR No

: CJPN.0000007763

Visit ID

: CJPNOPV192215

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 919463120739 Collected

: 29/Mar/2024 11:19AM

Received

: 29/Mar/2024 05:17PM

Reported Status

: 29/Mar/2024 06:57PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Page 15 of 16



SIN No:UPP017449

THE PLEST HOUSE POPULATION THE PROPERTY OF THE









: Mr.DINESH BHARDWAJ

Age/Gender

: 47 Y 11 M 5 D/M

UHID/MR No

: CJPN.0000007763

Visit ID

: CJPNOPV192215

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 919463120739

Collected

: 29/Mar/2024 08:36AM

Received

: 29/Mar/2024 12:44PM

Reported

: 29/Mar/2024 01:47PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow: PERIPHERAL SMEAR

Page 16 of 16

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

SIN No:UF011510

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

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





Name : N

: Mr. Dinesh Bhardwaj

Age: 47 Y

Sex: M

Address: Jp nagar

Plan :

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CJPN.0000007763

OP Number:CJPNOPV192215 Bill No :CJPN-OCR-70409

Date : 29.03.2024 08:27

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D E	CHO - PAN INDIA - FY2324
	GAMMA GLUTAMYL TRANFERASE (GGT)	
	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
	2 D ECHO TMT	l v
	LIVER FUNCTION TEST (LFT)	
	GLUCOSE, FASTING	
- 2	HEMOGRAM + PERIPHERAL SMEAR	
	DIET CONSULTATION	
_'	SCOMPLETE URINE EXAMINATION	
	URINE GLUCOSE(POST PRANDIAL)	
1	PERIPHERAL SMEAR	
_1	LECG-	
1	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
1	DENTAL CONSULTATION . 22	
1	LUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
_1	5 URINE GLUCOSE(FASTING)	
_1	6 HbA1c, GLYCATED HEMOGLOBIN	
_1	7 X-RAY CHEST PA	
_ 1	8 ENT CONSULTATION	
1	9 FITNESS BY GENERAL PHYSICIAN	
- 2	BLOOD GROUP ABO AND RH FACTOR	
2	LIPID PROFILE	
_2	2 BODY-MASS INDEX (BMI)	
2	3 OPTHAL BY GENERAL PHYSICIAN TOWN	
-2	4 ULTRASOUND - WHOLE ABDOMEN	
2	5 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

physio=9.

weight = .68-.06gs,

Height = 150cm

wait = 98cm

Hip= 88cm

Bp = \*151/80 mm/mg

PR = 846/M

Name: Dinesh Bhatdway

Age: 47 Sex: M

UHID: C5PN.0000007763

Treatment Plan: - Advaid for readomphylin



# **HEALTH CHECK-CASE SHEET**

CHIEF COMPLAINT: P	egular dental c	check of		
MEDICAL HISTORY :				
FINDINGS:		Drug Allergy :	¥*	
Caries :		Abrasion:		
Missing Teeth:		Calculus : مح	a+,+3++	
Impactions :		Mobility		
Attrition :		Restored Teeth		
Root Stumps :	Я	Others :	87654321 87654321	12345678
			87654321	12345678
DIAGNOSIS:				
X-Ray	·· J	IOPA :	OPG	

1.1.1.





Direch Brandway 47/M.

Height:	isolm	Weight:	BMI:	Waist Circum:
Temp :		Pulse :	Resp:	B.P:

General Examination / Allergies History

Vigitain.
No Good Alingy or
Food Dehline

Non halth downs.

Clinical Diagnosis & Management Plan

Ineme water botate to 3 lets lay. Explained about a bolomed meel.

Rusmuel to see after Reports

Follow up date:

Doctor Signature





Nane - Dinesh Age - 47 yulus

Date - 29/03/24

Height:	Weight:	BMI:	Waist Circum :	
Temp :	Pulse :	Resp:	B.P:	

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Clo- gluring of vision or glan while reading in news 04 mg 6/60 N8
6/60 N8

Aloper N-ving

i glar In (611 No

110 Eye St - NO

Kx

Rt = -50.00 /-1.00 x 100

LE = 41.25 an 10 BE

Follow up date:

ofter omenits.

**Doctor Signature** 

, Wr dinesh b ID: cjpn07763 4 Years Ž ₹ aVL aVR = 150 cm 68.0 kg QRS QT / QTcBaz PR P RR / PP P / QRS / T Male 72 ms 380 / 418 ms 152 ms 92 ms 820 / 821 ms 35 / 39 / 46 degrees 29.03.2024 8:48:42 Apollo Clinic J.P Nagar Bangalore Normal sinus rhythm Normal ECG S 5 ≤ 73 bpm 151 / 80 mmHg

GE MAC2000 1.1

12SL™ v241

25 mm/s 10 mm/mV

Unconfirmed ADS 0.56-20 Hz 50 Hz 2x5x6\_25\_R1

1

ent consultation and echo is pending



**Patient Name** : Mr. Dinesh Bhardwaj Age/Gender : 47 Y/M

UHID/MR No.

: CJPN.0000007763

Sample Collected on

: RAD2285760

**Ref Doctor** 

LRN#

: SELF

Emp/Auth/TPA ID : 919463120739

**OP Visit No** 

Reported on

: CJPNOPV192215

Specimen

: 29-03-2024 14:27

## 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. V K PRANAV VENKATESH MBBS,MD

Radiology



Age/Gender **Patient Name** : Mr. Dinesh Bhardwaj : 47 Y/M UHID/MR No. : CJPN.0000007763 **OP Visit No** : CJPNOPV192215 Sample Collected on : : 29-03-2024 12:18 Reported on LRN# : RAD2285760 Specimen **Ref Doctor** : SELF Emp/Auth/TPA ID : 919463120739

## DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

LIVER: Normal in size (12 cm) and increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

GALL BLADDER: Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN: Normal in size and echotexture. No focal lesion was seen.

PANCREAS: Appeared normal to the visualized extent.

KIDNEYS: Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 9.3 x 1.4cm. Left kidney measures: 9.5 x 1.3 cm.

URINARY BLADDER: Partially distended. Normal in internal contents. Wall thickness is normal. Prevoid urine volume: 110cc.

Postvoid urine volume:7cc.

PROSTATE: Mildly enlarged in size and volume.

Prostate measures: 3.8 x 3.6 x 4.2 cms. Volume- 30 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION: 1)GRADE I PATTY LIVER.
2)GRADE I PROSTATOMEGALY.



Patient Name : Mr. Dinesh Bhardwaj : 47 Y/M

Please Note: No preparation done before scanning.

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

Dr. V K PRANAV VENKATESH

MBBS,MD

Anollo Health and Lifestyle Limit