





Patient Name : Mr.SANDEEP HEGDE K

 Age/Gender
 : 36 Y 5 M 26 D/M

 UHID/MR No
 : CELE.0000051922

 Visit ID
 : CELEOPV346263

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobE18400 Collected : 29/Mar/2024 10:54AM Received : 29/Mar/2024 04:09PM

Reported : 29/Mar/2024 07:01PM Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	43.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.77	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	63	fL	83-101	Calculated
MCH	20.7	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	17.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	50.9	%	40-80	Electrical Impedance
LYMPHOCYTES	38.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.7	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4021.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3049.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	292.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	529.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	387000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: Show erythrocytosis and mild anisocytosis with predominance of microcytic hypochromic RBCs. Few poikilocytes like pencil, target cells are seen.

Page 1 of 14

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:BED240087429

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE WITH ERYTHROCYTOSIS

In view of reduced RBC indices and increased RBC count, suggested iron profile and hemoglobin electrophoresis to rule out thalassemia trait. Kindly correlate clinically.

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 2 of 14



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

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 3 of 14



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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	96	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)	82	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), N	/HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC

Page 4 of 14

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

SIN No:EDT240040585

Govinda Raju N L

MSc,MPhil,(Phd)

Consultant Biochemist

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 5 of 14



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

Test Name	Result	Unit	Bio. Ref. Range	Method
L IPID PROFILE , <i>SERUM</i>				
TOTAL CHOLESTEROL	161	mg/dL	<200	CHO-POD
TRIGLYCERIDES	175	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.60		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.34		<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.

Page 6 of 14

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



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

- 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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.20	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.95	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	117.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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	0.81	mg/dL	0.67-1.17	Jaffe's, Method
UREA	19.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.58	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	55.00	U/L	<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								
THYROID PROFILE TOTAL (T3, T4, TSH), SERUM												
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA								
THYROXINE (T4, TOTAL)	13.1	μg/dL	5.48-14.28	CLIA								
THYROID STIMULATING HORMONE (TSH)	9.105	μIU/mL	0.34-5.60	CLIA								

Comment:

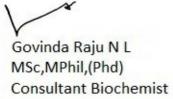
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 11 of 14



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



SIN No:SPL24059256

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory this test has been performed at apollo health and lifstyle limited- rrl bangalore

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK









: Mr.SANDEEP HEGDE K

Age/Gender

: 36 Y 5 M 26 D/M

UHID/MR No

: CELE.0000051922

Visit ID

: CELEOPV346263

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobE18400 Collected

: 29/Mar/2024 10:54AM

Received

: 29/Mar/2024 04:38PM

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 MSc,MPhil,(Phd) Consultant Biochemist Dr Priva Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 14



SIN No:SPL24059256

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory this test has been performed at Apollo Health and Lifstyle Limited- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK









Patient Name : Mr.SANDEEP HEGDE K

Age/Gender : 36 Y 5 M 26 D/M UHID/MR No : CELE.0000051922 Visit ID : CELEOPV346263

: Dr.SELF Ref Doctor Emp/Auth/TPA ID : bobE18400 Collected : 29/Mar/2024 10:54AM Received : 29/Mar/2024 09:39PM

: 29/Mar/2024 09:54PM Reported

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF CLINICAL PATHOLOGY

Status

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		
рН	6.0		5-7.5	DOUBLE INDICATOR		
SP. GRAVITY	1.010		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		

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 13 of 14



SIN No:UR2320236

THE PLEST HOUSE POPULATION THE PROPERTY OF THE







: Mr.SANDEEP HEGDE K

Age/Gender

: 36 Y 5 M 26 D/M

UHID/MR No

: CELE.0000051922

Visit ID

: CELEOPV346263

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobE18400 Collected

: 29/Mar/2024 10:54AM

Received

: 29/Mar/2024 04:23PM

Reported

: 29/Mar/2024 06:55PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
Total Nome	Decult	11	Die Def Denne	Mathad

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

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

Page 14 of 14



SIN No:UF011571

Dr. Vidya Aniket Gore

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

THE PLEST HOUSE POPULATION THE PROPERTY OF THE





Patient Name : Mr. SANDEEP HEGDE K Age/Gender : 36 Y/M

UHID/MR No.: CELE.0000051922OP Visit No: CELEOPV346263Sample Collected on: 31-03-2024 16:08

Ref Doctor : SELF **Emp/Auth/TPA ID** : bobE18400

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: appear normal in size and shows increased 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:

• Grade I fatty liver.

To correlate clinically & with other investigations. Not for medico-legal purpose

Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology



UHID:CELE.0000051922 Name: Mr. SANDEEP HEGDE K Age: 36 Y Sex: M Address: ECITY OP Number: CELEOPV346263 : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN Plan Bill No: CELE-OCR-56370 INDIA OP AGREEMENT Date : 29.03.2024 10:45 Serive Type/ServiceName Sno Department ARCOFEML - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 LIGAMMA GLUTAMYL TRANFERASE (GGT) 2 D ECHO _3 LIVER-FUNCTION TEST (LFT) 4 GLUCOSE, FASTING HEMOGRAM + PERIPHERAL SMEAR 6 DIET CONSULTATION - 7 COMPLETE URINE EXAMINATION SURINE GLUCOSE(POST PRANDIAL) -9 PERIPHERAL SMEAR LOECG __ +TRENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) 12 DENTAL CONSULTATION HOLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) -14 URINE GLUCOSE(FASTING) 15 TVAIC, GLYCATED HEMOGLOBIN 16 X-RAY CHEST PA 17 ENT CONSULTATION 18 FITNESS BY GENERAL PHYSICIAN BLOOD GROUP ABO AND RH FACTOR 20 LIPID PROFILE 21 BODY MASS INDEX (BMI) 22 OPTHAL BY GENERAL PHYSICIAN 24ULTRASOUND - WHOLE ABDOMEN 24 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) Pain & DC-16. Advised 10PAR followed by further intervention.

Broken Amalgam filling 27, 46, 47. Recementation advised. Oral Prophylaxsis advised: 29/3/24 Ears EAR N N

MEDICAL FITNESS CERTIFICATE

NAME:	AGE/SEX:	<u>UHID:</u>	DATE:
CHIEF COMPLAINTS:	ala. S	do	a and off.
PAST/FAMILY HISTORY:-		V	and off
ALLERGIES:-	PlH,	lo HTM	1, T2DM,
	NA		
GENERAL EXAMINATION:-			J
PULSE: 81 BP: 14 HT: 178 WT: 10	17/89 TEM	P: 98-6°14 ST:	RR: 22/nin BMI: 32.6
SYSTEMIC EXAMINATION: -		VISIO	ON SCREENING

PICCLE

Vision Rt Lt With Corrections

DISTANT

NEAR Conteres

Chest:

IMPRESSION:-

FINAL RECOMMENDATIONS:-

GENERAL PHYSICIAN



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV Chest: 11 mm/mV Chest: 110 mm/mV Chest: 110 mm/mV Chest: 110 mm/mV Chest: 110 mm/mV Chest: 120 mm/mV Chest: 110 mm/mV Chest: 110





: Mr. SANDEEP HEGDE K

UHID

: CELE.0000051922

Reported on

: 29-03-2024 15:00

Adm/Consult Doctor

Age

: 36 Y M

OP Visit No

: CELEOPV346263

Printed on

: 29-03-2024 15:02

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Hilar vascular prominence.

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.

Printed on:29-03-2024 15:00

---End of the Report---

MBBS, MD Radio-Diagnosis
Radiology





NAME:

Mr. SANDEEP HEGDE K

AGE / SEX:

36YRS/ MALE 29/03/2024

DATE:
REFERRED BY:

ARCOFEMI HEALTHCARE

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: appear normal in size and shows increased 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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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:

• Grade I fatty liver.

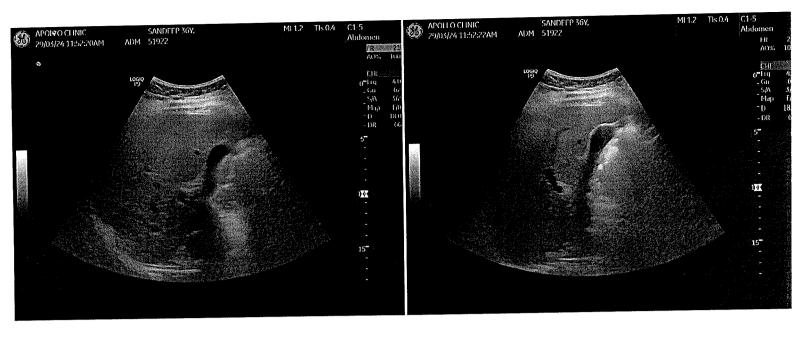
To correlate clinically & with other investigations. Not for medico-legal purpose

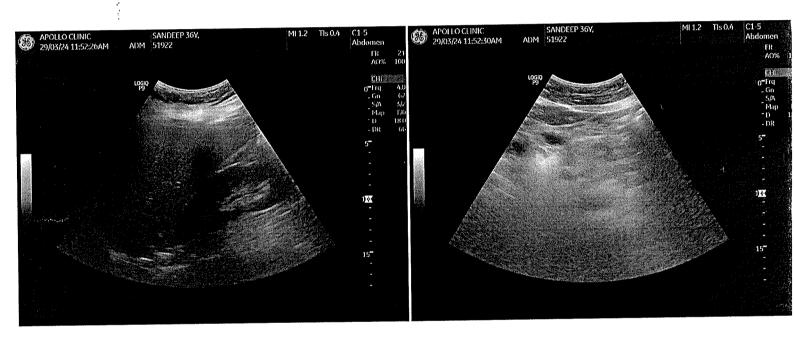
DR. VIGNESH K

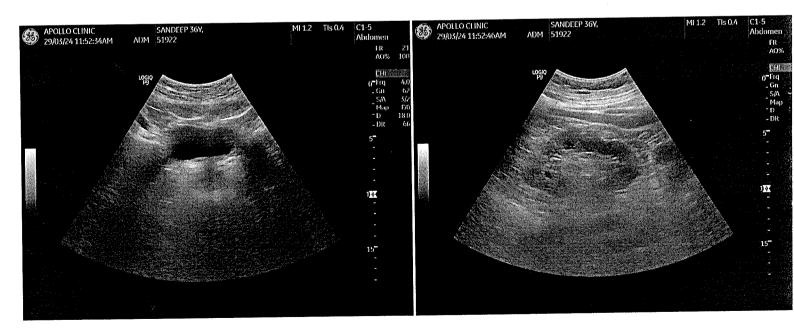
CONSULTANT RADIOLOGIST

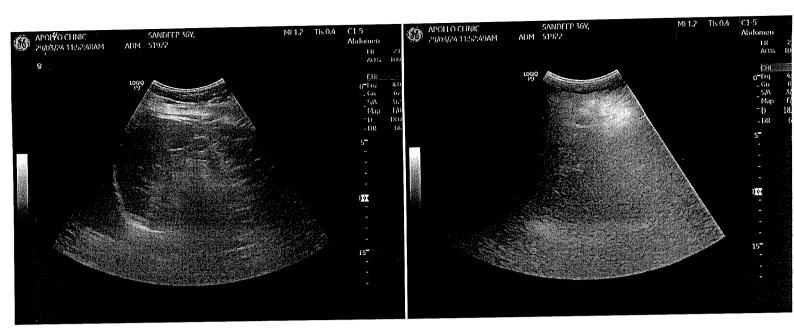
TO BOOK AN APPOINTMENT















2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME: MR SANDEEP HEGDE K

DATE:29/03/2024

AGE/SEX: 36Y/ M

REF:ARCOFEMI

UHID:51922/03/146

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

- 1. NORMAL VALVES.
- 2. NORMAL FLOW ACROSS ALL VALVES.
- 3. NO MR/AR/TR.
- 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

(CIN - U85110TG2000PLC115819)

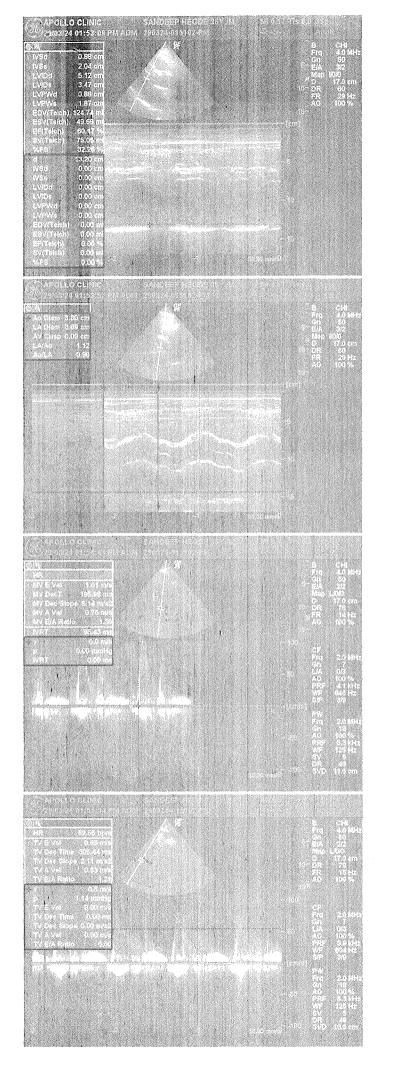
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

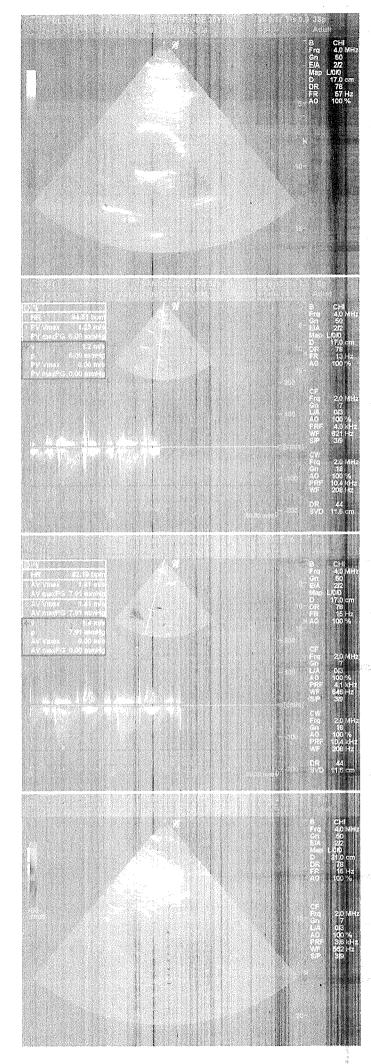
APOLLO CLINICS NETWORK KARNATAKA

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









बैंक ऑफ़ बड़ीदा Bank of Baroda

Name

सन्दीप हेगडे के Sandeep Hegde K

E.C. No.

160413

जारीकर्ता प्राधिकारी Issuing Authority



धारक के हस्ताक्षर Signature of Holder



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,

Mediwheel (Arcofemi Healthcare Limited)

Helpline number: 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. K SANDEEP HEGDE
EC NO.	160413
DESIGNATION	COMPLIANCE
PLACE OF WORK	BENGALURU,RO BENGALURU SOUTH
BIRTHDATE	03-10-1987
PROPOSED DATE OF HEALTH	29-03-2024
CHECKUP	
BOOKING REFERENCE NO.	23M160413100105468E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **24-03-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



Patient Name : Mr. SANDEEP HEGDE K Age/Gender : 36 Y/M

Sample Collected on : Reported on : 29-03-2024 15:02

Ref Doctor : SELF **Emp/Auth/TPA ID** : bobE18400

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Hilar vascular prominence.

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.

Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

Mr. SANDEEP HEGDE K

Age/Gender: 36 Y/M E CITY Address:

BANGALORE, KARNATAKA Location:

Doctor:

GENERAL

Doctor.

Department:

Electronic City_03122022 ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. YASHASWI R G

Doctor's Signature

MR No: CELE.0000051922 Visit ID: CELEOPV346263 Visit Date: 29-03-2024 10:45

Discharge Date:

Name: Mr. SANDEEP HEGDE K
Age/Gender: 36 Y/M
Address: E CITY
Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCA

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. SONIA MOHAN

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CELE.0000051922 Visit ID: CELEOPV346263 Visit Date: 29-03-2024 10:45

Discharge Date:

Name: Mr. SANDEEP HEGDE K
Age/Gender: 36 Y/M
Address: E CITY
Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCA

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. SONIA MOHAN

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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HT-HISTORY

PHYSICAL EXAMINATION

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IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CELE.0000051922 Visit ID: CELEOPV346263 Visit Date: 29-03-2024 10:45

Discharge Date:

Name: Mr. SANDEEP HEGDE K
Age/Gender: 36 Y/M
Address: E CITY
Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCA

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. PAVITRA RAMAN

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CELE.0000051922 Visit ID: CELEOPV346263 Visit Date: 29-03-2024 10:45

Discharge Date:

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
02-04-2024 11:38	-		20 Rate/min	97 F		103.4 Kgs	%	%	Years	32.63	cms	cms	cms		AHLL06674

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
02-04-2024 11:38	-		20 Rate/min	97 F		103.4 Kgs	%	%	Years	32.63	cms	cms	cms		AHLL06674

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
02-04-2024 11:38	-		20 Rate/min	97 F		103.4 Kgs	%	%	Years	32.63	cms	cms	cms		AHLL06674

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
02-04-2024 11:38	-		20 Rate/min	97 F		103.4 Kgs	%	%	Years	32.63	cms	cms	cms		AHLL06674