

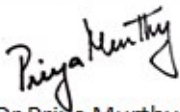
| | |
|---------------------------------|--|
| Patient Name : Mr.OMKAR P BILKI | Collected : 27/Dec/2023 09:39AM |
| Age/Gender : 54 Y 3 M 14 D/M | Received : 27/Dec/2023 12:00PM |
| UHID/MR No : CINR.0000160608 | Reported : 27/Dec/2023 02:15PM |
| Visit ID : CINROPV214412 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9845155666 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.9 | g/dL | 13-17 | Spectrophotometer |
| PCV | 47.50 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.42 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 87.6 | fL | 83-101 | Calculated |
| MCH | 29.4 | pg | 27-32 | Calculated |
| MCHC | 33.5 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,980 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 57.1 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 32.1 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 4.1 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 5.8 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.9 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3414.58 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1919.58 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 245.18 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 346.84 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 53.82 | Cells/cu.mm | 0-100 | Calculated |
| PLATELET COUNT | 226000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 17 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |

RBCs: are normocytic normochromic



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SIN No:BED230322313

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

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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)

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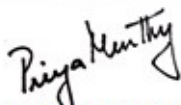
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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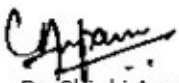
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DEPARTMENT OF HAEMATOLOGY

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 135 | 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) | 229 | 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 | 7.3 | % | | HPLC |



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SIN No:EDT230119465

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DEPARTMENT OF BIOCHEMISTRY

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| | | | |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 163 | 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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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------------|-------|-----------------|--------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 193 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 86 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 49 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 144 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 126.9 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 17.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.94 | | 0-4.97 | 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 |

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.75 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.61 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 18 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 20.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 60.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.17 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.45 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.72 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.64 | | 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:




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| UHID/MR No | : CINR.0000160608 | Reported | : 27/Dec/2023 01:28PM |
| Visit ID | : CINROPV214412 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9845155666 | | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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



DR.SHIVARAJA SHETTY
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SIN No:SE04583866

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| | |
|---------------------------------|--|
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.90 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 19.80 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.35 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 9.20 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.65 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 140 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.9 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101–109 | ISE (Indirect) |



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SIN No:SE04583866

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| | |
|---------------------------------|--|
| Patient Name : Mr.OMKAR P BILKI | Collected : 27/Dec/2023 09:39AM |
| Age/Gender : 54 Y 3 M 14 D/M | Received : 27/Dec/2023 12:03PM |
| UHID/MR No : CINR.0000160608 | Reported : 27/Dec/2023 12:54PM |
| Visit ID : CINROPV214412 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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.OMKAR P BILKI | Collected : 27/Dec/2023 09:39AM |
| Age/Gender : 54 Y 3 M 14 D/M | Received : 27/Dec/2023 12:04PM |
| UHID/MR No : CINR.0000160608 | Reported : 27/Dec/2023 12:57PM |
| Visit ID : CINROPV214412 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9845155666 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.13 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 9.34 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.402 | 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 |



DR.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST

SIN No:SPL23191659

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| | | | |
|-----------------|--------------------|--------------|-------------------------------|
| Patient Name | : Mr.OMKAR P BILKI | Collected | : 27/Dec/2023 09:39AM |
| Age/Gender | : 54 Y 3 M 14 D/M | Received | : 27/Dec/2023 12:04PM |
| UHID/MR No | : CINR.0000160608 | Reported | : 27/Dec/2023 12:57PM |
| Visit ID | : CINROPV214412 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9845155666 | | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL23191659

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| | |
|---------------------------------|--|
| Patient Name : Mr.OMKAR P BILKI | Collected : 27/Dec/2023 09:39AM |
| Age/Gender : 54 Y 3 M 14 D/M | Received : 27/Dec/2023 12:04PM |
| UHID/MR No : CINR.0000160608 | Reported : 27/Dec/2023 02:36PM |
| Visit ID : CINROPV214412 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9845155666 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 6.760 | ng/mL | 0-4 | CLIA |

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.

Manufacturer: BECKMAN COULTER



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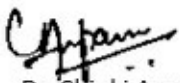
| | |
|---------------------------------|--|
| Patient Name : Mr.OMKAR P BILKI | Collected : 27/Dec/2023 09:39AM |
| Age/Gender : 54 Y 3 M 14 D/M | Received : 27/Dec/2023 02:14PM |
| UHID/MR No : CINR.0000160608 | Reported : 27/Dec/2023 03:11PM |
| Visit ID : CINROPV214412 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9845155666 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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 | 7.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.015 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | POSITIVE ++ | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 3-4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 15 of 16



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



Dr. Shobha Emmanuel
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:UR2250940

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| | |
|---------------------------------|--|
| Patient Name : Mr.OMKAR P BILKI | Collected : 27/Dec/2023 09:39AM |
| Age/Gender : 54 Y 3 M 14 D/M | Received : 27/Dec/2023 02:14PM |
| UHID/MR No : CINR.0000160608 | Reported : 27/Dec/2023 03:09PM |
| Visit ID : CINROPV214412 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9845155666 | |

DEPARTMENT OF CLINICAL PATHOLOGY

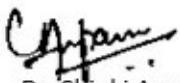
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF010104

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| | | |
|---|---|---|
| Name : Mr. Omkar P Bilki Address : bangalore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT | Age : 54 Y Sex : M | UHID :CINR.0000160608  OP Number :CINR0PV214412 Bill No :CINR-OCR-92164 Date : 27.12.2023 09:33 |
|---|---|---|

| Sno | Service Type/ServiceName | Department |
|---------------|--|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324 | |
| 1 | URINE GLUCOSE(FASTING) | |
| 2 | GAMMA-GLUTAMYL TRANSFERASE (GGT) | |
| 3 | PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) | |
| 4 | HbA1c, GLYCATED HEMOGLOBIN | |
| 5 | LIVER FUNCTION TEST (LFT) | |
| 6 | X-RAY CHEST PA | |
| 7 | GLUCOSE, FASTING | |
| 8 | HEMOGRAM + PERIPHERAL SMEAR | |
| 9 | ENT CONSULTATION | |
| 10 | CARDIAC STRESS TEST(TMT) -4 | |
| 11 | FITNESS BY GENERAL PHYSICIAN | |
| 12 | DIET-CONSULTATION | |
| 13 | COMPLETE URINE EXAMINATION | |
| 14 | URINE GLUCOSE(POST PRANDIAL) | |
| 15 | PERIPHERAL SMEAR | |
| 16 | ECG -4 | |
| 17 | BLOOD GROUP ABO AND RH FACTOR | |
| 18 | LIPID PROFILE | |
| 19 | BODY MASS INDEX (BMI) | |
| 20 | OPHTHAL BY GENERAL PHYSICIAN -5 | |
| 21 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 22 | ULTRASOUND - WHOLE ABDOMEN -9 | |
| 23 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |
| 24 | DENTAL CONSULTATION -1 | |
| 25 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 1845mg | |

Date : 27-12-2023
 MR NO : CINR.0000160608
 Name : Mr. Omkar P Bilki
 Age/ Gender : 54 Y / Male

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:32

| | | | |
|----------------|-----------------|------------------------------|---------------------|
| Height : 173cm | Weight : 68.3kg | BMI : 22.8 kg/m ² | Waist Circum : 86cm |
| Temp : 98°F | Pulse : 82bpm | Resp : 18cpm | B.P : 115/85mmHg |

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

Follow up date: _____

Doctor Signature _____

Exercise Test Tabular Summary

Dr. Omkar P. Bilki,
 Patient ID: 160608
 27.12.2023
 12:15:11pm

Male 173 cm 68 kg
 54 yrs Indian
 Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

*Neg for Angina
 Ischemia*

BRUCE: Exercise Time: 07:18
 Max HR: 150 bpm 90% of max predicted 166 bpm HR at rest: 80
 Max BP: 120/80 mmHg Max RPP: 18000 mmHg*bp/min
 Maximum Workload: 10.10 METS
 Max. ST: -0.50 mm, -0.11 mV/s in III; EXERCISE STAGE 1 3:00
 Arrhythmia: A:70, PVC:1, PSVC:2
 ST/HR index: 0.22 μ V/bpm
 HR reserve used: 79%
 HR recovery: 33 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: 0.027 mV (III)
 QRS duration: BASELINE: 92 ms, PEAK EX: 90 ms, REC: 92 ms
Reasons for Termination: Target heart rate achieved

Summary:
Resting ECG: normal. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response.
Chest Pain: none. **Arrhythmias:** none. **ST Changes:** none. **Overall Impression:** Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE
 NORMAL HR AND BP RESPONSE
 NO ANGINA AND ARRHYTHMIA DURING TEST
 STRESS TEST IS **NEGATIVE** FOR THE EXERCISE INDUCIBLE ISCHEMIA

Room:
 Location: * 0 *

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (mmHg*bp/min) | VE (min) | ST Level (mm) | Comment |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|-------------------|----------|---------------|---------|
| PRE TEST | SUPINE | 00:56 | 0.00 | 0.00 | 1.0 | 79 | | | 0 | 0.25 | |
| | STANDING | 00:26 | 0.00 | 0.00 | 1.0 | 77 | | | 0 | 0.15 | |
| | HYPERV. | 00:16 | 1.00 | 0.00 | 1.1 | | | | 0 | 0.10 | |
| EXERCISE | STAGE 1 | 03:00 | 1.70 | 10.00 | 4.6 | 104 | | | 0 | -0.50 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 7.0 | 127 | 120/80 | 15240 | 0 | 0.25 | |
| | STAGE 3 | 01:19 | 3.40 | 14.00 | 10.1 | 148 | 120/80 | 17760 | 0 | 0.40 | |
| RECOVERY | | 03:15 | 0.00 | 0.00 | 1.0 | 97 | | 11640 | 0 | -0.10 | |

Dr. Mahesh Kumar Rao
 Director of Cardiology

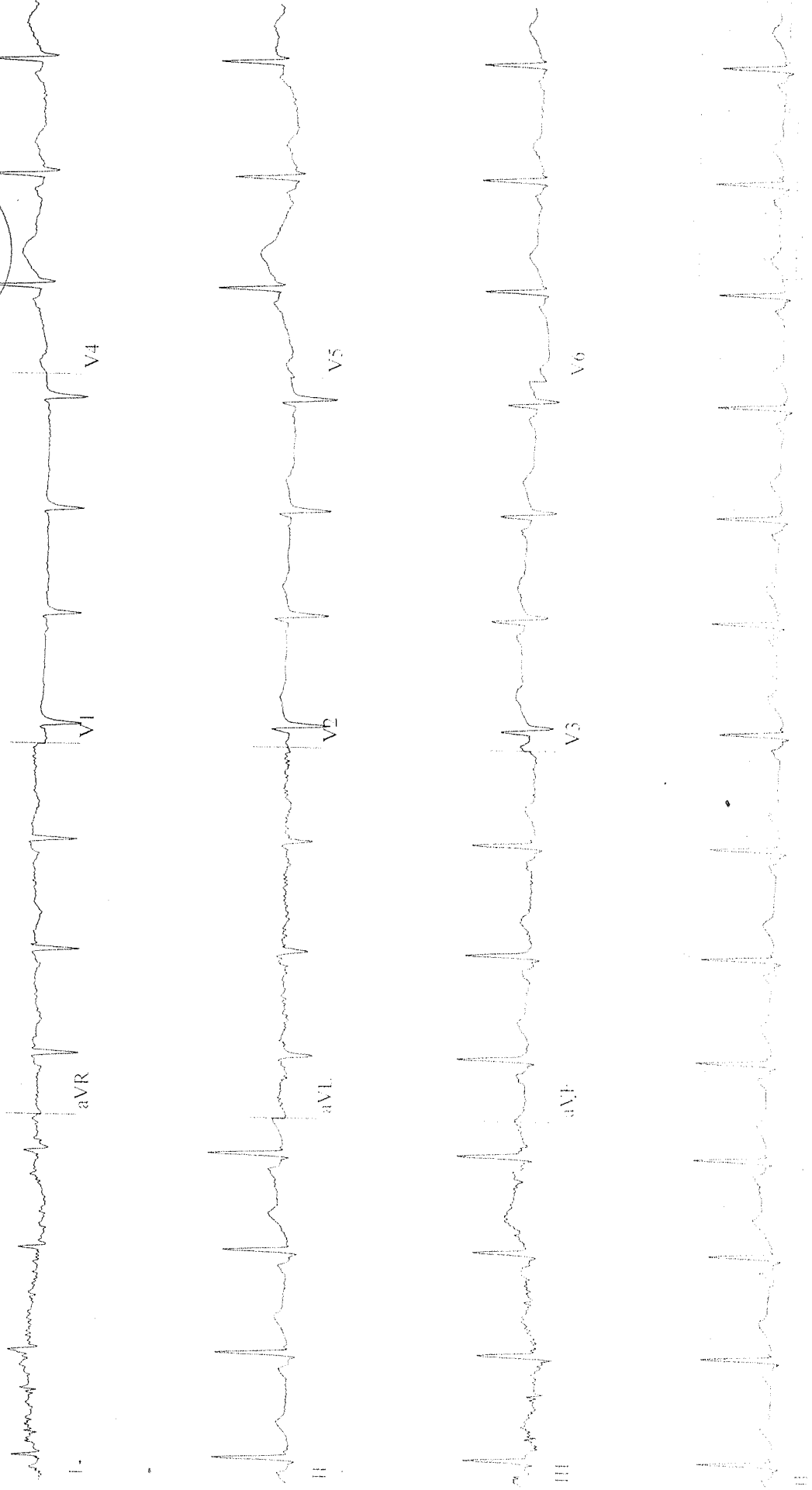
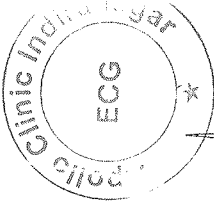
Exercise Test / 12-Lead Report

mr omkar p bilki,
Patient ID: 160608
27.12.2023
12:15:32pm
Male 173 cm 68 kg
54 yrs Indian

BRUCE
0.0 mph
0.0 %

PRETEST
SUPINE
00:15

78 bpm



Mr omkar p bilki,
Patient ID: 160608
27.12.2023 Male 175 cm 68 kg
12:15:53pm 54 yrs Indian

BRUCE
0.0 mph
0.0 %

PRETEST
STANDING
00:37

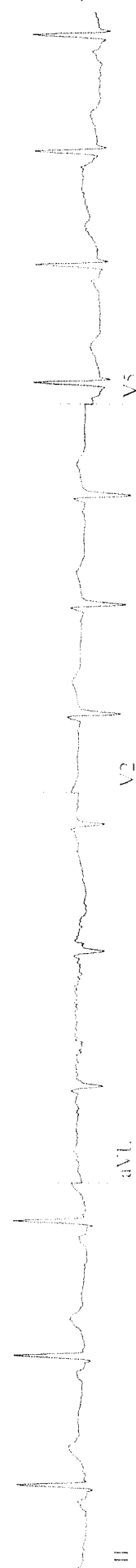
78 bpm



aVR

V1

V4



aVL

V2

V5



aVF

V3

V6



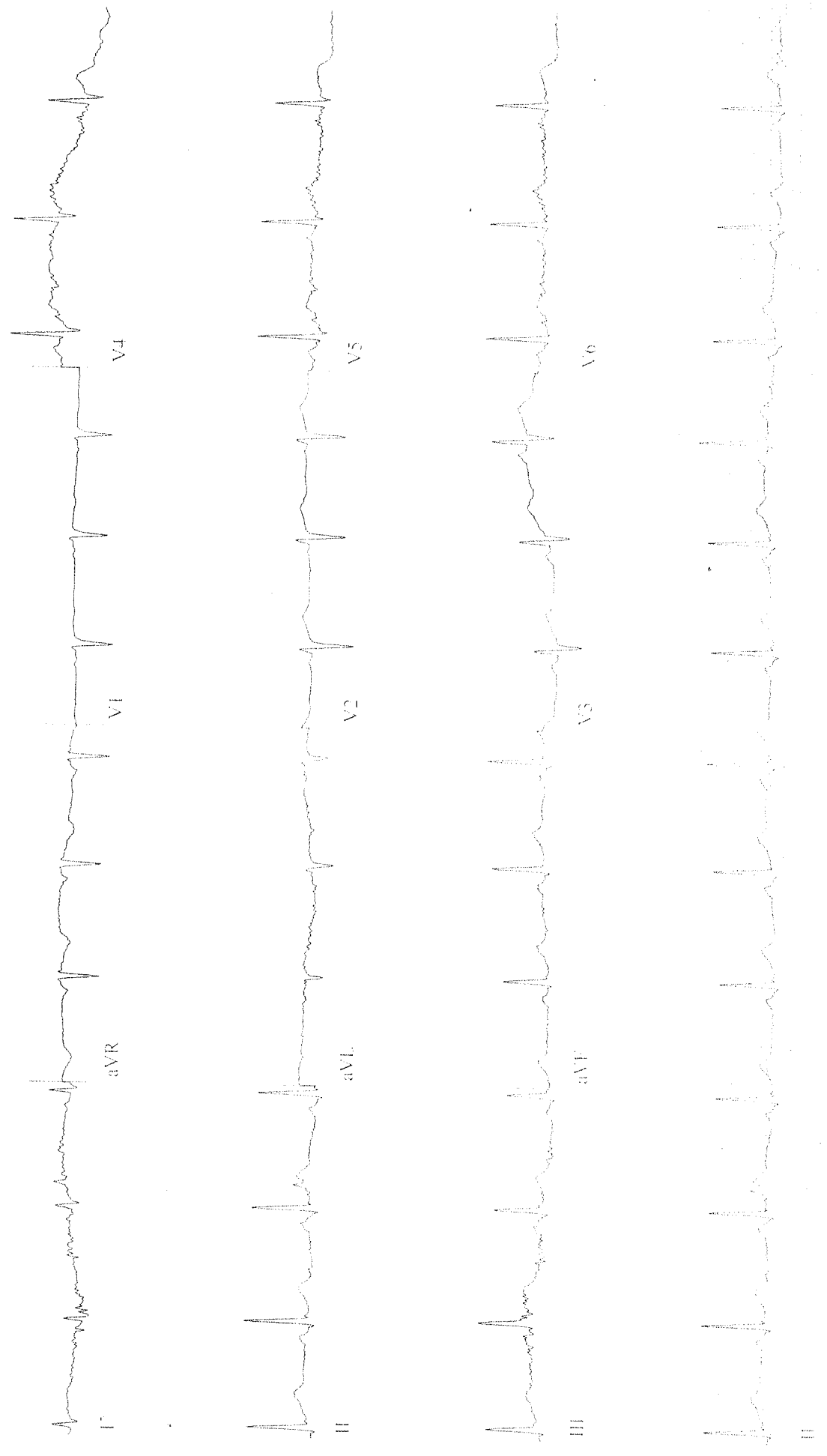
Dr. Omkar P. Bilki
Patient ID: 160608
27.12.2023
12:16:17pm

Male 173 cm 68 kg
54 yrs Indian

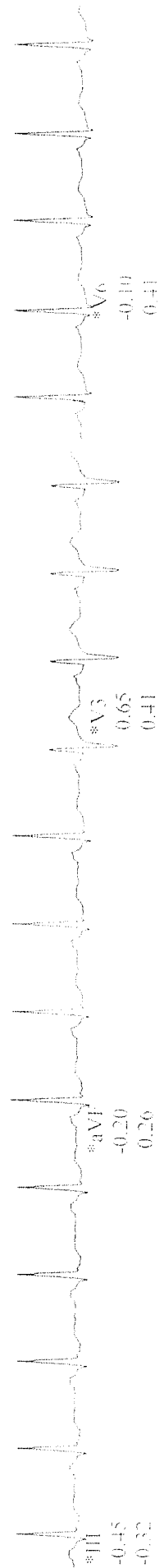
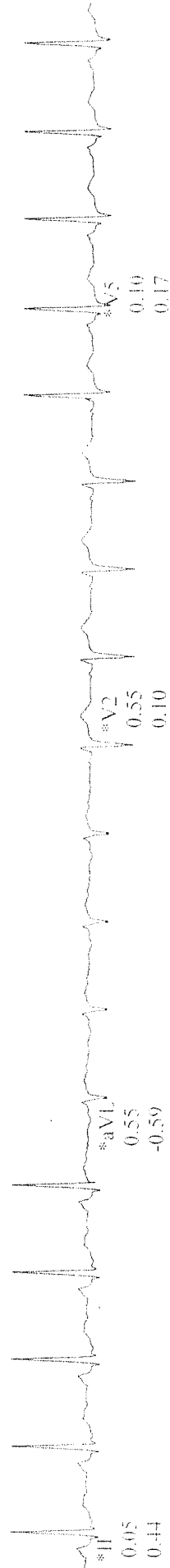
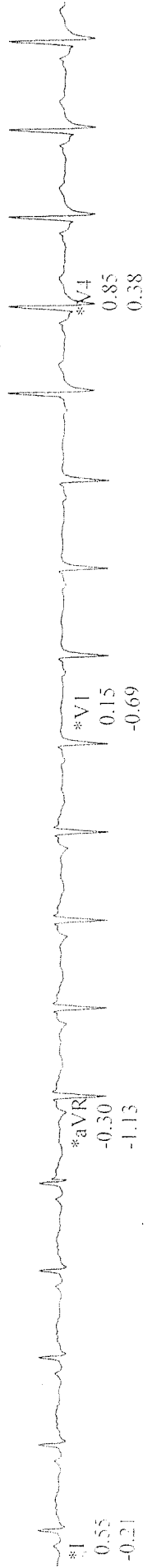
Exercise Test - 12-Lead Report

PRETEST
HYPERV.
01:01
77 bpm
BRUCE
0.0 mph
0.0%

APOLLO CLINIC



Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

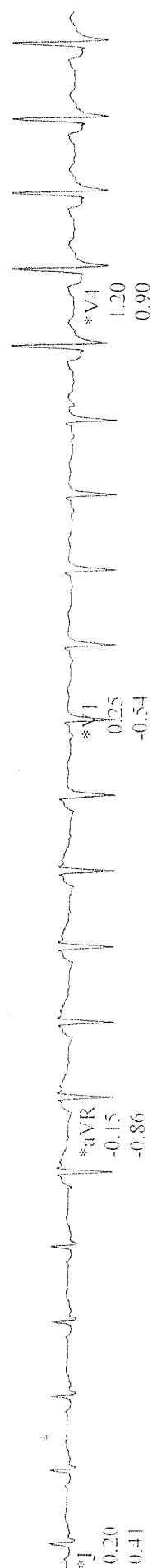
Lead
ST Level (mm)
ST Slope (mV/s)

*aVR
-0.15
-0.86

*V1
0.25
-0.54

*aVL
0.20
-0.04

*I
0.20
0.41



*V4
1.20
0.90

*V2
0.45
0.07

*aVF
-0.10
0.44

*II
0.05
0.81

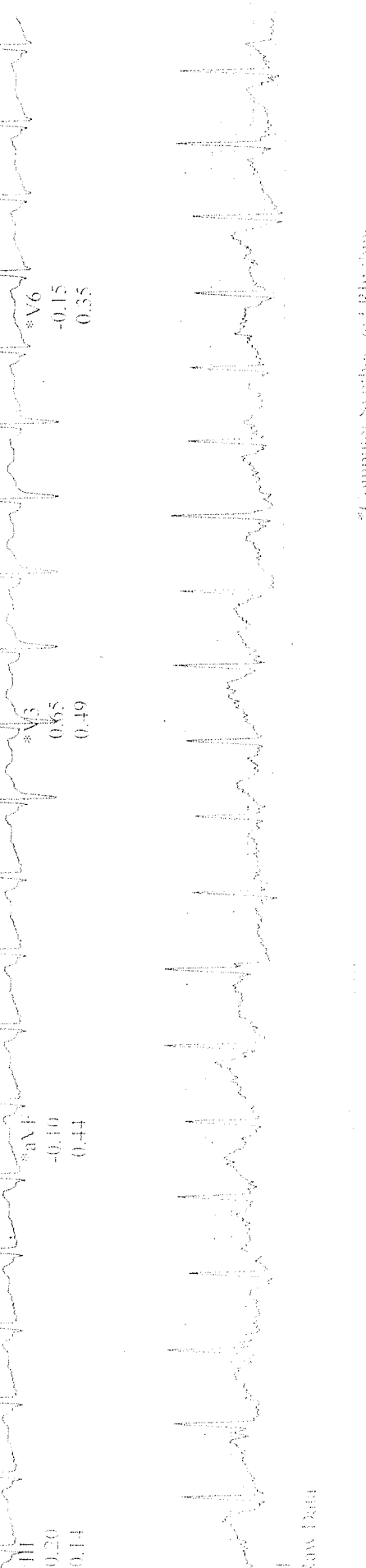


*V6
-0.15
0.35

*V5
0.65
0.19

*aVF
-0.10
0.44

*III
-0.20
-0.14



mr omkar p bilki,
Patient ID: 160608
27.12.2023
12:23:45pm

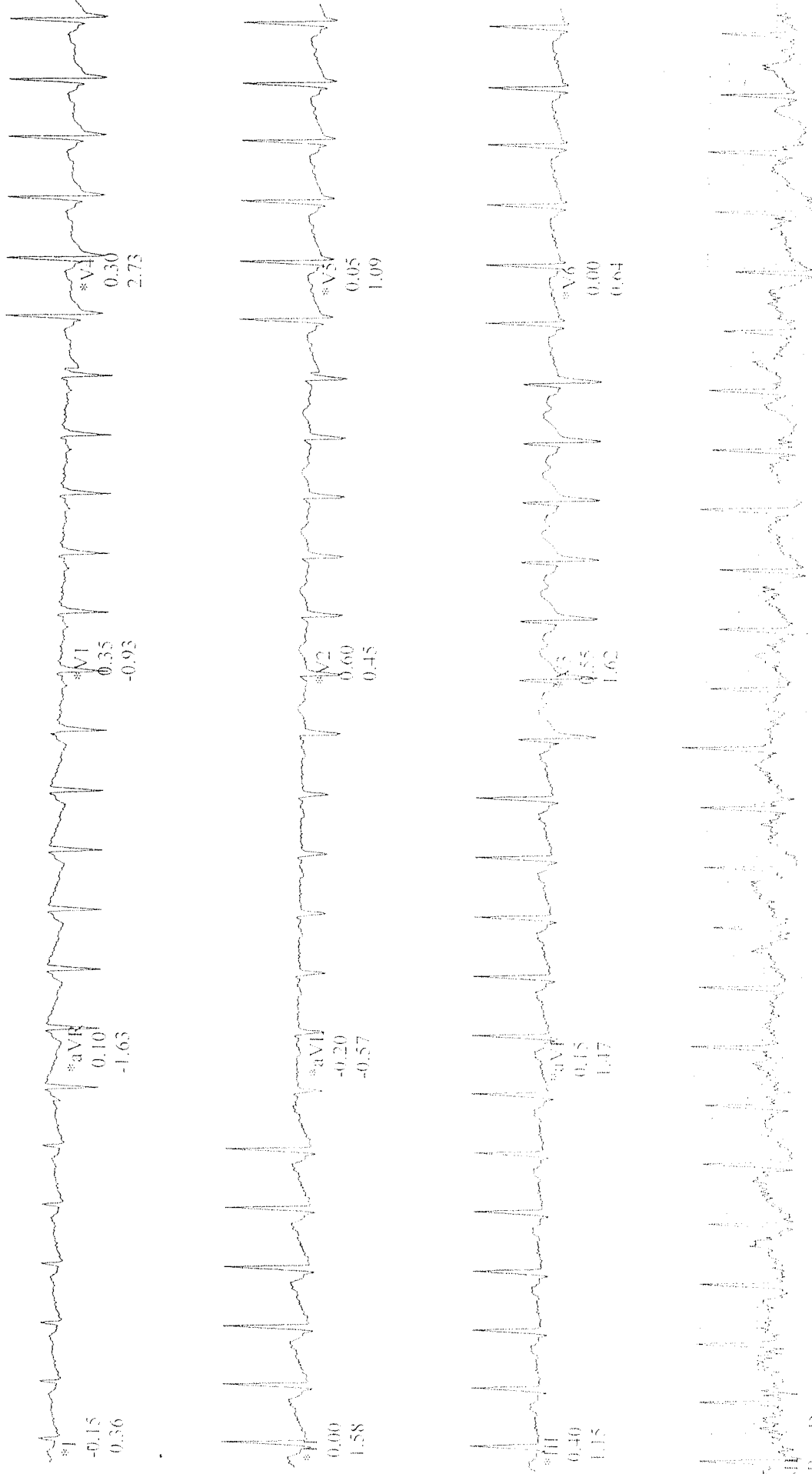
Male 173 cm 68 kg
54 yrs Indian

148 bpm

Exercise Test - Linked Medians (PEAK EXERCISE)
EXERCISE STAGE 3
07:19
BRUCE
3.4 mph
14.0 %

APOLLO CLINIC

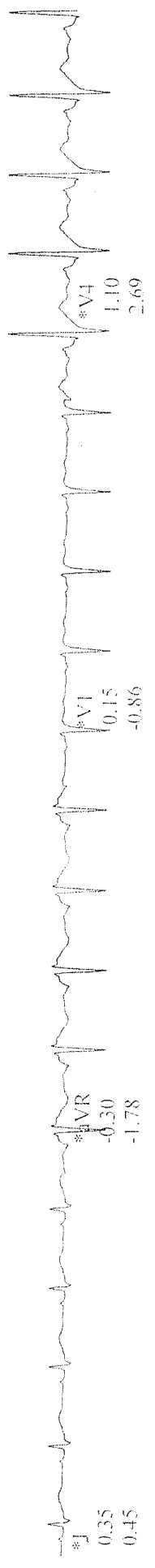
Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

mr omkar p bitki, Patient ID: 160608, Exercise Test - Linked Medians, BRUCE, APOLLO CLINIC
 27.12.2023, Male, 173 cm, 68 kg, 116 bpm, RECOVERY #1, 01:00, 0.0 mph, 0.0 %
 12:24:44pm, 54 yrs Indian

Lead
 ST Level (mm)
 ST Slope (mV/s)



Raw Data

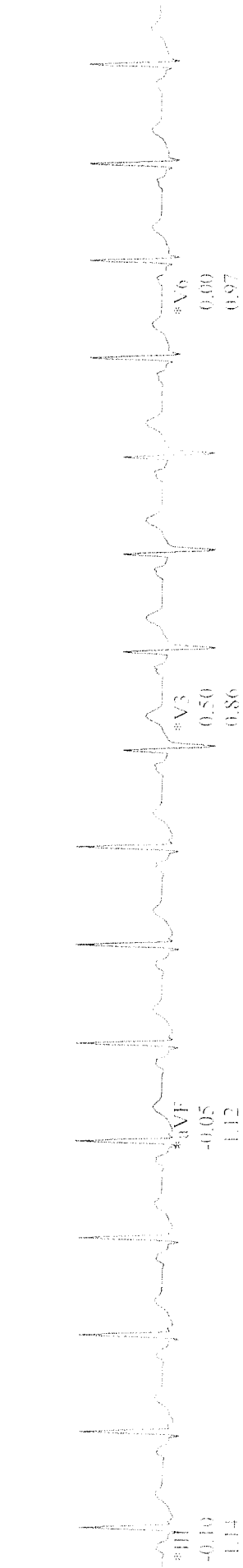
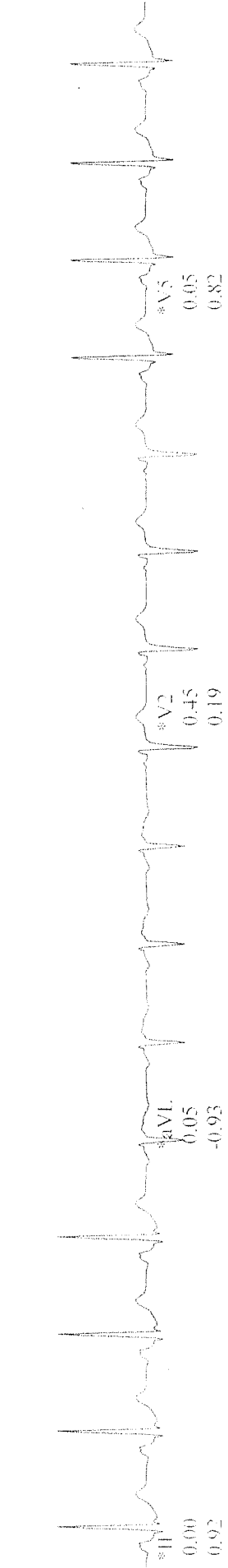
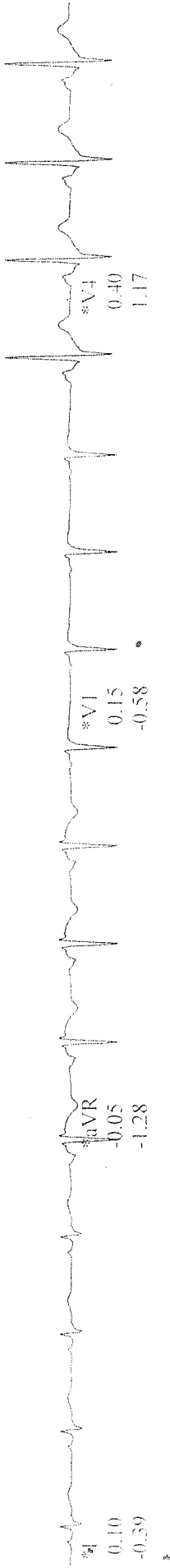
mr omkar p bhatki,
Patient ID: 160608
27.12.2023 Male 173 cm 68 kg
12:26:44pm 54 yrs Indian

BRUCE
0.0 mph
0.0 %

RECOVERY
#1
03:00

96 bpm

Lead
ST Level (mm)
ST Slope (mV s)



Raw Data

बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें
MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON L

011-41195959

Dear **Omkar Bilki**,

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 19-12-2023
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
Address of Diagnostic/Hospital- : 2012, 1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038
City : Bangalore
State :
Pincode : 560038
Appointment Date : 27-12-2023
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am-9:30am
Booking Status : Booking Confirmed

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| Omkar Bilki | 54 year | Male |

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

Bank of Baroda
Omkar P Bilki
155146

ISSUING AUTHORITY

SIGNATURE OF MEMBER



Patient Name : Mr. Omkar P Bilki

Age/Gender : 54 Y/M

UHID/MR No. : CINR.0000160608

OP Visit No : CINROPV214412

Sample Collected on :

Reported on : 27-12-2023 19:21

LRN# : RAD2191818

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9845155666

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

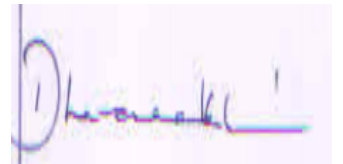
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mr. Omkar P Bilki

Age/Gender : 54 Y/M

UHID/MR No. : CINR.0000160608

OP Visit No : CINROPV214412

Sample Collected on :

Reported on : 27-12-2023 14:33

LRN# : RAD2191818

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9845155666

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side. **Right kidney shows 3 small exophytic cysts with 2-3 microlith. Left kidney shows 2 exophytic cysts largest measuring 2.5x2.7cm in mid pole.**

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in 29cc and echo-pattern.

No free fluid or lymphadenopathy is seen.

IMPRESSION:

1.EXOPHYTIC CYSTS IN BOTH KIDNEYS.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology