

| | |
|------------------------------|--|
| Patient Name : Mr.MUTHURAJ | Collected : 16/Mar/2024 08:41AM |
| Age/Gender : 46 Y 1 M 22 D/M | Received : 16/Mar/2024 01:29PM |
| UHID/MR No : CBAS.0000037429 | Reported : 16/Mar/2024 05:18PM |
| Visit ID : CBASOPV101179 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 393279 | |

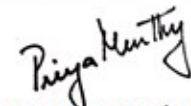
DEPARTMENT OF HAEMATOLOGY

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 | 15.5 | g/dL | 13-17 | Spectrophotometer |
| PCV | 45.70 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.45 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 83.9 | fL | 83-101 | Calculated |
| MCH | 28.5 | pg | 27-32 | Calculated |
| MCHC | 33.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,880 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 51.1 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 38.3 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 4.9 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 5.2 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.5 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3515.68 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2635.04 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 337.12 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 357.76 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 34.4 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.33 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 304000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 21 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |



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SIN No:BED240070224

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

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

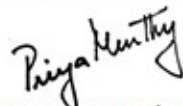
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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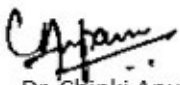
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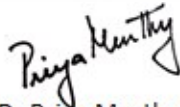
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|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | B | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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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 | 92 | 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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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) | 97 | 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 | | | | |

Page 4 of 15



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SIN No:EDT240032066

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| | | | |
|---------------------------------|-----|-------|------------|
| HBA1C, GLYCATED HEMOGLOBIN | 5.7 | % | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 117 | mg/dL | Calculated |


Comment:

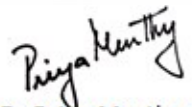
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| 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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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 237 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 215 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 51 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 186 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 143.3 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 43 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.65 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.26 | | <0.11 | Calculated |

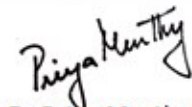
Comment:

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:


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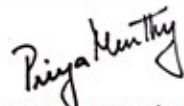
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention 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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| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.70 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.08 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.62 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 20 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 19.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 90.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.25 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.85 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.40 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 2.02 | | 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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Dr Priya Murthy
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Consultant Pathologist



SIN No:SE04663155

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

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

| | |
|------------------------------|--|
| Patient Name : Mr.MUTHURAJ | Collected : 16/Mar/2024 08:41AM |
| Age/Gender : 46 Y 1 M 22 D/M | Received : 16/Mar/2024 06:16PM |
| UHID/MR No : CBAS.0000037429 | Reported : 16/Mar/2024 09:18PM |
| Visit ID : CBASOPV101179 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 393279 | |

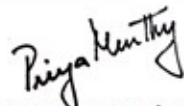
DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.91 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 19.30 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.0 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.85 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 8.50 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.28 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.0 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.25 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.85 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.40 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 2.02 | | 0.9-2.0 | Calculated |



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APOLLO CLINICS NETWORK

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| | |
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| Patient Name : Mr.MUTHURAJ | Collected : 16/Mar/2024 08:41AM |
| Age/Gender : 46 Y 1 M 22 D/M | Received : 16/Mar/2024 06:16PM |
| UHID/MR No : CBAS.0000037429 | Reported : 16/Mar/2024 07:58PM |
| Visit ID : CBASOPV101179 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 393279 | |

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 |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 21.00 | U/L | <55 | IFCC |



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| | |
|------------------------------|--|
| Patient Name : Mr.MUTHURAJ | Collected : 16/Mar/2024 08:41AM |
| Age/Gender : 46 Y 1 M 22 D/M | Received : 16/Mar/2024 06:18PM |
| UHID/MR No : CBAS.0000037429 | Reported : 16/Mar/2024 07:51PM |
| Visit ID : CBASOPV101179 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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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 | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 10.6 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.638 | 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 |




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SIN No:SPL24046878

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| Patient Name : Mr.MUTHURAJ | Collected : 16/Mar/2024 08:41AM |
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DEPARTMENT OF IMMUNOLOGY

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

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.990 | 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.MUTHURAJ | Collected : 16/Mar/2024 08:41AM |
| Age/Gender : 46 Y 1 M 22 D/M | Received : 16/Mar/2024 11:44AM |
| UHID/MR No : CBAS.0000037429 | Reported : 16/Mar/2024 03:19PM |
| Visit ID : CBASOPV101179 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 393279 | |

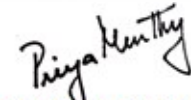
DEPARTMENT OF CLINICAL PATHOLOGY

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 | 5.5 | | 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 | 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 | 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 |



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SIN No:UR2306449

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| | |
|------------------------------|--|
| Patient Name : Mr.MUTHURAJ | Collected : 16/Mar/2024 08:41AM |
| Age/Gender : 46 Y 1 M 22 D/M | Received : 16/Mar/2024 11:44AM |
| UHID/MR No : CBAS.0000037429 | Reported : 16/Mar/2024 05:46PM |
| Visit ID : CBASOPV101179 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 393279 | |

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 |

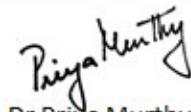
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF011181

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

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Name : Mr. Muthuraj

Age: 46 Y

UHID:CBAS.0000037429

Address : bnagalore

Sex: M

OP Number:CBASOPV101179

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
 INDIA OP AGREEMENT

Bill No :CBAS-OCR-61376

Date : 16.03.2024 08:28

| Sno | Service Type/ServiceName | Department |
|---------------|--|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 | |
| 1 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 2 | PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) | |
| 3 | 2D ECHO <i>Rs 11:30</i> | |
| 4 | LIVER FUNCTION TEST (LFT) | |
| 5 | GLUCOSE, FASTING | |
| 6 | HEMOGRAM + PERIPHERAL SMEAR | |
| 7 | DIET CONSULTATION | |
| 8 | COMPLETE URINE EXAMINATION | |
| 9 | URINE GLUCOSE(POST PRANDIAL) | |
| 10 | PERIPHERAL SMEAR | |
| 11 | ECG | |
| 12 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 13 | DENTAL CONSULTATION | |
| 14 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |
| 15 | URINE GLUCOSE(FASTING) | |
| 16 | HbA1c, GLYCATED HEMOGLOBIN | |
| 17 | X-RAY CHEST PA <i>(4)</i> | |
| 18 | ENT CONSULTATION <i>→ (13)</i> | |
| 19 | FITNESS BY GENERAL PHYSICIAN | |
| 20 | BLOOD GROUP ABO AND RH FACTOR | |
| 21 | LIPID PROFILE | |
| 22 | BODY MASS INDEX (BMI) | |
| 23 | OPHTHAL BY GENERAL PHYSICIAN <i>→ (3)</i> | |
| 24 | ULTRASOUND - WHOLE ABDOMEN <i>(5)</i> | |
| 25 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |

Physio → (6)
Dental → 10

HT - 163
WT - 78.9
HbA1c - 7.9
WBC - 86
Bp - 120/85
PR - 95

"Ergonomic Chair"

ECHOCARDIOGRAPHY REPORT

Name: MR MUTTHURAJ Age: 46 YEARS GENDER: MALE

Consultant: Dr.VISHAL KUMAR.H. Date : 16/03/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

| | | | | | | | |
|-----------------------|------|------|-------|---|------|-------|-------|
| Mitral Valve | E | 0.84 | m/sec | A | 0.60 | m/sec | No MR |
| Tricuspid Valve | E | 0.54 | m/sec | A | 0.38 | m/sec | No TR |
| Aortic Valve | Vmax | 1.16 | m/sec | | | | No AR |
| Pulmonary Valve | Vmax | 0.84 | m/sec | | | | No PR |
| Diastolic Dysfunction | | | | | | | |

M-Mode Measurements

| P | Parameter | Observed Value | Normal Range | |
|----|-------------------------|----------------|--------------|----|
| A | Aorta | 2.7 | 2.6-3.6 | cm |
| LI | left Atrium | 3.0 | 2.7-3.8 | cm |
| A | Aortic Cusp Separation | 1.5 | 1.4-1.7 | cm |
| II | IVS - Diastole | 0.9 | 0.9-1.1 | cm |
| L | left Ventricle-Diastole | 4.5 | 4.2-5.9 | cm |
| P | Posterior wall-Diastole | 0.9 | 0.9-1.1 | cm |
| I | IVS-Systole | 1.3 | 1.3-1.5 | cm |
| LL | left Ventricle-Systole | 2.8 | 2.1-4.0 | cm |
| P | Posterior wall-Systole | 1.2 | 1.3-1.5 | cm |
| E | Ejection Fraction | 60 | ≥ 50 | % |
| F | Fractional shortening | 30 | ≥ 20 | % |
| R | Right Ventricle | 2.4 | 2.0-3.3 | cm |

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

Date: IST: 2024-03-16 09:57:16

Personal Details

UHID: 01P3FGAT6TMORMA
PatientID: 37429
Name: muthuraj
Age: 46
Gender: Male
Mobile: 2536985236

Pre-Existing Medical Conditions

Symptoms

Vitals

Measurements
HR: 99 BPM
PR: 137 ms
PD: 118 ms
QRSD: 87 ms
QRS Axis: 60 deg
QT/QTc: 338/338 ms

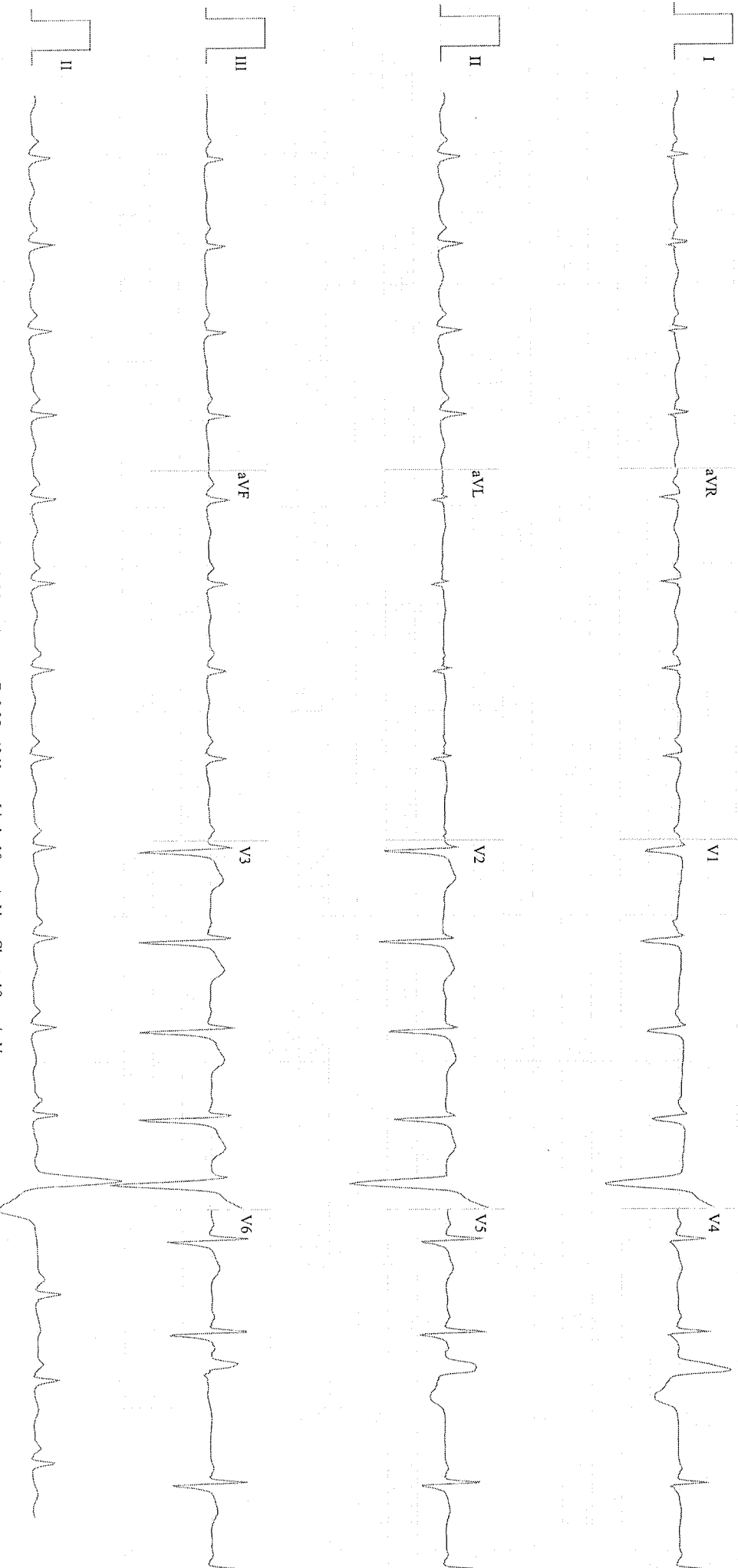
Interpretation

Sinus rhythm with premature ventricular contraction
Normal axis

Report ID: AHLLP_01P3FGAT6TMORMA_V6TM0RNG

Authorized by

Dr. Yogesh Kolhari
MD, DNB, FESC, FEP
Reg. No. - KMC 44065



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

Caution: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to a full clinical history. Symptoms and results of other non-invasive tests and any other investigations should be interpreted by a qualified physician. 2. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. A thin of interpretation is important.

Mr. Muthuraj. 46/M 37429 16/3/24

EYE CHECK UP REPORT

Vision Acuity
6/9 → PH → 6/6
6/9 → PH → 6/6

Digital IOP
2
2

Near Vision
NG unaided
NG

Colour Vision
Normal
Normal

• Fundus:

• Ant. Segment :-

• Media:

• Pupil:

} Need further evaluation

Adv for dilated refraction +

Further Opinion

H/O Lesion done 10yrs ago.

CMC

Mrs. Muthuraj, 46 yrs.

16/3/24

No H/O & DM/HTW

Ht -> 163cm

Feb-23, 1800 cal. High zinc
low fat diet

Wt -> 76.9 kg

IBW -> 65 kg

BRISK walk -> 45-60 min/day

BF or DM -> No one/upper

Regulated / tablets / 2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100/101/102/103/104/105/106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125/126/127/128/129/130/131/132/133/134/135/136/137/138/139/140/141/142/143/144/145/146/147/148/149/150/151/152/153/154/155/156/157/158/159/160/161/162/163/164/165/166/167/168/169/170/171/172/173/174/175/176/177/178/179/180/181/182/183/184/185/186/187/188/189/190/191/192/193/194/195/196/197/198/199/200/201/202/203/204/205/206/207/208/209/210/211/212/213/214/215/216/217/218/219/220/221/222/223/224/225/226/227/228/229/230/231/232/233/234/235/236/237/238/239/240/241/242/243/244/245/246/247/248/249/250/251/252/253/254/255/256/257/258/259/260/261/262/263/264/265/266/267/268/269/270/271/272/273/274/275/276/277/278/279/280/281/282/283/284/285/286/287/288/289/290/291/292/293/294/295/296/297/298/299/300/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/316/317/318/319/320/321/322/323/324/325/326/327/328/329/330/331/332/333/334/335/336/337/338/339/340/341/342/343/344/345/346/347/348/349/350/351/352/353/354/355/356/357/358/359/360/361/362/363/364/365/366/367/368/369/370/371/372/373/374/375/376/377/378/379/380/381/382/383/384/385/386/387/388/389/390/391/392/393/394/395/396/397/398/399/400/401/402/403/404/405/406/407/408/409/410/411/412/413/414/415/416/417/418/419/420/421/422/423/424/425/426/427/428/429/430/431/432/433/434/435/436/437/438/439/440/441/442/443/444/445/446/447/448/449/450/451/452/453/454/455/456/457/458/459/460/461/462/463/464/465/466/467/468/469/470/471/472/473/474/475/476/477/478/479/480/481/482/483/484/485/486/487/488/489/490/491/492/493/494/495/496/497/498/499/500/501/502/503/504/505/506/507/508/509/510/511/512/513/514/515/516/517/518/519/520/521/522/523/524/525/526/527/528/529/530/531/532/533/534/535/536/537/538/539/540/541/542/543/544/545/546/547/548/549/550/551/552/553/554/555/556/557/558/559/560/561/562/563/564/565/566/567/568/569/570/571/572/573/574/575/576/577/578/579/580/581/582/583/584/585/586/587/588/589/590/591/592/593/594/595/596/597/598/599/600/601/602/603/604/605/606/607/608/609/610/611/612/613/614/615/616/617/618/619/620/621/622/623/624/625/626/627/628/629/630/631/632/633/634/635/636/637/638/639/640/641/642/643/644/645/646/647/648/649/650/651/652/653/654/655/656/657/658/659/660/661/662/663/664/665/666/667/668/669/670/671/672/673/674/675/676/677/678/679/680/681/682/683/684/685/686/687/688/689/690/691/692/693/694/695/696/697/698/699/700/701/702/703/704/705/706/707/708/709/710/711/712/713/714/715/716/717/718/719/720/721/722/723/724/725/726/727/728/729/730/731/732/733/734/735/736/737/738/739/740/741/742/743/744/745/746/747/748/749/750/751/752/753/754/755/756/757/758/759/760/761/762/763/764/765/766/767/768/769/770/771/772/773/774/775/776/777/778/779/780/781/782/783/784/785/786/787/788/789/790/791/792/793/794/795/796/797/798/799/800/801/802/803/804/805/806/807/808/809/810/811/812/813/814/815/816/817/818/819/820/821/822/823/824/825/826/827/828/829/830/831/832/833/834/835/836/837/838/839/840/841/842/843/844/845/846/847/848/849/850/851/852/853/854/855/856/857/858/859/860/861/862/863/864/865/866/867/868/869/870/871/872/873/874/875/876/877/878/879/880/881/882/883/884/885/886/887/888/889/890/891/892/893/894/895/896/897/898/899/900/901/902/903/904/905/906/907/908/909/910/911/912/913/914/915/916/917/918/919/920/921/922/923/924/925/926/927/928/929/930/931/932/933/934/935/936/937/938/939/940/941/942/943/944/945/946/947/948/949/950/951/952/953/954/955/956/957/958/959/960/961/962/963/964/965/966/967/968/969/970/971/972/973/974/975/976/977/978/979/980/981/982/983/984/985/986/987/988/989/990/991/992/993/994/995/996/997/998/999/1000

* Veg salad -> This morning only.
Lunch -> only 2-3 hrs.

pre-Dur.
phats -> up to 400 mg
oils -> 2000 kcal

Dr. K. S. Srinivasan

Mr. Muthuraj

46/M

16/03/24

Dr. Anukritha Preamk
MBBS, MS, DNB, FHO

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for regular routine check up.
No ENT related complaints at present.

O/E: Ear
Nose
Throat } W.M

Adv: Regular follow up

Follow up date:

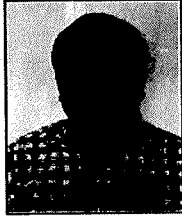
2/3
Dr. Anukritha
114400

Doctor Signature



सत्यमेव जयते

भारत सरकार
GOVERNMENT OF INDIA



Muthu Raj M

ಮುತ್ತು ರಾಜ್ ಮ್

जन्म तिथि/DOB:

25-01-1978

पुरुष / MALE



7176 9428 8222

आधार - आम आदमी का अधिकार

RE: Health Check-up Bookings No. 49 (Annual)

Corporate Apollo Clinic <corporate@apolloclinic.com>

Wed 3/13/2024 3:47 PM

To: 'Customer Care :Mediwheel : New Delhi' <customercare@mediwheel.in>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>;
deepak <deepak.c@apolloclinic.com>; Electronic City <ecity@apolloclinic.com>; Tnagar Apolloclinic <tnagar@apolloclinic.com>;
Asraonagar Apolloclinic <asraonagar@apolloclinic.com>; Aundh Apolloclinic <aundh@apolloclinic.com>; Basavanagudi
Apolloclinic <basavanagudi@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; Mysore Apolloclinic
<mysore@apolloclinic.com>; Sohna Road <sohna.road@apolloclinic.com>; Vimannagar Apolloclinic
<vimannagar@apolloclinic.com>; Vizag Apolloclinic <vizag@apolloclinic.com>; Hitechcity Apolloclinic
<hitechcity@apolloclinic.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Rahul
Rai <rahul.raai@apolloclinic.com>; Cc Tardeo <cc.tardeo@apollospectra.com>; Sayan Bhattacharya <sayan.b@apollohl.com>;
Fathma Shaik <fathma.shaik@apollohl.com>

📎 1 attachments (20 KB)

Copy of 13032024 Bookings.xlsx;

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

Kumar | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-
Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Sent: Wednesday, March 13, 2024 12:18 PM
To: Corporate Apollo Clinic <corporate@apolloclinic.com>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi
<network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>
Subject: Health Check-up Bookings No. 49 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in

Customer Pending Tests
fitness by
general
physician
pending

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mr. Muthuraj | Age/Gender | : 46 Y/M |
| UHID/MR No. | : CBAS.0000037429 | OP Visit No | : CBASOPV101179 |
| Sample Collected on | : | Reported on | : 16-03-2024 16:07 |
| LRN# | : RAD2268771 | Specimen | : |
| Ref Doctor | : Dr.sanjana | | |
| Emp/Auth/TPA ID | : 393279 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

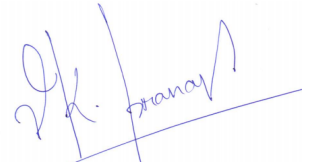
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mr. Muthuraj | Age/Gender | : 46 Y/M |
| UHID/MR No. | : CBAS.0000037429 | OP Visit No | : CBASOPV101179 |
| Sample Collected on | : | Reported on | : 16-03-2024 12:49 |
| LRN# | : RAD2268771 | Specimen | : |
| Ref Doctor | : Dr.sanjana | | |
| Emp/Auth/TPA ID | : 393279 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (14.5 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 10.1x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 9.5x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size (volume 22 cc) and echo texture.

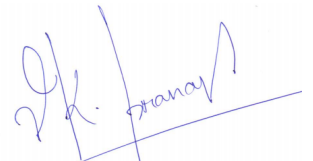
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

GRADE I FATTY LIVER.

Suggested clinical correlation.

(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 PRNAV VENKATESH
MBBS, MD



Patient Name : Mr. Muthuraj

Age/Gender : 46 Y/M

Radiology