

| | |
|----------------------------------|--|
| Patient Name : Mr.PANNEER SELVAM | Collected : 29/Mar/2024 08:19AM |
| Age/Gender : 43 Y 11 M 22 D/M | Received : 29/Mar/2024 12:20PM |
| UHID/MR No : CJPN.0000007801 | Reported : 29/Mar/2024 02:37PM |
| Visit ID : CJPNOPV192212 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 919945785595 | |

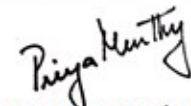
DEPARTMENT OF HAEMATOLOGY

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 | 15.3 | g/dL | 13-17 | Spectrophotometer |
| PCV | 44.70 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.45 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 100.3 | fL | 83-101 | Calculated |
| MCH | 34.4 | pg | 27-32 | Calculated |
| MCHC | 34.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,250 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 59.8 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 29.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.7 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 7.8 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.4 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4335.5 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2124.25 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 195.75 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 565.5 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 29 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.04 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 383000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 8 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |
| RBC NORMOCYTIC NORMOCHROMIC | | | | |
| WBC WITHIN NORMAL LIMITS | | | | |



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SIN No:BED240086483

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

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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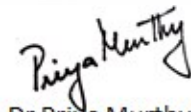
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PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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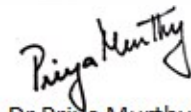
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Microplate Hemagglutination |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



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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 122 | 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) | 109 | mg/dL | 70-140 | HEXOKINASE |

Comment:

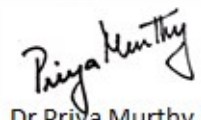
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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 | 6.2 | % | | HPLC |

Page 4 of 16


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SIN No: EDT240039988

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DEPARTMENT OF BIOCHEMISTRY

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| | | | |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 131 | mg/dL | Calculated |
|---------------------------------|-----|-------|------------|

Comment:

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

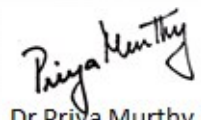
| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

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 | 215 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 172 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 47 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 168 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 133.5 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 34.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.57 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.20 | | <0.11 | Calculated |

Comment:

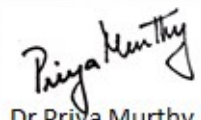
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | Desirable | Borderline High | High | Very High |
|------------------------|-------------------------------------|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL | < 200 | 200 - 239 | ≥ 240 | |
| TRIGLYCERIDES | <150 | 150 - 199 | 200 - 499 | ≥ 500 |
| LDL | Optimal < 100; Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130; Above Optimal 130-159 | 160-189 | 190-219 | >220 |
| ATHEROGENIC INDEX(AIP) | <0.11 | 0.12 – 0.20 | >0.21 | |

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.


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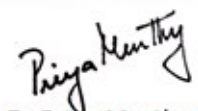
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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| Patient Name : Mr.PANNEER SELVAM | Collected : 29/Mar/2024 08:19AM |
| Age/Gender : 43 Y 11 M 22 D/M | Received : 29/Mar/2024 12:51PM |
| UHID/MR No : CJPN.0000007801 | Reported : 29/Mar/2024 02:03PM |
| Visit ID : CJPNOPV192212 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 919945785595 | |

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 |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.75 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.13 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.62 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 24 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 20.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 74.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.20 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.69 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.51 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.87 | | 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.

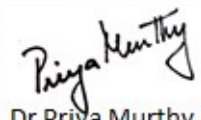
2. Cholestatic Pattern:

- 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:

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


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SIN No:SE04679861

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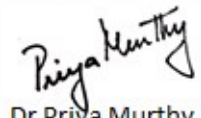
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.82 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 18.70 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 8.7 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.29 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.40 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.46 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 136 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.5 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 102 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.20 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.69 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.51 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.87 | | 0.9-2.0 | Calculated |


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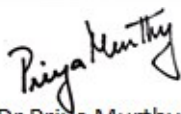
DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 17.00 | U/L | <55 | IFCC |



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DEPARTMENT OF IMMUNOLOGY

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


| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.84 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 7 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 3.800 | µIU/mL | 0.35-4.94 | CMIA |

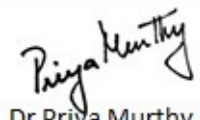
Comment:

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

- 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 |


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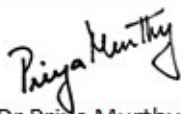
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DEPARTMENT OF IMMUNOLOGY

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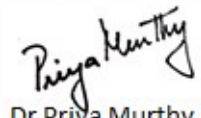
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DEPARTMENT OF IMMUNOLOGY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.368 | ng/mL | <4 | CMIA |


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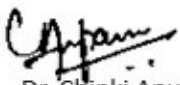
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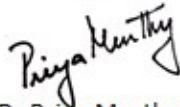
DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| 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 | 1.025 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| 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 |



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



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SIN No:UR2319369

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

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

APOLLO CLINICS NETWORK

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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

| | |
|----------------------------------|--|
| Patient Name : Mr.PANNEER SELVAM | Collected : 29/Mar/2024 11:01AM |
| Age/Gender : 43 Y 11 M 22 D/M | Received : 29/Mar/2024 05:17PM |
| UHID/MR No : CJPN.0000007801 | Reported : 29/Mar/2024 06:51PM |
| Visit ID : CJPNOPV192212 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 919945785595 | |

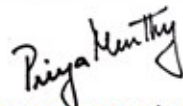
DEPARTMENT OF CLINICAL PATHOLOGY

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 |



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



SIN No:UPP017443

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

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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

| | |
|----------------------------------|--|
| Patient Name : Mr.PANNEER SELVAM | Collected : 29/Mar/2024 08:19AM |
| Age/Gender : 43 Y 11 M 22 D/M | Received : 29/Mar/2024 12:44PM |
| UHID/MR No : CJPN.0000007801 | Reported : 29/Mar/2024 01:46PM |
| Visit ID : CJPNOPV192212 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 919945785595 | |

DEPARTMENT OF CLINICAL PATHOLOGY

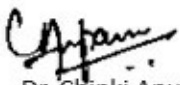
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

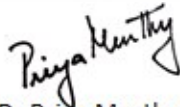
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 16 of 16



Dr. Chinki Anupam
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Consultant Pathologist



Dr. Priya Murthy
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SIN No:UF011503

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APOLLO CLINICS NETWORK

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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| | | |
|---|---|---|
| Name : Mr. Pannear Selvam Address : J p nagar Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT | Age : 43 Y Sex : M | UHID :CJPN.0000007801  OP Number :CJPNOPV192212 Bill No :CJPN-OCR-70406 Date : 29.03.2024 08:16 |
|---|---|---|

| Sno | Serive 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 | 2 D ECHO OR STAT | |
| 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 - 22 | |
| 14 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |
| 15 | URINE GLUCOSE(FASTING) | |
| 16 | HbA1c, GLYCATED HEMOGLOBIN | |
| 17 | X-RAY CHEST PA | |
| 18 | ENT CONSULTATION | |
| 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 | |
| 24 | ULTRASOUND - WHOLE ABDOMEN | |
| 25 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |

2 Audiogram # @
 ↳ Physio 4
 ↳ Ophthal = front -

weight = 78.2 kgs
 Height = 168cm
 waist = 101cm
 Hip = 107cm
 BP = 137/94mmHg
 PR = 72 b/min

Place label here
 Name: Pannesar Selvam
 Age: 43
 Sex: M
 UHID: CSPN.0000007801



HEALTH CHECK-CASE SHEET

CHIEF COMPLAINT : Regular dental check up

MEDICAL HISTORY : —

FINDINGS :

Caries : —

Missing Teeth : —

Impactions : —

Attrition : —

Root Stumps : —

Drug Allergy : —

Abrasion : —

Calculus : ca⁺⁺ S⁺⁺

Mobility —

Restored Teeth —

Others :

| | |
|----------|----------|
| 87654321 | 12345678 |
| 87654321 | 12345678 |

DIAGNOSIS : —

X-Ray

IOPA :

OPG

Treatment Plan : Amelior and prophylaxis

APOLLO CLINIC
J P NAGAR
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MR PANNER SELVAM ,
Patient ID: CJPN.000007801
Height: 168 cm
Weight: 78 kg

DOB: 06.10.1978
Age: 45 yrs
Gender: Male
Race: Asian

Study Date: 29.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed [km/h] | Grade [%] | HR [bpm] | BP [mmHg] | Comment |
|------------|------------|------------------|-------------------|----------------|---------------|----------------|---------|
| PRETEST | SUPINE | 00:27 | 0.00 | 0.00 | 87 | 130/90 | |
| EXERCISE | STAGE 1 | 03:00 | 2.70 | 10.00 | 121 | 140/90 | |
| | STAGE 2 | 03:00 | 4.00 | 12.00 | 144 | 150/90 | |
| | STAGE 3 | 03:00 | 5.40 | 14.00 | 176 | 160/90 | |
| | STAGE 4 | 00:11 | 6.70 | 16.00 | 176 | | |
| RECOVERY | | 01:41 | 0.00 | 0.00 | 134 | 130/90 | |

The patient exercised according to the BRUCE for 9:10 min:s, achieving a work level of Max. METS: 10.50. The resting heart rate of 86 bpm rose to a maximal heart rate of 176 bpm. This value represents 100 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/90 mmHg , rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to --.

Interpretation

Summary: Resting ECG: normal.

Conclusions

GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN

*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician  Technician _____

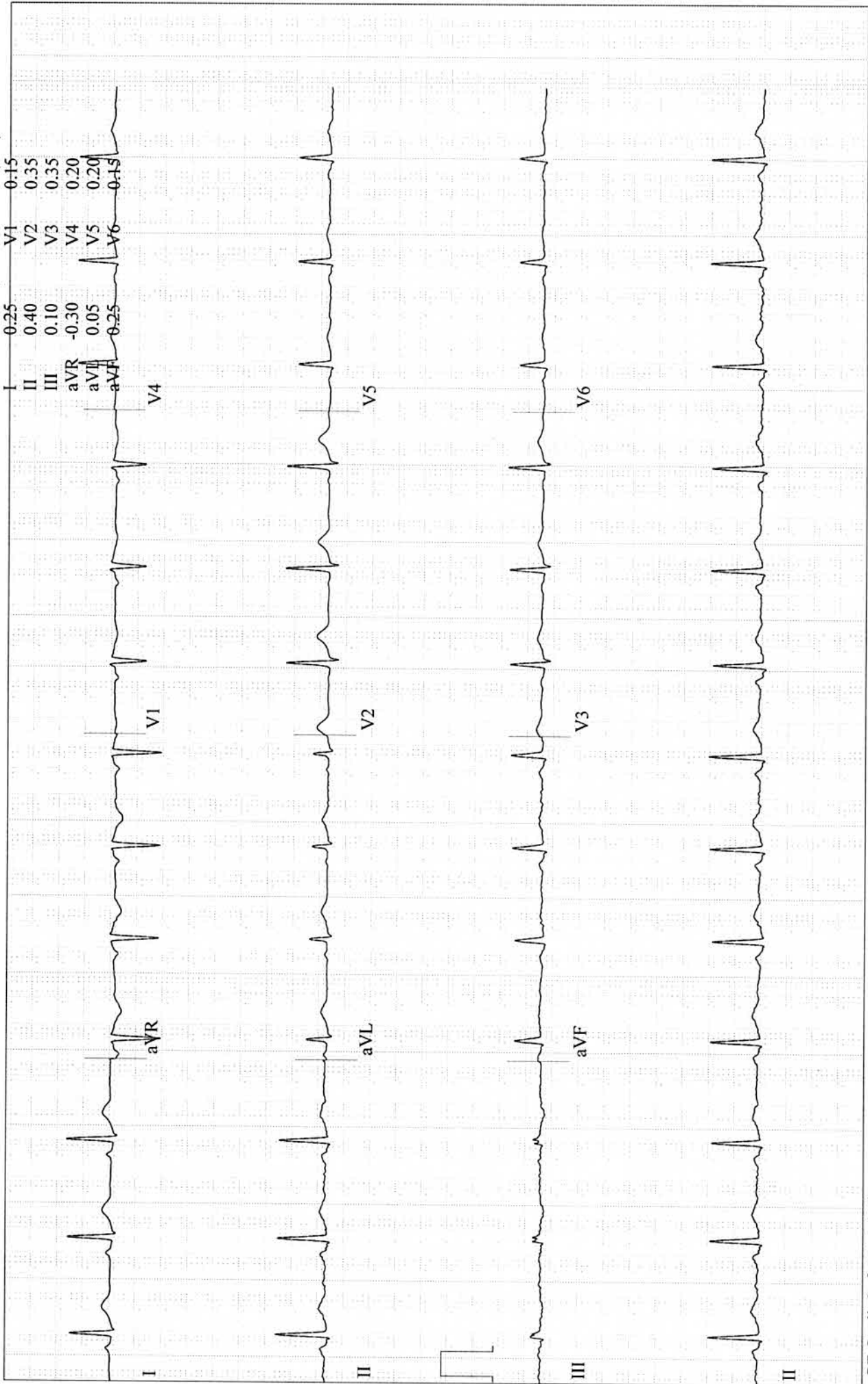
Exercise Test / 12-Lead Report

MR PANNER SELVAM,
Patient ID: CJPN.000007801
29.03.2024 Male 168 cm 78 kg
10:39:00am 45 yrs Asian

82 bpm
130/90 mmHg

Measured at 60 ms Post J (10mm/mV)
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.25 | V1 | 0.15 |
| II | 0.40 | V2 | 0.35 |
| III | 0.10 | V3 | 0.35 |
| aVR | -0.30 | V4 | 0.20 |
| aVL | 0.05 | V5 | 0.20 |
| aVF | 0.25 | V6 | 0.15 |



Exercise Test / 12-Lead Report

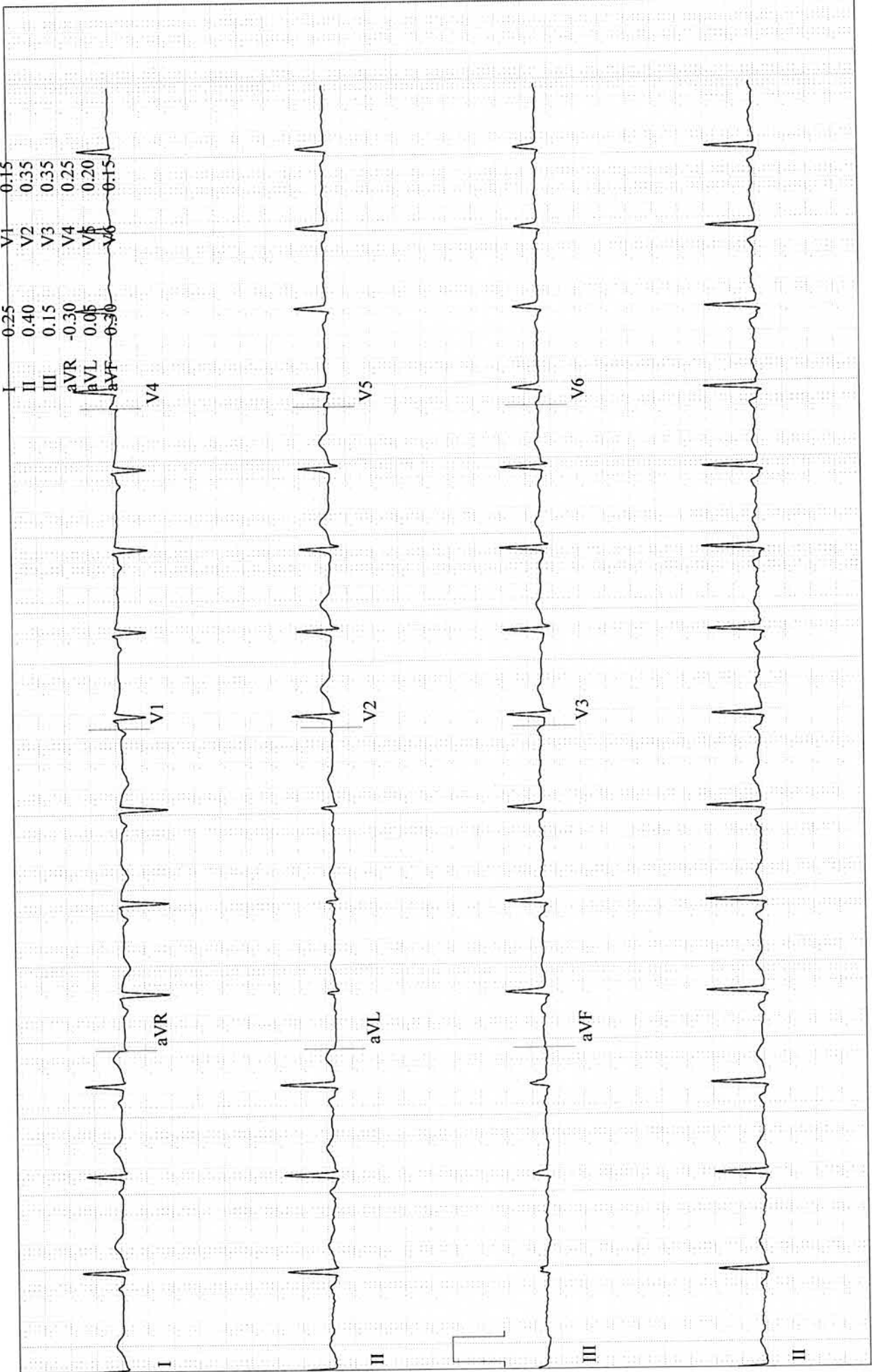
MR PANNER SELVAM,
Patient ID: CJPN.000007801
29.03.2024 Male 168 cm 78 kg
10:39:26am 45 yrs Asian

86 bpm
130/90 mmHg

PRETEST
SUPINE
00:04

BRUCE
0.0 km/h
0.0 % Measured at 60 ms Post J (10mm/mV)

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.25 | V1 | 0.15 |
| II | 0.40 | V2 | 0.35 |
| III | 0.15 | V3 | 0.35 |
| aVR | -0.30 | V4 | 0.25 |
| aVL | 0.05 | V5 | 0.20 |
| aVF | 0.30 | V6 | 0.15 |



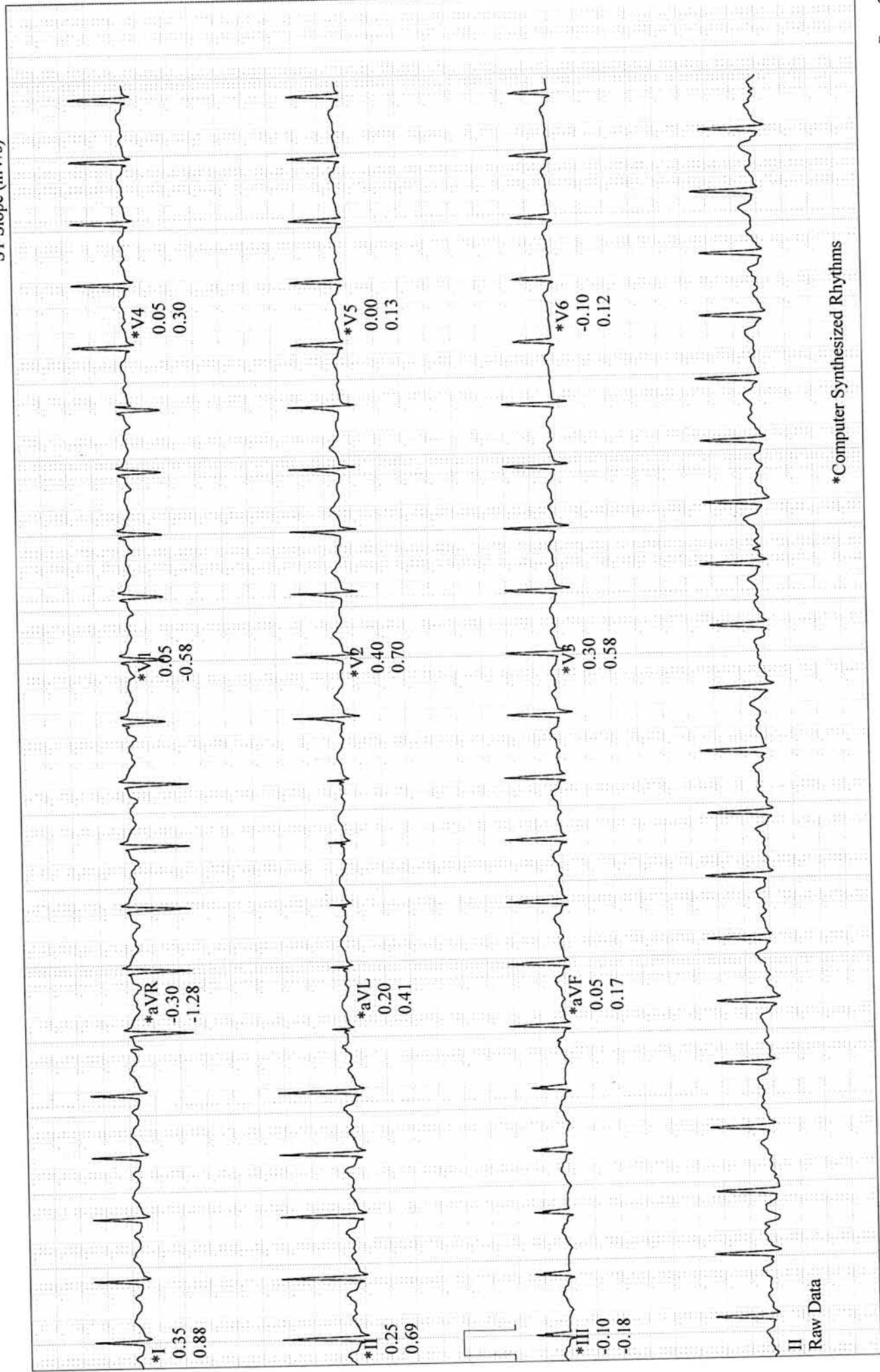
BRUCE
2.7 km/h
10.0 %

MR PANNER SELVAM,
Patient ID: CJPN.000007801
29.03.2024 Male 168 cm 78 kg
10:42:32am 45 yrs Asian

123 bpm
140/90 mmHg

EXERCISE
STAGE 1
02:50

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

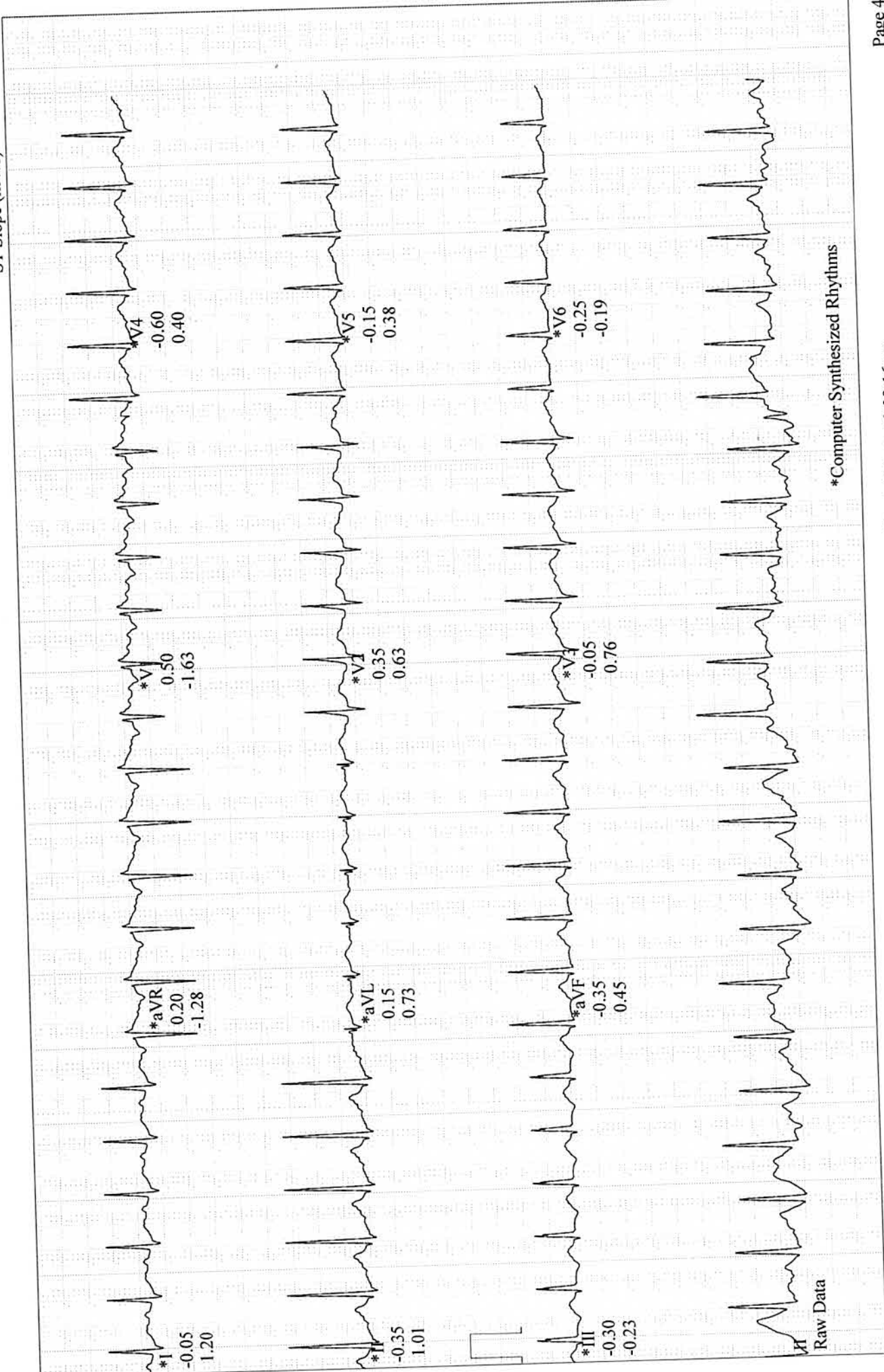


*Computer Synthesized Rhythms

BRUCE
4.0 km/h
12.0 %

MR PANNER SELVAM,
Patient ID: CJPN.00007801
29.03.2024 Male 168 cm 78 kg
10:45:32am 45 yrs Asian

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



Raw Data

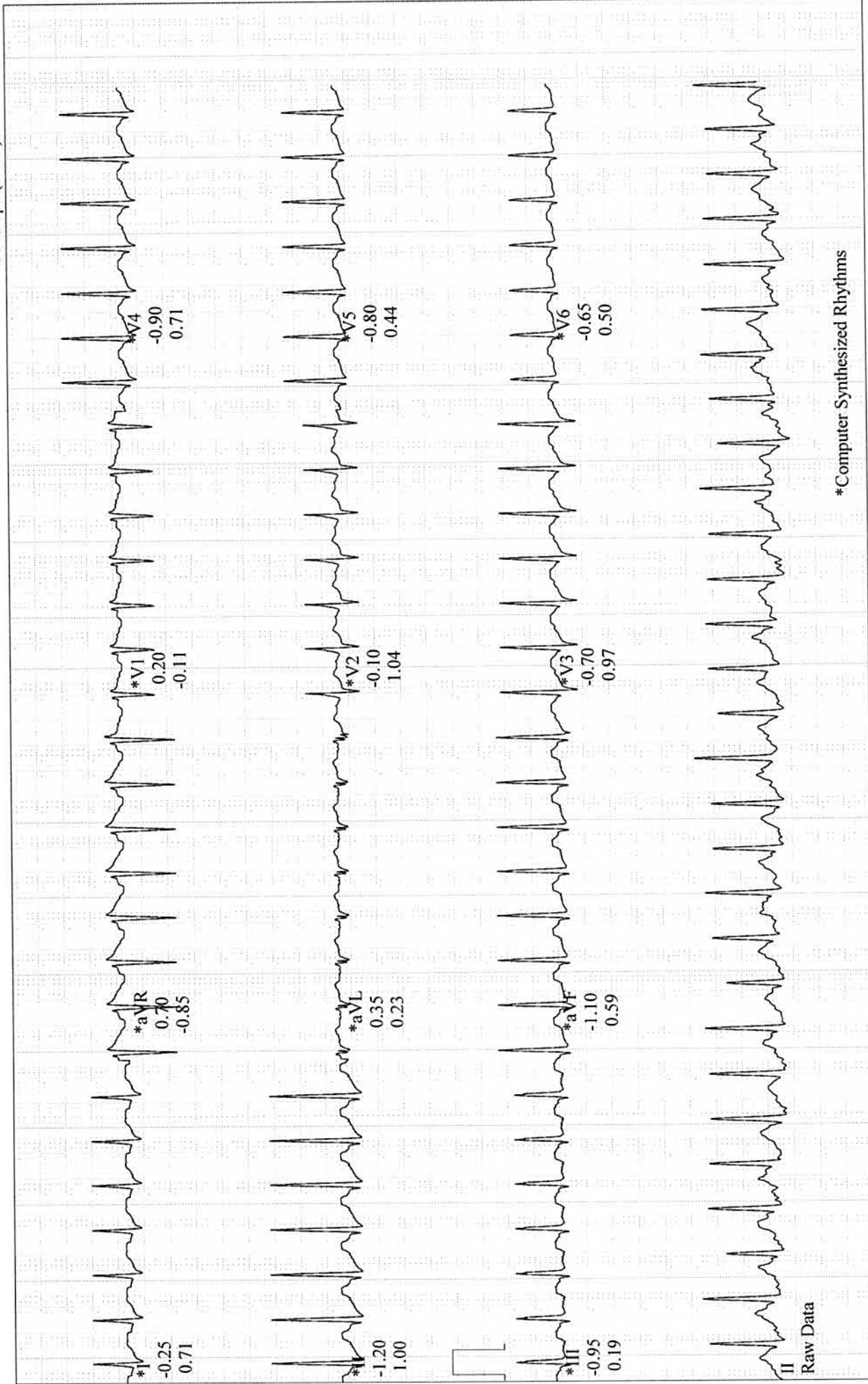
MR PANNER SELVAM,
Patient ID: CJPN.000007801
29.03.2024 Male 168 cm 78 kg
10:48:32am 45 yrs Asian

BRUCE
5.4 km/h
14.0 %

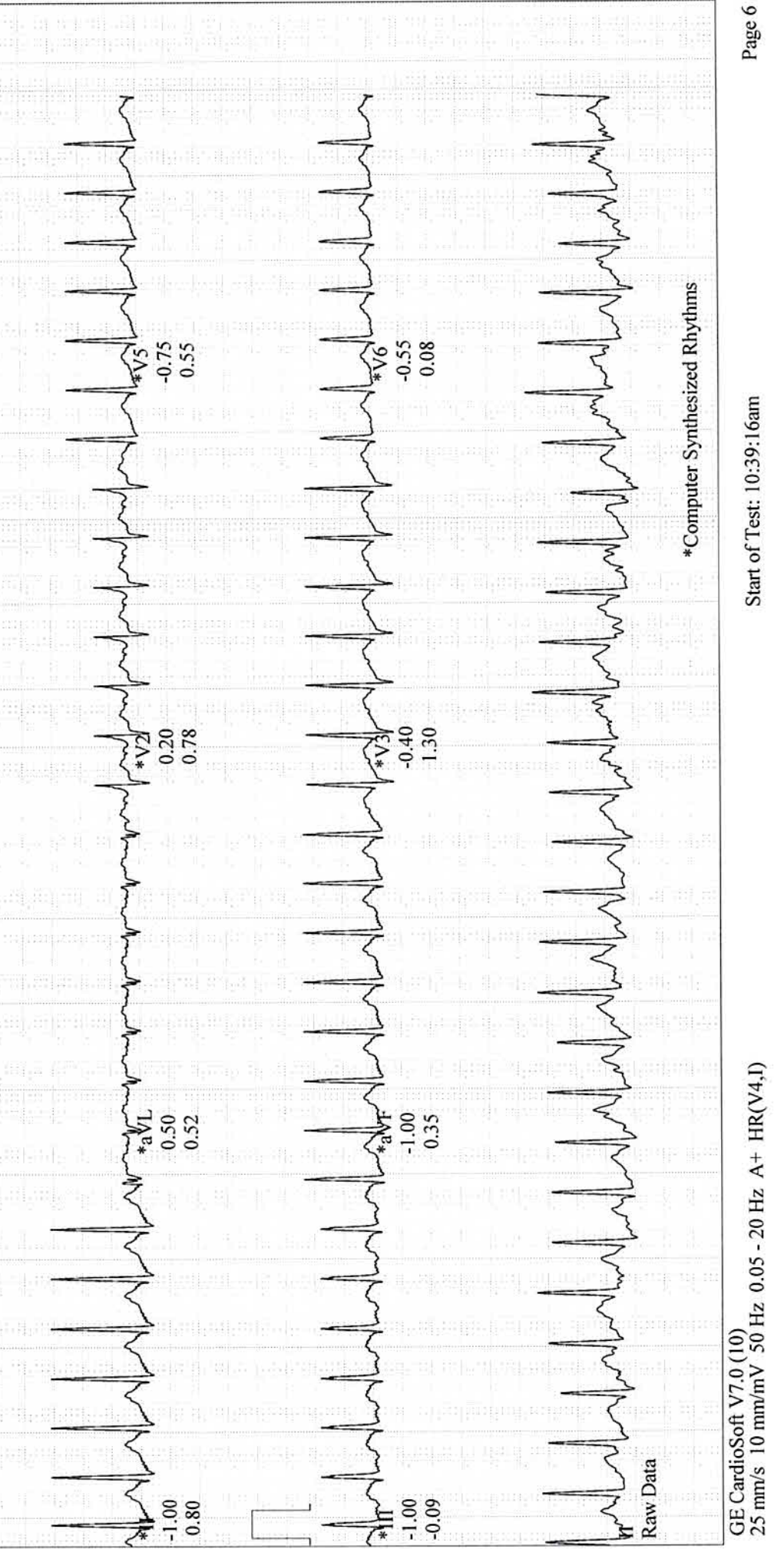
173 bpm
160/90 mmHg

EXERCISE
STAGE 3
08:50

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



Exercise Test / Linked Medians (PEAK EXERCISE)
 EXERCISE BRUCE
 STAGE 4 6.7 km/h
 09:11 16.0 %
 176 bpm



*Computer Synthesized Rhythms

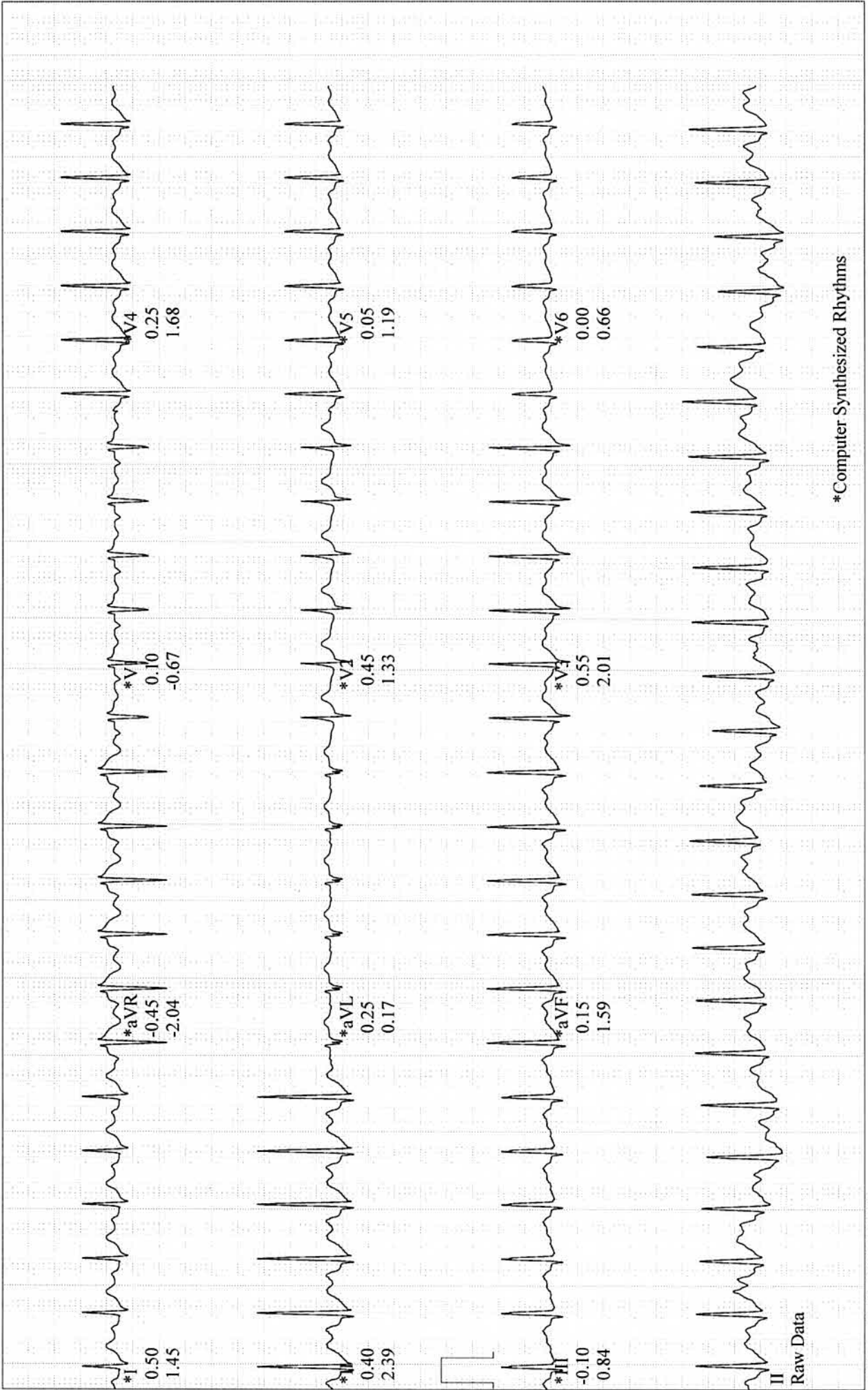
MR PANNER SELVAM,
Patient ID: CJPN.000007801
29.03.2024 Male 168 cm 78 kg
10:49:52am 45 yrs Asian

BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
01:00

144 bpm
150/90 mmHg

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



*Computer Synthesized Rhythms

Exercise Test / Selected Medians Report

MR PANNER SELVAM,

Patient ID: CJPN.000007801

29.03.2024 Male 168 cm 78 kg

10:39:16am 45 yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 09:10

Max HR: 176 bpm 100 % of max predicted 175 bpm HR at rest: 86

Max BP: 160/90 mmHg BP at rest: 130/90 Max RPP: 28160 mmHg*bpm

Maximum Workload: 10.50 METS

Max. ST: -1.40 mm, 0.73 mV/s in II; EXERCISE STAGE 3 8:30

Arrhythmia: A:33, PVC:3

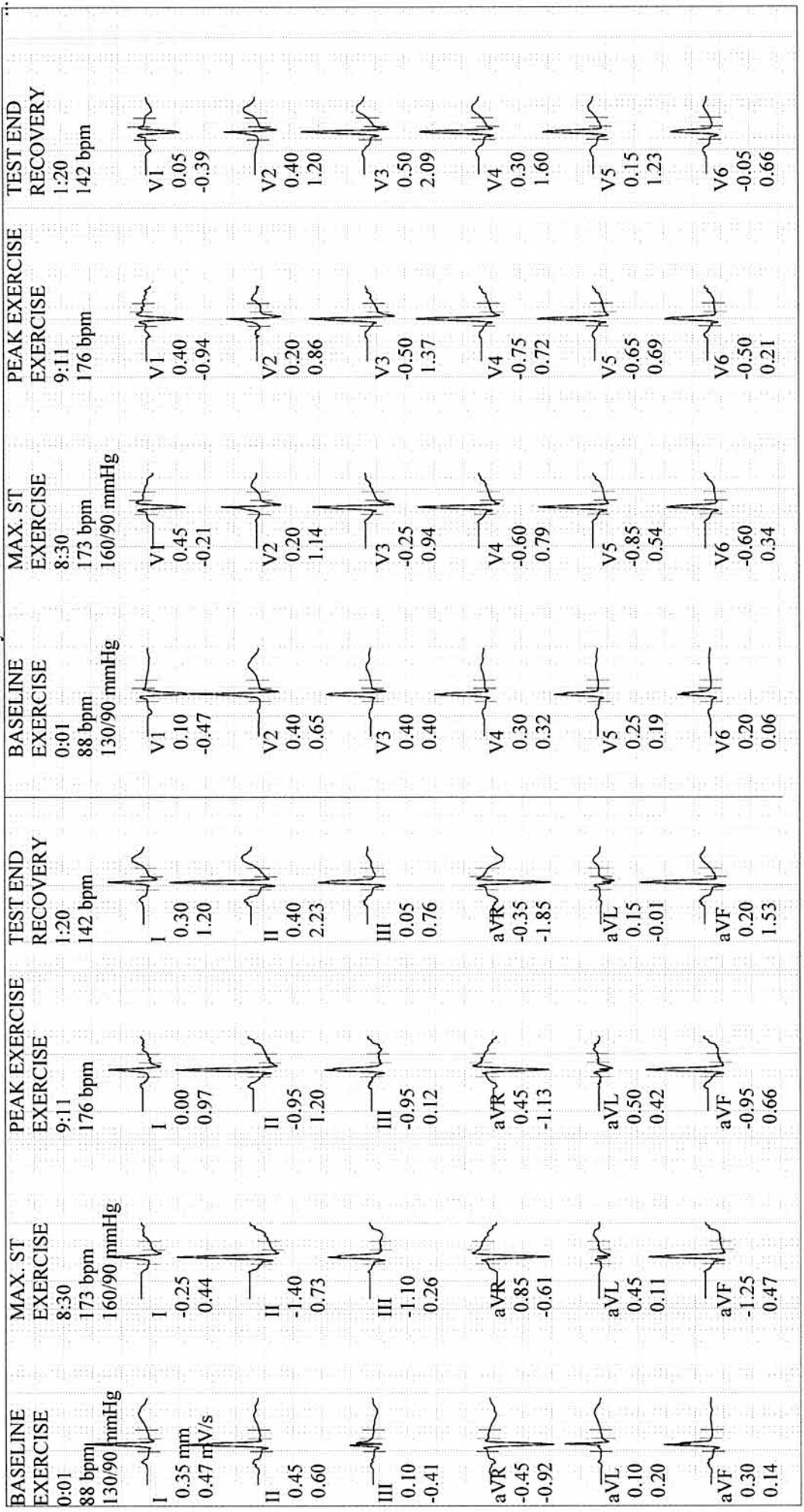
ST/HR index: 1.06 μ V/bpm

ST/HR slope: 1.63 μ V/bpm (III)

HR reserve used: 101 %

HR recovery: 32 bpm

VE recovery: 0 VE/min



MR PANNER SELVAM,

Patient ID: CJP.N.000007801

29.03.2024 Male 168 cm 78 kg

10:39:16am 45 yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 09:10
 Max HR: 176 bpm 100 % of max predicted 175 bpm HR at rest: 86
 Max BP: 160/90 mmHg BP at rest: 130/90 Max RPP: 28160 mmHg*bpm
 Maximum Workload: 10.50 METS
 Max. ST: -1.40 mm, 0.73 mV/s in II; EXERCISE STAGE 3 8:30
 Arrhythmia: A:33, PVC:3
 ST/HR index: 1.06 μ V/bpm
 ST/HR slope: 1.63 μ V/bpm (III)
 HR reserve used: 101 %
 HR recovery: 32 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: -0.044 mV (V6)
 QRS duration: BASELINE: 80 ms, PEAK EX: 90 ms, REC: 82 ms

Summary:

Resting ECG: normal.

Conclusion: GOOD EFFORT AND TOLERANCE

NORMAL HR/BP RESPONSE

NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN

*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Room:

Location: * 0 *

nnr
m.7801

29.03.2024 8:35:05

Apollo Clinic
J.P. Nagar
Bangalore

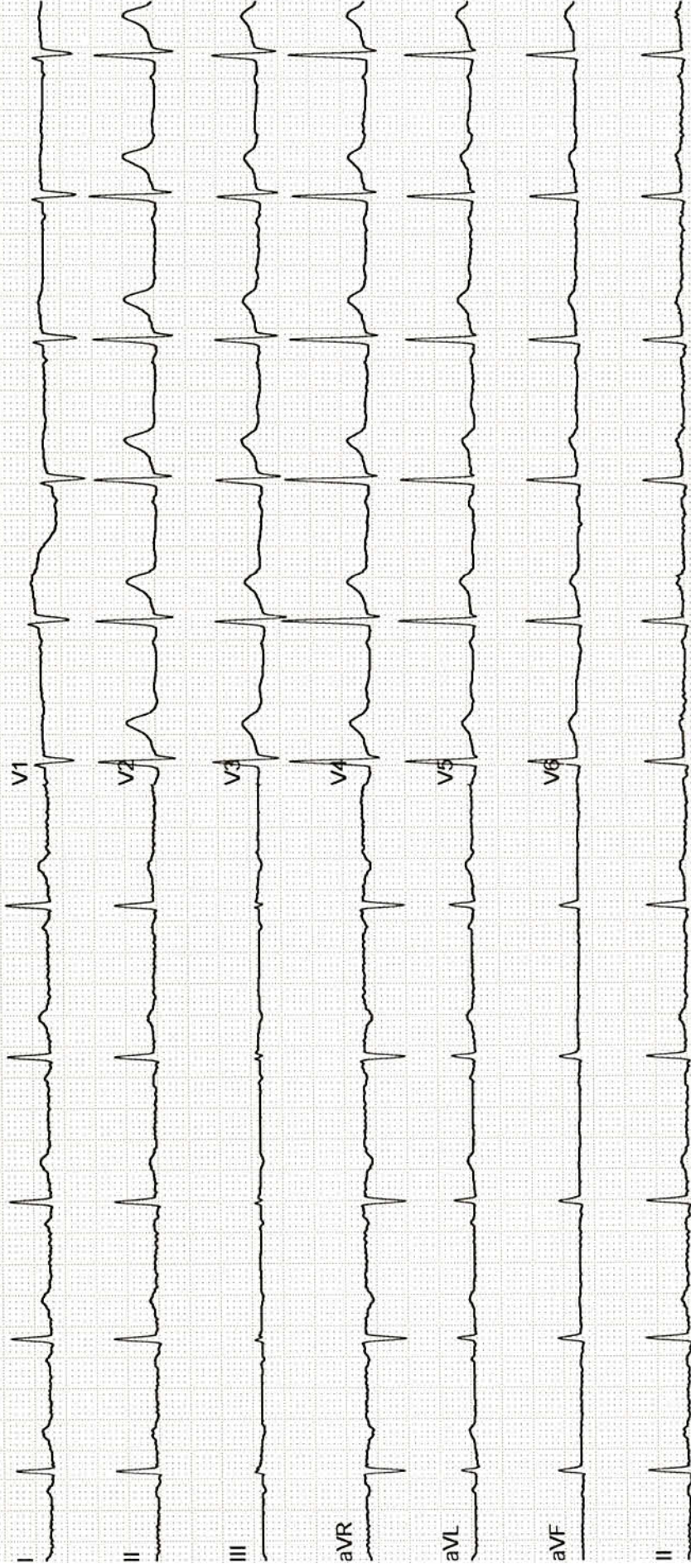
168 cm Male
78.0 kg

66 bpm

137 / 94 mmHg

Normal sinus rhythm
Normal ECG

| | |
|---------------|---------------------|
| QRS : | 78 ms |
| QT / QTcBaz : | 390 / 408 ms |
| PR : | 146 ms |
| P : | 92 ms |
| RR / PP : | 906 / 909 ms |
| P / QRS / T : | 8 / 30 / 20 degrees |



Patient Name : Mr. Panneer Selvam

Age/Gender : 43 Y/M

UHID/MR No. : CJPN.0000007801

OP Visit No : CJPNOPV192212

Sample Collected on :

Reported on : 29-03-2024 14:21

LRN# : RAD2285676

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 919945785595

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

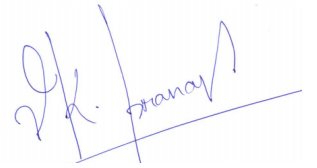
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mr. Panneer Selvam

Age/Gender : 43 Y/M

UHID/MR No. : CJPN.0000007801

OP Visit No : CJPNOPV192212

Sample Collected on :

Reported on : 29-03-2024 09:47

LRN# : RAD2285676

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 919945785595

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size (13.8 cm) and increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. **Small polyp measuring~0.2cm.** Wall Thickness is normal.

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

PANCREAS : Appeared normal to the visualized extent.

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

Right kidney measures:9.5 x 1.3 cm.

Left kidney measures :10.2 x 1.5 cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.

Volume- 23cc.

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


IMPRESSION : 1)GRADE I FATTY LIVER .
2)SMALL GALL BLADDER POLYP.

Please Note :No preparation done before scanning.

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

Patient Name : Mr. Panneer Selvam

Age/Gender : 43 Y/M



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology