

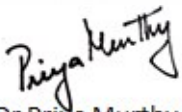
Patient Name : Mr.AMARNATH B K	Collected : 23/Mar/2024 08:39AM
Age/Gender : 68 Y 10 M 25 D/M	Received : 23/Mar/2024 12:34PM
UHID/MR No : CSAR.0000139600	Reported : 23/Mar/2024 04:27PM
Visit ID : CSAROPV333716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17851	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	43.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.81	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.2	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,050</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.6	%	20-40	Electrical Impedance
EOSINOPHILS	<b>9.9</b>	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5416.95	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2874.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>994.95</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	693.45	Cells/cu.mm	200-1000	Calculated
BASOPHILS	70.35	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
PLATELET COUNT	290000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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



SIN No:BED240079009

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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### DEPARTMENT OF HAEMATOLOGY

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

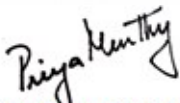
WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.**

**Kindly correlate clinically.**



Dr Priya Murthy  
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Consultant Pathologist

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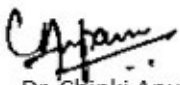


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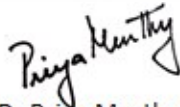
DEPARTMENT OF HAEMATOLOGY

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

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



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SIN No:BED240079009

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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	206	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)	334	mg/dL	70-140	HEXOKINASE

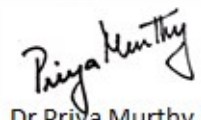
Comment:

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	12.3	%		HPLC

  
Govinda Raju N L  
MSc, MPhil, (PhD)  
Consultant Biochemist

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



SIN No:EDT240036102

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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	306	mg/dL	Calculated
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**Comment:**

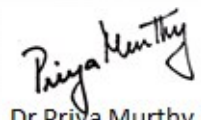
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)

  
 Govinda Raju N L  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
 Dr Priya Murthy  
 M.B.B.S, M.D(Pathology)  
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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	116	mg/dL	<200	CHO-POD
TRIGLYCERIDES	137	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>38</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	78	mg/dL	<130	Calculated
LDL CHOLESTEROL	50.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.06		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.20</b>		<0.11	Calculated

**Comment:**

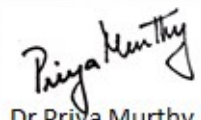
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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**Dr Priya Murthy**  
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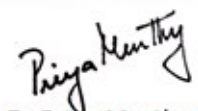
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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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**Dr Priya Murthy**  
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Patient Name : Mr.AMARNATH B K	Collected : 23/Mar/2024 08:39AM
Age/Gender : 68 Y 10 M 25 D/M	Received : 23/Mar/2024 12:16PM
UHID/MR No : CSAR.0000139600	Reported : 23/Mar/2024 01:40PM
Visit ID : CSAROPV333716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17851	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.82	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.63	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.46</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.22	g/dL	2.0-3.5	Calculated
A/G RATIO	1.91		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:**

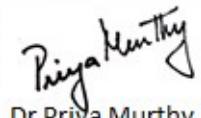
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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



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SIN No:SE04672100

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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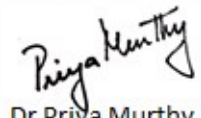
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.92	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.57	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>100</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	<b>6.46</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.22	g/dL	2.0-3.5	Calculated
A/G RATIO	1.91		0.9-2.0	Calculated

  
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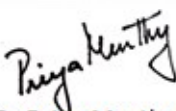
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<55	IFCC

  
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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.92	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.37	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.540	µIU/mL	0.35-4.94	CMIA

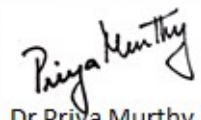
Comment:

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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SIN No: SPL24052884

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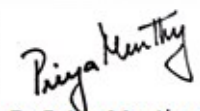
  
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DEPARTMENT OF IMMUNOLOGY

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

  
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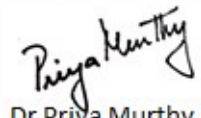
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.418	ng/mL	<4	CMIA

  
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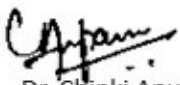
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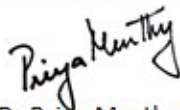
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	TRACE		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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:UR2313396

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

**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.AMARNATH B K	Collected : 23/Mar/2024 11:54AM
Age/Gender : 68 Y 10 M 25 D/M	Received : 23/Mar/2024 06:11PM
UHID/MR No : CSAR.0000139600	Reported : 23/Mar/2024 09:51PM
Visit ID : CSAROPV333716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17851	

DEPARTMENT OF CLINICAL PATHOLOGY

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

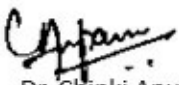
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE ++++		NEGATIVE	Dipstick

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

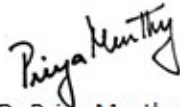
Result/s to Follow:

GLUCOSE (FASTING) - URINE, PERIPHERAL SMEAR

Page 15 of 15



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



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



SIN No:UPP017249

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

**APOLLO CLINIC  
CONSENT FORM**

Patient name Amaynath Bk. Age 68yrs.

UHID Number 139600. Company Name A Mediwheel.

Company want to inform u that I am ~~not~~ interested in getting Diet. Physician

Eclw......And I claim the above statement in my full Consciousness.

Patient signature *Rajini* Date 23/03/24



Name : Mr. AMARNATH B K

Age: 68 Y

Sex: M

UHID:CSAR.0000139600



OP Number:CSAROPV333716

Bill No :CSAR-OCR-45085

Date : 23.03.2024 08:07

Address : sjp

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING - 8	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION - 15	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 8	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA - 9	
17	ENT CONSULTATION - 3	
18	CARDIAC STRESS TEST(TMT) - 7 Echo - 18	
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 - 18 by 8:30	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

B9

Ht ! - 169 cm  
 wt ! - 82 - 60  
 pulse ! - 78 bts/min  
 Bp ! - 149/93  
 mm of Hg  
 BMI ! - 28.92

MRD No 1040225923

PatientName: Mr.AMARNATH K /m/68 Yr(s) 0 Mn(s) 0 Day(s)

Address: APOLLO HOSPITAL

Mobile Number: 9886659054

Consultation Date: 23-03-2024 11:05:00 AM



Consultant

Dr Akshatha C Shetty

Ophthalmic History

Left Eye : CATARACT [SX DONE SINCE 4 YRS BACK]

Medical History

DIABETES [FROM 10 YRS, ON RX]

HYPERTENSION [FROM 10 YRS, ON RX]

Vision

Eye	Distance Vision			Near Vision			IOP			
	UCDVA	BCDVA	PH	UCNVA	BCNVA	Date Time : 23-03-2024 11:31 AM				
Right	6/18		6/9	N18						
Left	6/6		6/6	N8						
						NCT	GAT	CCT	CIOP	
Right						11mmHg				
Left						12mmHg				

Final Prescription Spectacle  
Correction

	SPH	CYL	AXIS	ADD	DVA	NVA
Right Eye	0.00	-1.25	80	+2.75	6/9	N6
Left Eye	0.00	0.00	180	+2.50	6/6	N6

Issued Date & Time : 23-03-2024 11:38:09 AM

Dr Akshatha C Shetty  
( KMC 72528 )

Dt: 23/1/24

Dr. R. R. K. Bhat

Apollo Clinic Sarjapur Road  
Kaikondrahalli  
Blood Test at Home  
L.No: 080-40900327  
080-40940563

Name: Mr. Anand

Age: 68 Y/M

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

ENT CONSULTATION

ENTITATION; taking medication

Eye

ENT: (S) (V) ENTITATION

NOSE: Mild discharge

THROAT: PPH w/ granules

NECK: WNL

Ho

1) Cap Omeg-D; Cap IP  
(B/F) (T/D)

2) You MUMUK 50; (T/D) (H)  
087

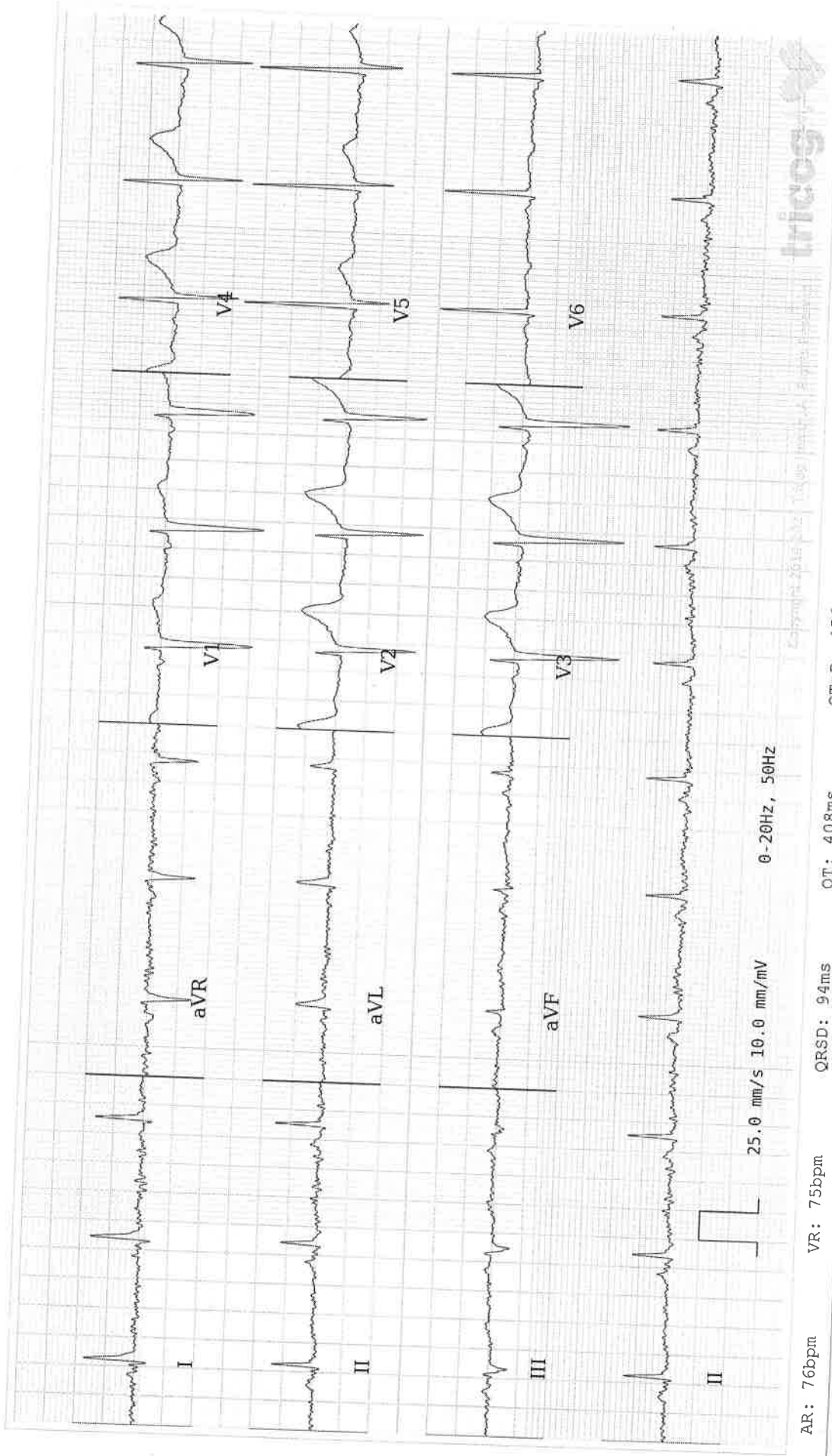
X 5 Day

Follow up date:

Doctor Signature

Age / Gender: 68/Male  
Patient ID: AMARNATH

Date and Time: 23rd Mar 24 9:16 AM



Sinus Rhythm, Non-specific ST/T Wave Changes, Abnormally Long QT Interval observed. Please correlate clinically.

REPORTED BY

*Bachood*  
Dr. Bhagyalakshmi Sunil Baihavad

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India,  
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1177/81232/01971

To  
ಭುವನಗಿರಿ ಕುಪ್ಪಸ್ವಾಮಿ ನಾಯ್ಡು ಅಮರನಾಥ್  
Bhuvanagiri Kuppaswamy Naidu Amaranath  
S/O: B L Kuppaswamy Naidu  
#7A-7D Alps Apts  
Kaikondanahalli, Sarjapura Road  
Bangalore South  
Carmelaram  
Bangalore South Bangalore  
Karnataka 560035  
9845009054

17/01/2014  
107707543



ML077075433FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**6333 7817 2901**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ  
Government of India  
ಭುವನಗಿರಿ ಕುಪ್ಪಸ್ವಾಮಿ ನಾಯ್ಡು ಅಮರನಾಥ್  
Bhuvanagiri Kuppaswamy Naidu Amaranath  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 28/04/1955  
ಪುರುಷ / Male



**6333 7817 2901**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

**Fw: Your appointment is confirmed**

Rajini Amarnath <rajinis1964@yahoo.com>

Sat 23-03-2024 08:03

To: Sarjapur Apolloclinic <sarjapur@apolloclinic.com>

Sent from Yahoo Mail for iPhone

Begin forwarded message:

On Thursday, March 21, 2024, 6:08 PM, noreply@apolloclinics.info wrote:

**Dear AMARNATH K,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SARJAPUR ROAD clinic** on **2024-03-23** at **08:15-08:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

**Patient Name** : Mr. AMARNATH B K

**Age/Gender** : 68 Y/M

**UHID/MR No.** : CSAR.0000139600

**OP Visit No** : CSAROPV333716

**Sample Collected on** :

**Reported on** : 23-03-2024 17:47

**LRN#** : RAD2277697

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS17851

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

**IMPRESSION** : No obvious gross abnormality noted in the x-ray.

**DR. RAMESH G**  
**CONSULTANT RADIOLOGIST**

**ADVICE** : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

**Dr. RAMESH G**  
**MBBS DMRD**  
RADIOLOGY

<b>Patient Name</b>	: Mr. AMARNATH B K	<b>Age/Gender</b>	: 68 Y/M
<b>UHID/MR No.</b>	: CSAR.0000139600	<b>OP Visit No</b>	: CSAROPV333716
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-03-2024 17:09
<b>LRN#</b>	: RAD2277697	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS17851		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : Normal in size & **increased echotexture normal**. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

**GALL BLADDER** :Partially distended. **Few ( 3 to 4 in number) small intraluminal calculi seen, sizes range from 3mm to 5mm**. Wall thickness is normal. No pericholecystic fluid.

**PANCREAS** : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

**SPLEEN** : Normal in size and echotexture normal. No focal / diffuse lesions.

**KIDNEYS** : RIGHT KIDNEY : 10 x 4.5 cm, LEFT KIDNEY : 9.8 x 5 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture.

No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

**URINARY BLADDER** : Moderately distended. No intraluminal calculi/mass lesion seen.

**PROSTATE** : Normal in size & echotexture. (Volume : 20 cc).

**Reducible Umbilical hernia seen with peritoneal fat as herniating content, defect size 15mm.**

### IMPRESSION :

1 Cholelithiasis. No features of cholecystitis.

1 Reducible Umbilical hernia at the time of scan.

1 Grade I fatty liver.

**DR. YATHISH B M**  
**CONSULTANT RADIOLOGIST**

( The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable ).It is only a professional opinion.Not valid for medico-legal purpose ) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

**Dr. YATHISH B M**  
**MBBS, MD. RADIO DIAGNOSIS**  
Radiology