

Patient Name : Mr.YASHASS JAIN R	Collected : 29/Mar/2024 09:23AM
Age/Gender : 36 Y 6 M 0 D/M	Received : 29/Mar/2024 10:52AM
UHID/MR No : CINR.0000165120	Reported : 29/Mar/2024 01:01PM
Visit ID : CINROPV223628	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS18568	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.1	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.02	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.9	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,530	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55.6	%	40-80	Electrical Impedance
LYMPHOCYTES	34.1	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5298.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3249.73	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	95.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	867.23	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.06	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	267000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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Consultant Pathologist



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SIN No:BED240086955

This test has been performed at Apollo Health & Lifestyle Ltd, 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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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)

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

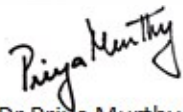
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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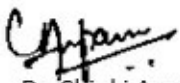
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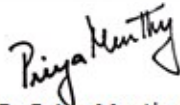
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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)	95	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	5.8	%		HPLC


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SIN No:EDT240040300

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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated
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Comment:

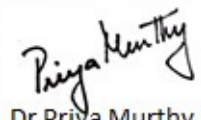
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	248	mg/dL	<200	CHO-POD
TRIGLYCERIDES	118	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	211	mg/dL	<130	Calculated
LDL CHOLESTEROL	187.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.70		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.14		<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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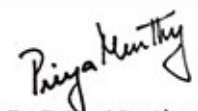
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.48	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	54.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	55.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.56	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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.

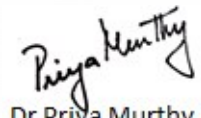
2. Cholestatic Pattern:

- 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:SE04680347

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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 |
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 Karnataka- 560034



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Patient Name : Mr.YASHASS JAIN R	Collected : 29/Mar/2024 09:23AM
Age/Gender : 36 Y 6 M 0 D/M	Received : 29/Mar/2024 12:22PM
UHID/MR No : CINR.0000165120	Reported : 29/Mar/2024 01:50PM
Visit ID : CINROPV223628	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS18568	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.01	mg/dL	0.67-1.17	Jaffe's, Method
UREA	23.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.88	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.53	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	143	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.56	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated


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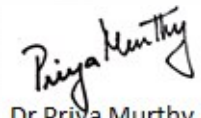
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<55	IFCC


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Visit ID : CINROPV223628	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.61	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.390	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: SPL24058860

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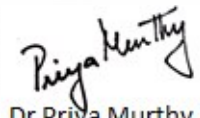

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Patient Name : Mr.YASHASS JAIN R	Collected : 29/Mar/2024 09:23AM
Age/Gender : 36 Y 6 M 0 D/M	Received : 29/Mar/2024 12:23PM
UHID/MR No : CINR.0000165120	Reported : 29/Mar/2024 02:09PM
Visit ID : CINROPV223628	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS18568	

DEPARTMENT OF IMMUNOLOGY

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


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Age/Gender : 36 Y 6 M 0 D/M	Received : 29/Mar/2024 04:23PM
UHID/MR No : CINR.0000165120	Reported : 29/Mar/2024 06:52PM
Visit ID : CINROPV223628	Status : Final Report
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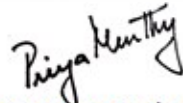
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		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



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SIN No:UR2319819

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

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

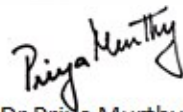
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Vidya Aniket Gore
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Consultant Pathologist




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



SIN No:UF011535

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

Name : Mr. Yashass Jain R Address : blr Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 36 Y Sex : M	UHID :CINR.0000165120  <small>* CINR . 0 0 0 0 1 6 5 1 2 0 *</small> OP Number :CINROPV223628 Bill No :CINR-OCR-95773 Date : 29.03.2024 09:17
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
2	D ECHO .9	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG Ob	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION 1	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN OS	
23	ULTRASOUND - WHOLE ABDOMEN ^	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Date : 29-03-2024

Department : GENERAL

MR NO : CINR.0000165120

Doctor :

Name : Mr. Yashass Jain R

Registration No :

Age/ Gender : 36 Y / Male

Qualification :

Consultation Timing: 09:17

Height : 176 -	Weight : 91.3 kg	BMI : 29.5 kg/m ²	Waist Circum : 98 -
Temp : 98.6	Pulse : 76 bpm	Resp : 18 cp	B.P : 110/80 mm Hg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

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29.03.2024

Mr. Yashas Jain

36 yrs / M

Arcopurin - A.Hc

Ears:

Nose:

Throat:



Dr. RAVINDRANATH KUDVA
M.B.B.S., D.L.O.

E.N.T. SURGEON
KMC REG. No : 18554

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

OPHTHAL PRESCRIPTION

PATIENT NAME : *Yashas Jain R*

DATE : *29/03/24*

UHID NO : *CINR-OCR-95773*

AGE : *36*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *Male*

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>-0.50</i>	<i>-0.25</i>	<i>90</i>	<i>6/6</i>	<i>plv</i>			<i>6/6</i>
Add				<i>N6</i>				<i>N6</i>

PD - RE: _____ - LE: _____

Colour Vision: *Normal*

Remarks:

Apollo clinic Indiranagar

ARROW CC

Mr yashass
ID: 165120

29.03.2024 11:30:37
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

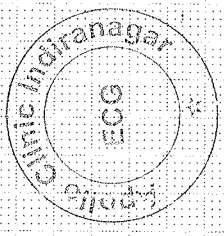
74 bpm
-- / -- mmHg

08.07.1987
36 Years

Male

QRS 92 ms
QT / QTcBaz 374 / 415 ms
PR 132 ms
P 110 ms
RR / PP 806 / 810 ms
P / QRS / T 45 / 32 / 35 degrees

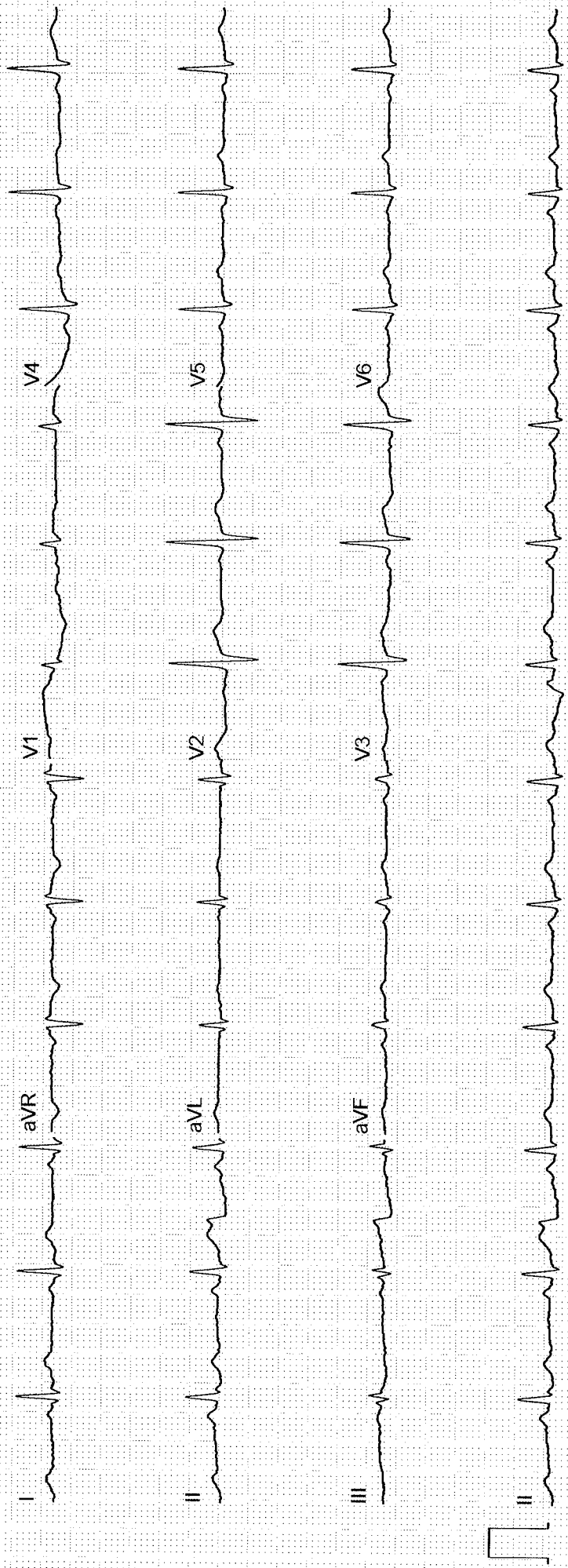
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Handwritten signature

Handwritten signature

Dr. M. SUDHAKARAO
MBBS, MD, DM (Cardiol), FACC, FESC, FSCAI
Consultant Cardiologist
KMC Reg No. C/TG0000018K7K
Apollo Clinic



NAME: MR YASHAS JAIN R	AGE/SEX: 36/M	OP NUMBER: 165120
Ref By : SELF	DATE: 29-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO:2.6	IVS(D): 1.0	MV: E Vel:0.9	MV: A Vel : 0.5
LA: 2.9	LVIDD(D): 4.9	AV Peak: 1.0	
	LVPW(D):1.1	PV peak: 0.8	
	IVS(S): 1.5		
	LVID(S): 3.1		
	LVEF: 60%		
	LVPW(S): 1.4		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

	Normal
Others	---

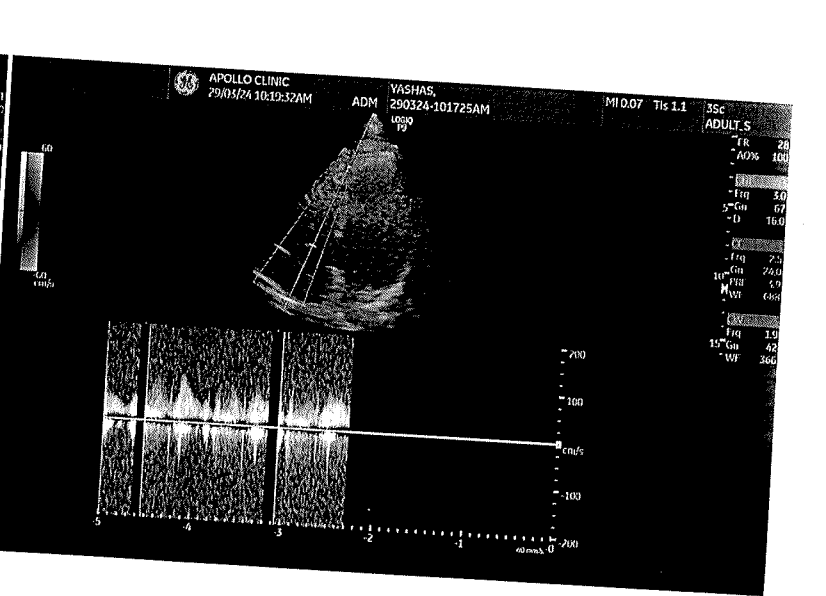
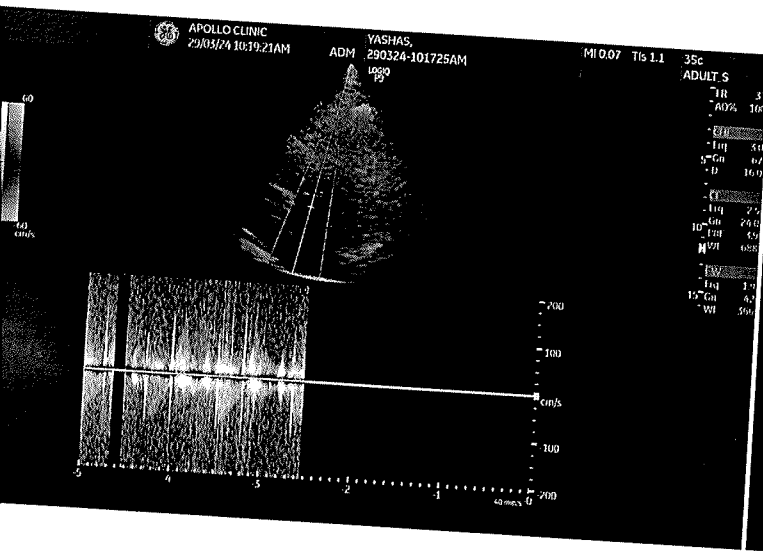
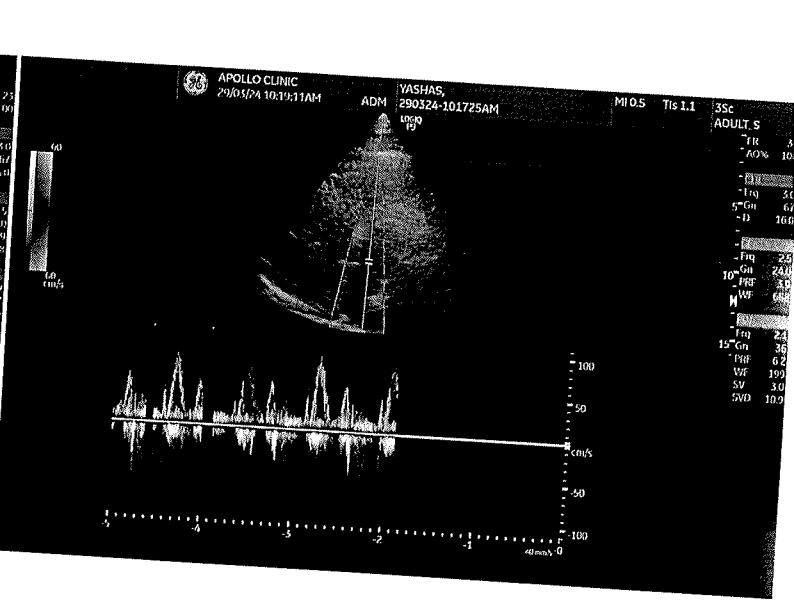
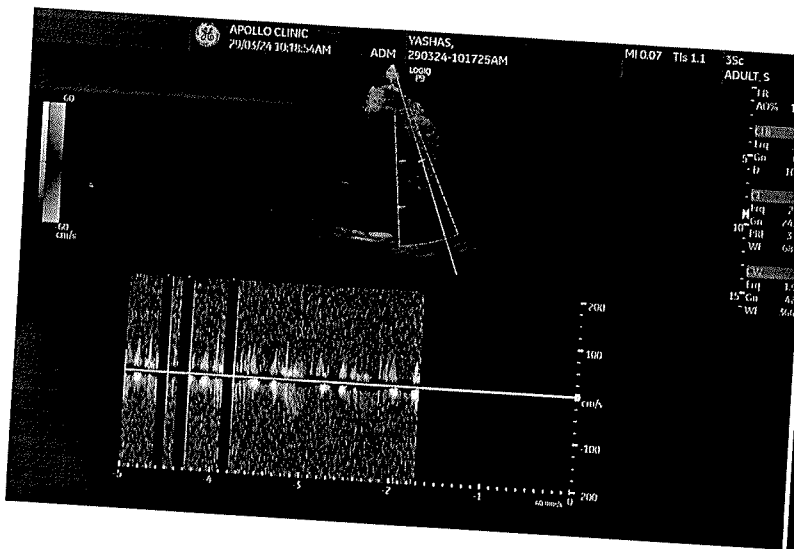
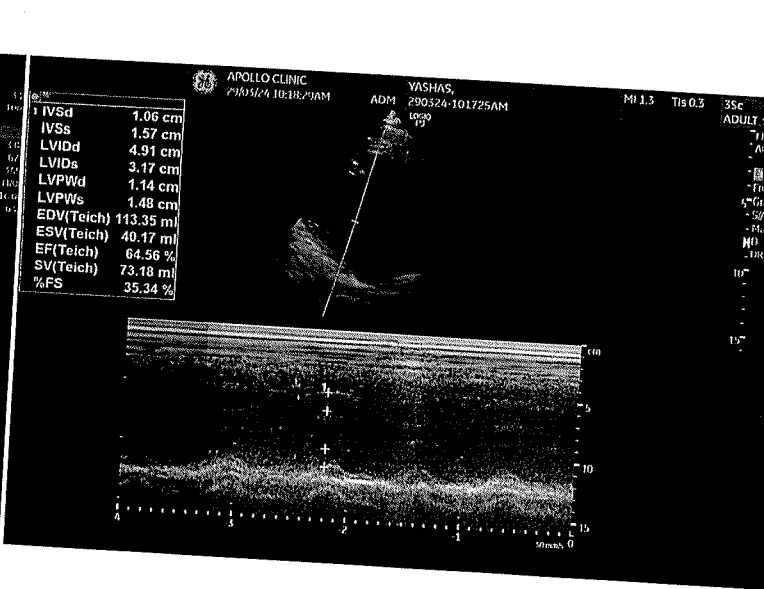
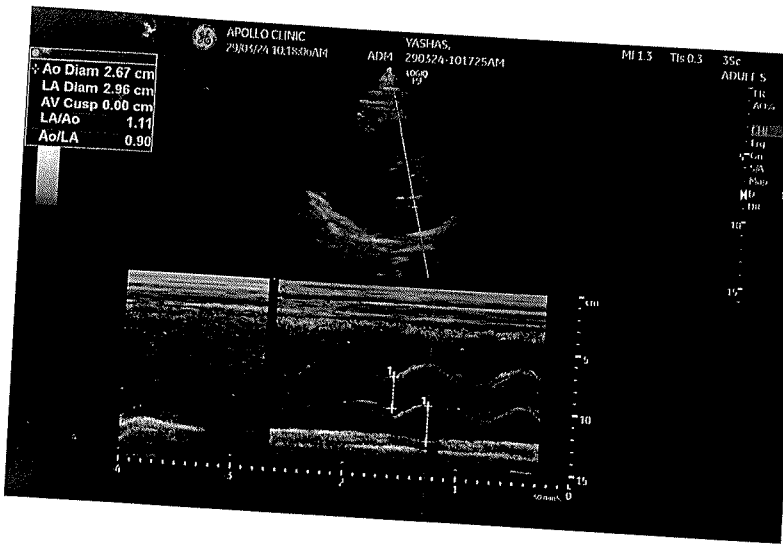
IMPRESSION :

- Normal Chambers Dimension & Valves**
- No Regional wall motion abnormality**
- Normal PA Pressure**
- No clot/vegetation/pericardial effusion**
- Normal LV systolic function - LVEF= 60%**

DR ROCKEY KATHERIA MD,DM

CONSULTANT CARDIOLOGIST

Dr. ROCKEY KATHERIA
MBBS, MD, DM(Cardio)
Consultant Cardiologist
KMC Reg No. 94738
Apollo Clinic



Dear Yashass Jain R,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed
at INDIRANAGAR clinic on 2024-03-29 at 08:15-08:30.

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

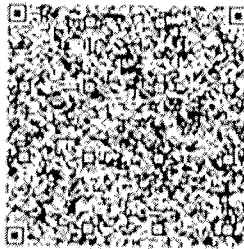


ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 1190/09953/01198

To
ಆರ್ ಯಶಸ್ ಜೈನ್
R Yashass Jain
S/O Rajanna K.P
#12
4th main 4th cross
vinayakanagar area annasandra palya
behind helicopter division
Bangalore North
Bengaluru Karnataka - 560017
9964585817



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6655 0440 6143
VID : 9147 9710 1870 2938

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಆರ್ ಯಶಸ್ ಜೈನ್
R Yashass Jain
ಋಷಿ ದಿನಾಂಕ/DOB: 08/07/1987
ಪ್ರಕಾರ/ GENDER: MALE

6655 0440 6143
VID : 9147 9710 1870 2938

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಪೋರತು ಪೇಪರ್‌ನಲ್ಲ
- ಸುರಕ್ಷಿತ ಸ್ಕ್ಯಾನ್ ಮಾಡಿ / ಅಥವಾ XML / ಅಥವಾ ಡಿಜಿಟಲೈಸ್ಡ್ ಆಧಾರ್ ಗುರುತು ಪರಿಶೀಲಿಸಿ
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪತ್ರವಾಗಿದೆ

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- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ಐಡಿ ಅನ್ನು ಆಧಾರ್ ನಲ್ಲಿ ಸುರಕ್ಷಿತಗೊಳಿಸಿ
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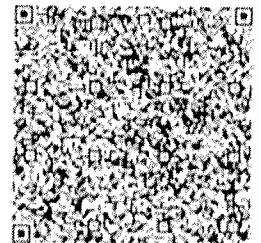


ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



Address:
S/O Rajanna K.P., #12, 4th main 4th cross,
behind helicopter division, vinayakanagar area
annasandra palya, Bangalore North,
Bengaluru,
Karnataka - 560017

Address:
S/O Rajanna K.P., #12, 4th main 4th cross,
behind helicopter division, vinayakanagar area
annasandra palya, Bangalore North,
Bengaluru,
Karnataka - 560017



6655 0440 6143
VID : 9147 9710 1870 2938

1947 | help@uidai.gov.in | www.uidai.gov.in

Patient Name : Mr. Yashass Jain R

Age/Gender : 36 Y/M

UHID/MR No. : CINR.0000165120

OP Visit No : CINROPV223628

Sample Collected on :

Reported on : 29-03-2024 19:20

LRN# : RAD2286159

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS18568

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

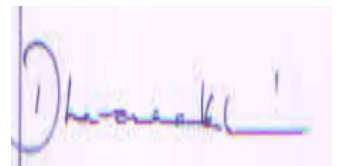
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mr. Yashass Jain R

Age/Gender : 36 Y/M

UHID/MR No. : CINR.0000165120

OP Visit No : CINROPV223628

Sample Collected on :

Reported on : 29-03-2024 16:21

LRN# : RAD2286159

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS18568

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

GALLBLADDER: Moderately distended.

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

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

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.0x4.4 cm.

Left kidney measures 10.2x5.4 cm.

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

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid is seen.

IMPRESSION:

GRADE I FATTY LIVER.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY