





Patient Name : Mr.SHARIL HEGDE P

Age/Gender : 47 Y 4 M 21 D/M

UHID/MR No : CINR.0000165298 Visit ID : CINROPV223977

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobS18694 Collected : 31/Mar/2024 08:26AM Received : 31/Mar/2024 01:48PM

: 31/Mar/2024 03:38PM Reported

: Final Report Status

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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	15.4	g/dL	13-17	Spectrophotometer
PCV	46.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.39	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.7	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,930	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4678.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2141.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	388.57	Cells/cu.mm	20-500	Calculated
MONOCYTES	666.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.51	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.19		0.78- 3.53	Calculated
PLATELET COUNT	276000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	31	mm at the end of 1 hour	0-15	Modified Westergren
ERIPHERAL SMEAR				

RBCs: are normocytic normochromic

DR.Aditi Parkhe MBBS, MD(PATHOLOGY) Consultant Pathologist

SIN No:BED240090209

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

Consultant Pathologist

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

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

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

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



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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.

DR.Aditi Parkhe MBBS, MD(PATHOLOGY) Consultant Pathologist

M.B.B.S, M.D (Pathology) Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDI	A		
BLOOD GROUP TYPE	А			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

Consultant Pathologist

SIN No:BED240090209

MBBS, MD(PATHOLOGY)

Consultant Pathologist

DR.Aditi Parkhe

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	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:

- 1.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
- 2. 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)	144	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), V	VHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC

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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

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ESTIMATED AVERAGE GLUCOSE	131	mg/dL	Calculated
(eAG)			

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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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) Consultant Pathologist Page 5 of 15



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	201	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	153	mg/dL	<130	Calculated
LDL CHOLESTEROL	133.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.19		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist



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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
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.64	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.44	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SEF	RUM		
CREATININE	1.00	mg/dL	0.67-1.17	Jaffe's, Method
UREA	19.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.92	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.09	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.44	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

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

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<55	IFCC

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) ,	SERUM	<u> </u>		
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.79	μg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.830	μIU/mL	0.35-4.94	CMIA

Comment:

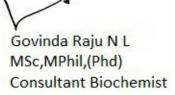
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- **1.** TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- **2.** TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- 3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	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

Page 11 of 15



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



SIN No:SPL24061474

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory this test has been performed at apollo health and lifstyle 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

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









: Mr.SHARIL HEGDE P

Age/Gender

: 47 Y 4 M 21 D/M

UHID/MR No

: CINR.0000165298

Visit ID

: CINROPV223977

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobS18694 Collected

: 31/Mar/2024 08:26AM

Received

: 31/Mar/2024 02:22PM : 31/Mar/2024 04:09PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 15



SIN No:SPL24061474

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









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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.503	ng/mL	<4	CMIA

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

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

Page 13 of 15



SIN No:SPL24061474

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory this test has been performed at apollo health and lifstyle limited- rrl bangalore

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telang: www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 na - 500 016 | APOLLO CLINICS NETWORK

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









Patient Name : Mr.SHARIL HEGDE P

Age/Gender : 47 Y 4 M 21 D/M UHID/MR No : CINR.0000165298

Visit ID : CINROPV223977

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobS18694 Collected : 31/Mar/2024 08:25AM Received : 31/Mar/2024 04:21PM

Reported : 31/Mar/2024 05:27PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT 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

Page 14 of 15

DR.Aditi Parkhe MBBS,MD(PATHOLOGY) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UR2322489

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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

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









: Mr.SHARIL HEGDE P

Age/Gender

: 47 Y 4 M 21 D/M

UHID/MR No

: CINR.0000165298

Visit ID

: CINROPV223977

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobS18694 Collected

: 31/Mar/2024 08:25AM

Received

: 31/Mar/2024 04:21PM

Reported

: 31/Mar/2024 05:25PM

Status

: Final Report

NEGATIVE

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

Dipstick

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

NEGATIVE

Result/s to Follow: PERIPHERAL SMEAR

URINE GLUCOSE(FASTING)

Page 15 of 15

DR.Aditi Parkhe MBBS,MD(PATHOLOGY) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UF011596

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

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





Name : Mr. Sharil Hegde P

Age: 47 Y

Sex: M

Address: INDIRANAGER

Plan

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CINR.0000165298

OP Number: CINROPV223977

Bill No: CINR-OCR-95974 **Date**: 31.03.2024 08:22

Sno	Sariya Tyna/SaryigaNama	Danaetmant
Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN I	NDIA - FY2324
	GAMMA GLUTAMYL TRANFERASE (GGT)	
	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
	Z D ECHO	
	LIVER FUNCTION TEST (LFT)	
	GLUCOSE, FASTING	
	HEMOGRAM + PERIPHERAL SMEAR	
	DIET CONSULTATION	
	COMPLETE URINE EXAMINATION	
	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION — [
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE(FASTING)	
a 46	HbA1c, GLYCATED HEMOGLOBIN	
P	X-RAY CHEST PA	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
_20	BŁOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
-22	BODY MASS INDEX (BMI)	
	OPTHAL BY GENERAL PHYSICIAN	
<u> </u>	ULTRASOUND - WHOLE ABDOMEN	
—	PHYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
,		<u> </u>

WA-63.2 kg HA-1750 BP-105/70 PUISE-91 PP-BMI-20.6 Fg/m² WMISH-80-





NAME: MR SHARIL HEGADE P	AGE/SEX: 47/M	OP NUMBER: 165298
Ref By: SELF	DATE: 31-03-2024	A - 11 - No Name of the organization of the

M mode and doppler measurements:

CM	CM	M/sec	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
AO:4.0	IVS(D): 0.9	MV: E Vel:0.4	MV: A Vel : 0.6
LA: 3.3	LVIDD(D): 4.2		
	77.71	AV Peak: 1.1	
	LVPW(D):1.1	PV peak: 0.9	
	IVS(S): 1.5		
	LVID(S): 2.4		
	LVEF: 60%	A STATE OF THE STA	
	LVPW(S): 1.4		N
		4.	
Descriptive findings.	and a special control of the second control		

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	AML Prolapsed
Aortic Valve:	Dilated Aortic Sinus
Tricuspid Valve:	Normal
AS:	Normal
VS:	Normal
Pericardium:	Normal





اام	Expertise. Closer to you
PITALS	Normal
Others	

IMPRESSION:

MVP(AML)

MILD MR

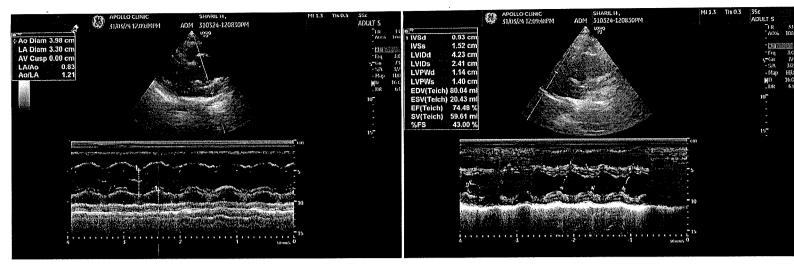
Normal PA Pressure

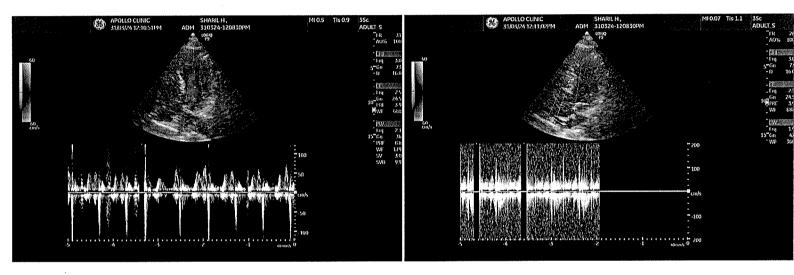
No clot/vegetation/pericardial effusion

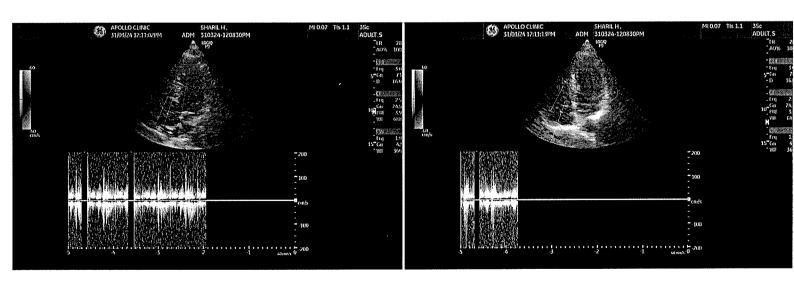
Grade I LV diastolic dysfunction

Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD,DM
CONSULTANT CARDIOLOGIST









To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SHARIL HEGDE
DATE OF BIRTH	10-11-1976
PROPOSED DATE OF HEALTH	29-03-2024
CHECKUP FOR EMPLOYEE	
SPOUSE	· ·
BOOKING REFERENCE NO.	23M161616100106112S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. PUNJA NIVEDITHA
EMPLOYEE EC NO.	161616
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR B
EMPLOYEE PLACE OF WORK	BANGALORE,FRASER TOWN
EMPLOYEE BIRTHDATE	14-06-1984

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **26-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

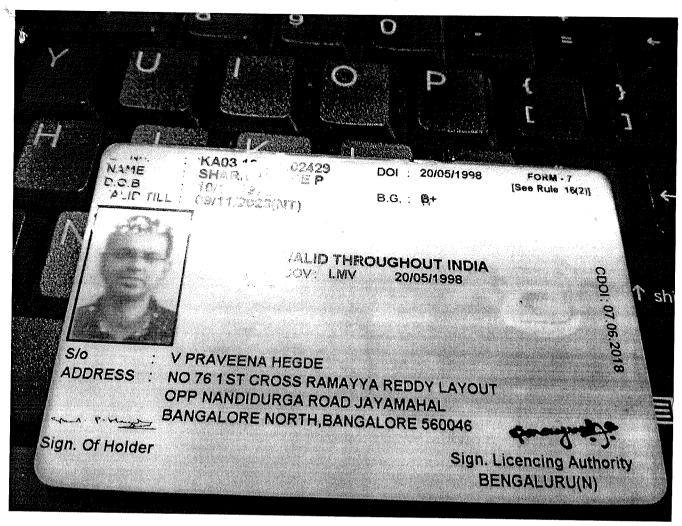
Yours faithfully,

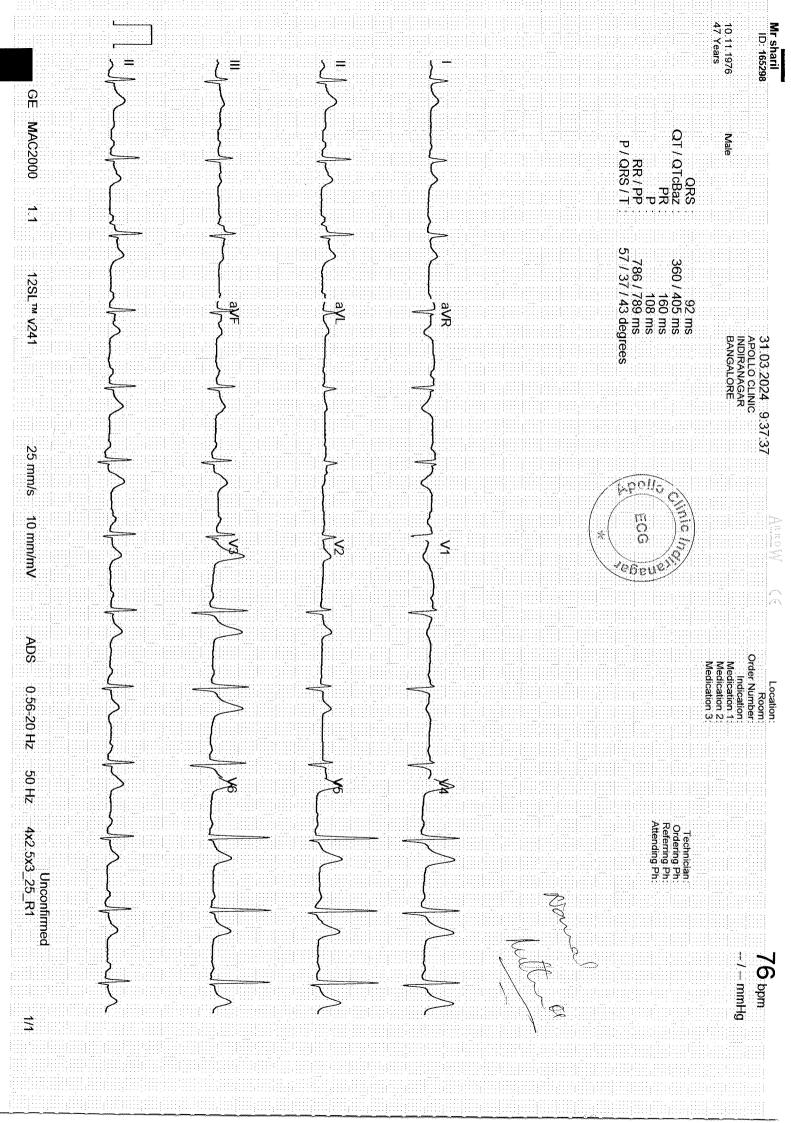
Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))









Patient Name : Mr. Sharil Hegde P Age/Gender : 47 Y/M

 UHID/MR No.
 : CINR.0000165298
 OP Visit No
 : CINROPV223977

 Sample Collected on
 : 31-03-2024 15:53

Ref Doctor : SELF Emp/Auth/TPA ID : bobS18694

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. A polyp seen.

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 10.2x4.0 cm.

Left kidney measures 10.5x4.8 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:

- 1. GRADE I FATTY LIVER.
- 2. A POLYP SEEN IN GALL BLADDER LARGEST MEASURING 3mm.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY



Patient Name: Mr. Sharil Hegde PAge/Gender: 47 Y/M

UHID/MR No.

: CINR.0000165298

OP Visit No

: CINROPV223977

Sample Collected on

: RAD2289515

Reported on Specimen

: 31-03-2024 12:03

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF

: SELF : bobS18694

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. RAMESH G
MBBS DMRD
RADIOLOGY