

Patient Name	: Mr.HANS IMMANUEL RAJESH S	Collected	: 09/Apr/2024 09:04AM
Age/Gender	: 30 Y 1 M 14 D/M	Received	: 09/Apr/2024 12:05PM
UHID/MR No	: CANN.0000235678	Reported	: 09/Apr/2024 01:23PM
Visit ID	: CANNOPV400568	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E28474		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240097537

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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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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	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.5	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.6	%	40-80	Electrical Impedance
LYMPHOCYTES	36.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.0	%	1-6	Electrical Impedance
MONOCYTES	9.2	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4807	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3486.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	285	Cells/cu.mm	20-500	Calculated
MONOCYTES	874	Cells/cu.mm	200-1000	Calculated
BASOPHILS	47.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	274000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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DEPARTMENT OF HAEMATOLOGY

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

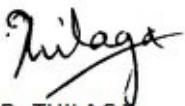
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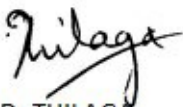
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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Visit ID : CANNOPV400568	Status : Final Report
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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	107	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.



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:PLF02142967

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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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1444161

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)



Dr. MARQUESS RAJ
M.D, DipRCPATH, D.N.B(PATH)
Consultant Pathologist

SIN No:EDT240045009

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	89	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.53		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<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.
- 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

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

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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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.HANS IMMANUEL RAJESH S	Collected : 09/Apr/2024 09:04AM
Age/Gender : 30 Y 1 M 14 D/M	Received : 09/Apr/2024 12:44PM
UHID/MR No : CANN.0000235678	Reported : 09/Apr/2024 01:48PM
Visit ID : CANNOPV400568	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E28474	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04691138

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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UHID/MR No : CANN.0000235678	Reported : 09/Apr/2024 01:48PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E28474	

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	0.86	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	27.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.20	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.00	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	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated



DR. R. SRIVATSAN
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Patient Name	: Mr.HANS IMMANUEL RAJESH S	Collected	: 09/Apr/2024 09:04AM
Age/Gender	: 30 Y 1 M 14 D/M	Received	: 09/Apr/2024 12:44PM
UHID/MR No	: CANN.0000235678	Reported	: 09/Apr/2024 01:27PM
Visit ID	: CANNOPV400568	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E28474		

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	19.00	U/L	<55	IFCC



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Patient Name : Mr.HANS IMMANUEL RAJESH S	Collected : 09/Apr/2024 09:04AM
Age/Gender : 30 Y 1 M 14 D/M	Received : 09/Apr/2024 12:45PM
UHID/MR No : CANN.0000235678	Reported : 09/Apr/2024 01:36PM
Visit ID : CANNOPV400568	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E28474	

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)	0.99	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.360	µIU/mL	0.34-5.60	CLIA

Comment:

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

- 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



DR. R. SRIVATSAN
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SIN No: SPL24066013

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APOLLO CLINICS NETWORK

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Patient Name : Mr.HANS IMMANUEL RAJESH S	Collected : 09/Apr/2024 09:04AM
Age/Gender : 30 Y 1 M 14 D/M	Received : 09/Apr/2024 04:06PM
UHID/MR No : CANN.0000235678	Reported : 09/Apr/2024 05:38PM
Visit ID : CANNOPV400568	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E28474	

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	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2327772

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Patient Name	: Mr.HANS IMMANUEL RAJESH S	Collected	: 09/Apr/2024 09:04AM
Age/Gender	: 30 Y 1 M 14 D/M	Received	: 09/Apr/2024 04:05PM
UHID/MR No	: CANN.0000235678	Reported	: 09/Apr/2024 05:39PM
Visit ID	: CANNOPV400568	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E28474		

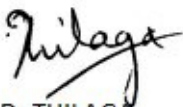
DEPARTMENT OF CLINICAL PATHOLOGY

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 ***



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

SIN No:UF011624

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Name: Mr. HANS IMMANUEL RAJESH S
Age/Gender: 30 Y/M
Address: NO 160A AYYAVOO ST AYYAVOO COLONY
Location: CHENNAI, TAMIL NADU
Doctor: Dr. VIGNESH P N
Department: General Practice
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIGNESH P N

MR No: CANN.0000235678
Visit ID: CANNOPV400568
Visit Date: 09-04-2024 08:56
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

No history of: **No History of diabetes / Hypertension / Heart Disease,**

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No,**

GastroIntestinal System

Nil significant: **.,**

GenitoUrinary System

-: **Nil,**

Central Nervous System

SLEEP- : **Normal,**

**Weight

--->: **Stable,**

HT-HISTORY

Past Medical History

Cancer: **No,

Personal History

Marital Status	Married,
-->	
Diet	Mixed Diet,
-->	
ALCOHOL	Consumes alcohol occasionally,
-->	
SMOKING	Yes,
-->	

Number	Occasional,
--------	-------------

Family History

Diabetes	father - T2,
----------	--------------

PHYSICAL EXAMINATION

General Examination

Build : Well,

Height (in cms): 170,

Weight (in Kgs): 84.3,

Waist: 95,

Hip: 96,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: 70,

Systolic: 120,

Diastolic: 70,

IMPRESSION

Apollo Health check

Findings: 1. FBS - 107

2. HbA1c - 5.9%

3. HDL - 34

4. USG - Grade II Fatty Liver,

RECOMMENDATION

Advice on Diet

Diet instructions : Diet as Advised ,

Advice on Physical Activity

Advice on Physical Activity: Regular Activity 30-40 minutes ,

Advice on Medication

Advice: 1. TAB. OMEGA 3 AS ADVISED ,

Review/Follow Up

Refer to specialty : To see Medical Gastroenterologist ,

Other Recommendations

Test/Investigation: Follow up FBS, Lipid profile and HbA1c after 3 months ,

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Patient Name	: Mr. HANS IMMANUEL RAJESH S	Age/Gender	: 30 Y/M
UHID/MR No.	: CANN.0000235678	OP Visit No	: CANNOPV400568
Sample Collected on	:	Reported on	: 09-04-2024 17:31
LRN#	: RAD2296682	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E28474		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and show fatty changes.(Grade - II)
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas and spleen appear normal.
Spleen measures 9.8cms.

Portal and splenic veins appear normal.
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.7 x 4.3cms.
Left kidney measures 11.3 x 4.8cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.5 x 3.4 x 2.9cms volume 18cc and shows normal echopattern.
Seminal vesicles appear normal.
Bladder is normal in contour.

IMPRESSION:

Patient Name : Mr. HANS IMMANUEL RAJESH S

Age/Gender : 30 Y/M

***GRADE - II FATTY LIVER.**

DISCLAIMER: THIS ULTRASOUND SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

Dr. ASHIQ MOHAMMED JEFFREY
MD
Radiology

Patient Name	: Mr. HANS IMMANUEL RAJESH S	Age/Gender	: 30 Y/M
UHID/MR No.	: CANN.0000235678	OP Visit No	: CANNOPV400568
Sample Collected on	:	Reported on	: 09-04-2024 17:05
LRN#	: RAD2296682	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E28474		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Name:..... Hans Immanuel
 Occupation:..... Rajesh
 Age:..... 30y Sex: Male Female
 Address:.....
Ph:.....

Date:..... 9/14/24..... Reg. No.:.....
 Ref. Physician:.....
 Copies to:.....

REPORT ON OPHTHALMIC EXAMINATION

History:

Nil

Present Complaint:

Nil

ON EXAMINATION:

Ocular Movements :

Anterior Segment :

Intra-Ocular-Pressure :

Visual Acuity: D.V. :

Without Glass :

With Glass :

N.V. :

Visual Fields :

Fundus :

Impression :

Advice :

Colour Vision :

RE

LE

Full

Full

N

N

6/6

6/6

N6

N6

Full.

Full,

N

N

OPHTHALMOLOGY / OPTOMETRIST

Smriti

Date : 09-04-2024

Department : GENERAL

MR NO : CANN.0000235678

Doctor :

Name : Mr. HANS IMMANUEL RAJESH S — Registration No : *ENT check up*

Age/ Gender : 30 Y / Male

Qualification :

Hans Immanuel Rajesh

30/M

9/4/24

Height:	Weight:	BMI:	Waist Circum:
Consultation Timing: 12:40			
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

② Ear ache on r of

o/e DSL

Pharyngitis

Inf: DNS / ? Sinusitis

Adv: X-ray PNS - sinusitis

CT Scan PNS.



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

S. No.	NAME OF DRUG & STRENGTH <small>Generic Name And In Capital</small>	Medication Dosage	A				B				C		(A*B*C)			Instructions for Administering Dosage			
			Morning	Afternoon	Evening	Night	No. of Days	Total Qty.	Before Meal	After Meal	Others								
			1	T. Alerfix total					1	15	15								
2	Nasoclear nasal drops		✓	✓	✓	✓	10	1											
3																			
4																			
5																			
6																			
7																			
8																			
9																			

RECOMMENDED INVESTIGATIONS

BIO CHEMISTRY

- ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM
- CALCIUM, SERUM
- CREATININE, SERUM
- FREE T4 SERUM
- GLUCOSE (FASTING)
- GLUCOSE (POST PRANDIAL)
- GLUCOSE, FASTING (F) AND POST PRANDIAL (PP)
- GLUCOSE, RANDOM
- HbA1c
- IgE (TOTAL)
- LIPID PROFILE
- LIVER FUNCTION TESTS (LFT)
- PROLACTIN - SERUM
- SERUM ELECTROLYTES
- THYROID FUNCTION TEST, TOTAL
- TOTAL BETA- HCG (TB-HCG)
- TSH: THYROID STIMULATING HORMONE-SERUM-FREE
- UREA - SERUM / PLASMA
- URIC ACID SERUM
- VITAMIN B12 -SERUM
- VITAMIN D3

SEROLOGY

- C-REACTIVE PROTEIN (Qualitative)
- DENGUE IgM
- DENGUE IgM & IgG
- DENGUE NS1 ANTIGEN
- HIV I AND II ANTIBODIES
- MALARIAL ANTIGEN (VIVAX AND FALCIPARUM)
- RHEUMATOID FACTOR - SERUM
- TYPHI DOT - M
- WIDAL TEST

HEMATOLOGY

- ABSOLUTE EOSINOPHIL COUNT
- BLOOD GROUP ABO & Rh FACTOR
- COMPLETE BLOOD COUNT
- ERYTHROCYTE SEDIMENTATION RATE (ESR)
- HEMOGRAM (CBP+ ESR)
- PERIPHERAL SMEAR FOR MALARIAL PARASITE (MP)
- PLATELET COUNT

RADIOLOGY

- ULTRASOUND - ABDOMEN AND PELVIS
- ULTRASOUND - WHOLE ABDOMEN
- ULTRASOUND EARLY PREGNANCY (WITHIN 10 WEEKS)
- X-RAY CERVICAL SPINE AP AND LAT
- X-RAY CHEST PA
- X-RAY LUMBAR SPINE AP AND LAT
- X-RAY PNS

CARDIOLOGY

- 2D-ECHO WITH COLOUR DOPPLER
- CARDIAC STRESS TEST - (TMT)
- ECG

CLINICAL PATHOLOGY & MICRO BIOLOGY

- URINE ROUTINE (CUE)
- CULTURE AND SENSITIVITY (URINE)
- URINE ROUTINE AND MICROSCOPY

OTHER


- PULMONARY FUNCTION TEST

Additional Investigation Recommended:

In case of emergency or any rash or other allergic complaints, please call 1066 or come directly to emergency room of the hospital

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.


CANN- 235678
OCR- 102213


 बैंक ऑफ बड़ौदा
Bank of Baroda


नाम **Mr. HANS IMMANUEL**

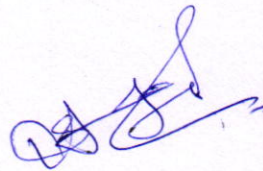
Name : **RAJESH S**

कर्मचारी कूट क्र.
E.C. No. : **124318**


आरीकली प्राधिकारी
Issuing Authority
DGM (Regional Head)
Aurangabad Region




धारक के हस्ताक्षर
Signature of Holder



Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Mon 4/8/2024 2:28 PM

To:hansimmanuel01@gmail.com <hansimmanuel01@gmail.com>

Cc:Annanagar Apolloclinic <annanagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear **MR. RAJESH S HANS IMMANUEL,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-04-09** at **08:30-08:45**.

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]

"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.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE,
ANNANAGAR EAST,CHENNAI - 600102.**

Contact No: 7358392880/7305702537.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

MR. HANS IMMANUEL RAJESH.S
ID: 235678 RMC

09.04.2024 9:12:10 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

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

Room:

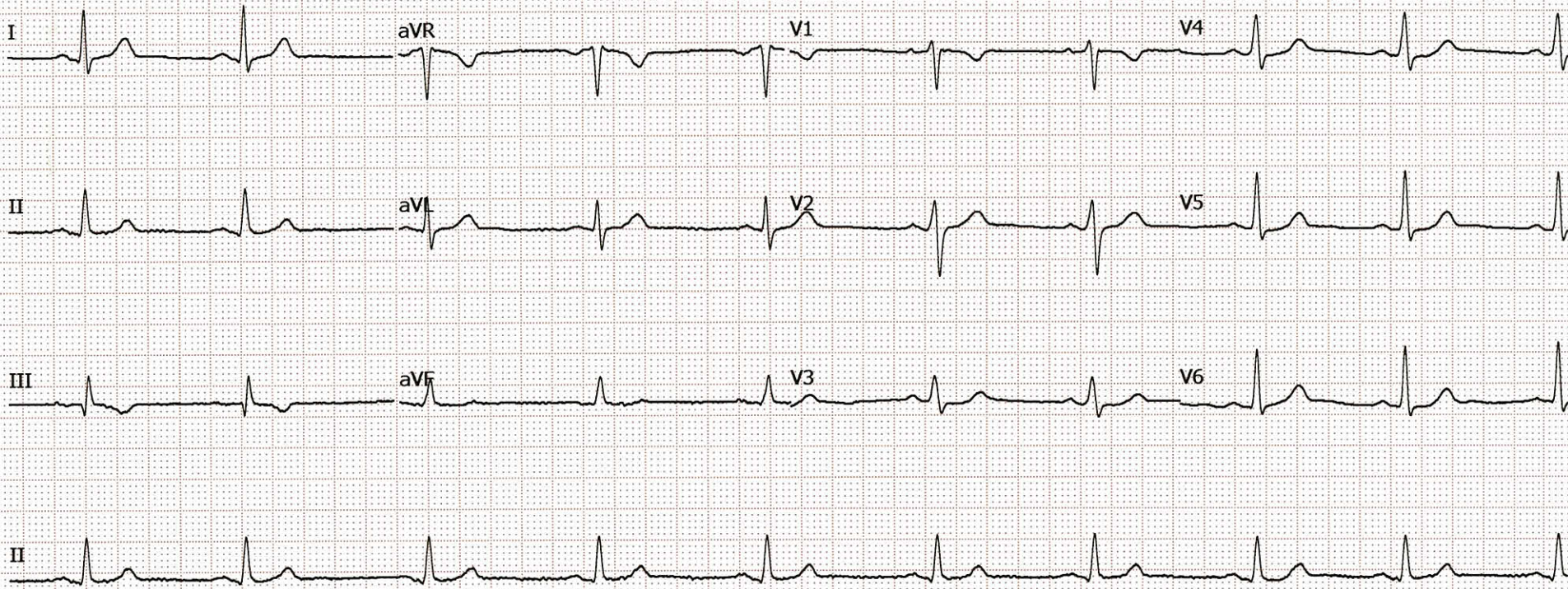
57 bpm
--/-- mmHg

30 Years Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 108 ms
QT / QTcBaz : 412 / 401 ms
PR : 144 ms
P : 118 ms
RR / PP : 1050 / 1052 ms
P / QRS / T : 24 / 38 / 7 degrees

Handwritten:
Sms Brandy
AAR
BY



Handwritten signature:


Apollo Clinic

CONSENT FORM

Patient Name: Hans Age: 30/M
UHID Number: 235678 Company Name: ARCO

I Mr/Mrs/Ms Hans Employee of ARCO
(Company) Want to inform you that I am not interested in getting Dental On
Tests done which is a part of my routine health check package. Review
And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 01-11-2024

 **Apollo Medical Centre**
No. 30, F-Block, 2nd Avenue,
Anna Nagar East, Chennai-600 102
Tel: 044-26224505, Mobile: 7358392880
Toll No. 1860 500 7788

Patient Name : Mr. HANS IMMANUEL RAJESH S Age : 30 Y/M
UHID : CANN.0000235678 OP Visit No : CANNOPV400568
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 09-04-2024 11:58
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.4CM
LA (es)	3.5CM
LVID (ed)	4.8CM
LVID (es)	2.0CM
IVS (Ed)	0.6CM
LVPW (Ed)	0.7CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. HANS IMMANUEL RAJESH S	Age	: 30 Y/M
UHID	: CANN.0000235678	OP Visit No	: CANNOPV400568
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 09-04-2024 11:58
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E :1.0m/sc A: 0.6 m/sc

Velocity / Gradient Across Pulmonic Valve : 1.2m/sc

Velocity / Gradient Across Aortic Valve :1.0m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name	: Mr. HANS IMMANUEL RAJESH S	Age	: 30 Y/M
UHID	: CANN.0000235678	OP Visit No	: CANNOPV400568
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 09-04-2024 11:58
Referred By	: SELF		

Patient Name	: Mr. HANS IMMANUEL RAJESH S	Age	: 30 Y/M
UHID	: CANN.0000235678	OP Visit No	: CANNOPV400568
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 09-04-2024 18:43
Referred By	: SELF		

ECG REPORT

Observation :-

Heart rate is 57 beats per minutes.

Impression:

SINUS BRADYCARDIA.

----- END OF THE REPORT -----

Dr. ARULNITHI AYYANATHAN