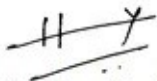


Patient Name : Mr.AHMED RAFIQ	Collected : 10/Aug/2024 08:50AM
Age/Gender : 59 Y 0 M 19 D/M	Received : 10/Aug/2024 12:33PM
UHID/MR No : CJPN.000096965	Reported : 10/Aug/2024 02:34PM
Visit ID : CJPNOPV203390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30408	

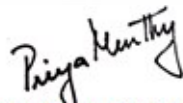
DEPARTMENT OF HAEMATOLOGY

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	14.7	g/dL	13-17	Spectrophotometer
PCV	44.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>11,900</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.4	%	40-80	Electrical Impedance
LYMPHOCYTES	33.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.8	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6473.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3974.6</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>690.2</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	737.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	311000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	11	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				



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SIN No: BED240208401

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Patient Name : Mr.AHMED RAFIQ	Collected : 10/Aug/2024 08:50AM
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Visit ID : CJPNOPV203390	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

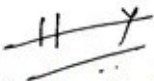
RBCs: are normocytic normochromic

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

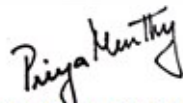
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LEUCOCYTOSIS.**



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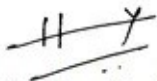
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UHID/MR No : CJPN.0000096965	Reported : 10/Aug/2024 03:08PM
Visit ID : CJPNOPV203390	Status : Final Report
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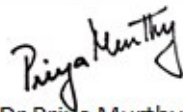
DEPARTMENT OF HAEMATOLOGY

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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mr.AHMED RAFIQ	Collected : 10/Aug/2024 08:50AM
Age/Gender : 59 Y 0 M 19 D/M	Received : 10/Aug/2024 01:50PM
UHID/MR No : CJPN.000096965	Reported : 10/Aug/2024 04:06PM
Visit ID : CJPNOPV203390	Status : Final Report
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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	194	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)	274	mg/dL	70-140	HEXOKINASE

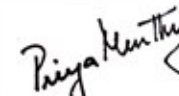
Comment:

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
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Page 4 of 16

  
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 Consultant Biochemistry

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



SIN No:EDT240085245

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**DEPARTMENT OF BIOCHEMISTRY**

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

**HbA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA**

HbA1C, GLYCATED HEMOGLOBIN	<b>10.4</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	252	mg/dL		Calculated


**Comment:**

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

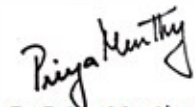
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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**Dr. Priya Murthy**  
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Patient Name : Mr.AHMED RAFIQ	Collected : 10/Aug/2024 08:50AM
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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	170	mg/dL	<200	CHO-POD
TRIGLYCERIDES	110	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.48		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


**Comment:**

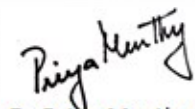
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

  
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SIN No:SE04805142

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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	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.44	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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:

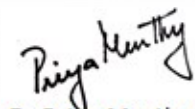
\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.  
 \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

  
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SIN No:SE04805142

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Emp/Auth/TPA ID : 22E30408

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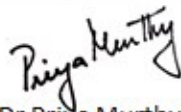
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.  
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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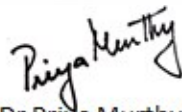
DEPARTMENT OF BIOCHEMISTRY

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	0.84	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	<b>16.30</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.16	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.22	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.44	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated



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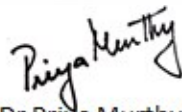
DEPARTMENT OF BIOCHEMISTRY

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	27.00	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)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.470	µIU/mL	0.34-5.60	CLIA


Comment:

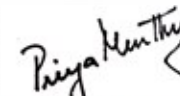
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

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**Dr Priya Murthy**  
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SIN No: SPL24130343

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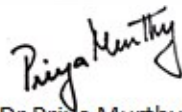
**DEPARTMENT OF IMMUNOLOGY**

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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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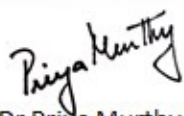
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.660	ng/mL	0-4	CLIA



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DEPARTMENT OF CLINICAL PATHOLOGY

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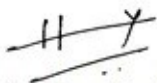
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.011		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

**Comment:**

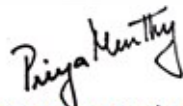
All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 14 of 16



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SIN No: UR2401938

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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

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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)

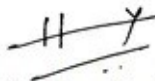
Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 1860 500 7788  
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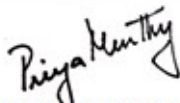
Patient Name	: Mr.AHMED RAFIQ	Collected	: 10/Aug/2024 08:50AM
Age/Gender	: 59 Y 0 M 19 D/M	Received	: 10/Aug/2024 01:50PM
UHID/MR No	: CJPN.0000096965	Reported	: 10/Aug/2024 01:58PM
Visit ID	: CJPNOPV203390	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30408		

DEPARTMENT OF CLINICAL PATHOLOGY

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



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



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



SIN No: UR2401938

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Address:  
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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

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

Patient Name : Mr.AHMED RAFIQ	Collected : 10/Aug/2024 08:50AM
Age/Gender : 59 Y 0 M 19 D/M	Received : 10/Aug/2024 01:23PM
UHID/MR No : CJPN.000096965	Reported : 10/Aug/2024 02:32PM
Visit ID : CJPNOPV203390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30408	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

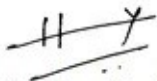
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +++		NEGATIVE	Dipstick

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

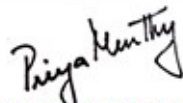
\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR

Page 16 of 16



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



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



SIN No: UF012023

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 |  
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Karnataka - 560034

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



Patient Name : Mr. AHMED RAFIQ

UHID : CJPN.0000096965

Conducted By: :

Referred By : SELF

Patient Name : Mr. AHMED RAFIQ

UHID : CJPN.0000096965

Conducted By :

Referred By : SELF

Age : 59 Y/M

OP Visit No : CJPNOPV203390

Conducted Date :

Age : 59 Y/M

OP Visit No : CJPNOPV203390

Conducted Date :

Name : Mr. AHMED RAFIQ

Age: 59 Y

UHID: CJPN.0000096965

Address :blr

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

OP Number: CJPNOPV203390

Bill No : CJPN-OCR-73400

Date : 10.08.2024 08:43

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	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION 16	
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)	
14	URINE GLUCOSE (FASTING) 06	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA 18	
17	ENT CONSULTATION 21	
18	CARDIAC STRESS TEST (TMT) 12 ECHO 3:00 pm.	
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 front	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

DENTAL  
OPHTHAL  
PHYSIO - 04  
AUDIO - 24  
DIET — 16C

73 kg  
164 cm  
121/77  
89

आयकर विभाग  
INCOME TAX DEPARTMENT

RAFEEQ AHMED

ABDUL HAMEED

22/07/1965

Permanent Account Number  
BBOPR8180C

*Rafiq Ahmed*

Signature

भारत सरकार  
GOVT. OF INDIA



110220011

इस कार्ड के खोने / पाने पर कृपया सूचित करें / बौटार :  
आयकर पैन सेवा यूनिट, एन एस डी एल  
तीसरी मंजिल, सफ़ायर चेंबर,  
बानेर टेलिफोन एक्चेंज के नजदीक,  
बानेर, पुना - 411 045.

If this card is lost / someone's lost card is found,  
please inform / return to :

Income Tax PAN Services Unit, NSDL  
3rd Floor, Sapphire Chambers,  
Near Baner Telephone Exchange,  
Baner, Pune - 411 045.

Tel: 91-20-2721 8089, Fax: 91-20-2721 8081  
e-mail: unitinfo@nsdl.co.in

ಕರ್ನಾಟಕ ರಾಜ್ಯ KARNATAKA STATE  
INDIAN UNION MOTOR DRIVING LICENCE

DCA3560985



ಪಾರಿಗ ಇಲಾಖೆ  
TRANSPORT DEPARTMENT



DL No. : KA01 19980007068  
NAME : RAFEEQ AHMED  
D.O.B : 22/07/1965  
VALID TILL : 18/08/2025(NT)

DOI : 26/11/1998

FORM - 7  
[See Rule 16(2)]

B.G. : A+



VALID THROUGHOUT INDIA  
COV: LMV 09/05/2013  
MCWG 26/11/1998

COI : 19.08.2020

Slr : ABDUL HAMEED  
ADDRESS : # 553, 5TH MAIN ROAD, ILYAS NAGAR,  
PIPELINE, J P NAGAR POST, BANGALORE  
SOUTH, BANGALORE 560078

Sign. Of Holder

*Abdul Hameed*  
Sign. Licencing Authority  
BENGALURU(S)

*Rafiq Ahmed*

Corporate Health Checks **10/65**

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

10-08-2024



### Patient Details

Patient First Name

MR. AHMED

Patient Last Name

RAFIQ

Patient Mobile Number

9900864927

Patient E-mail ID

sadeeqahmed205@gmail.com

Date of Birth

01-03-1965

Gender

male

Client

**ARCOFEMI HEALTHCARE LIMITED**

Agreement Name

(1) ARCOFEMI MEDIWHEEL MALE AHC CREDIT

Mr. ahmed  
ID: cfm:96965

10.08.2024 11:31:30  
Apollo Clinic  
J P Nagar  
Bangalore



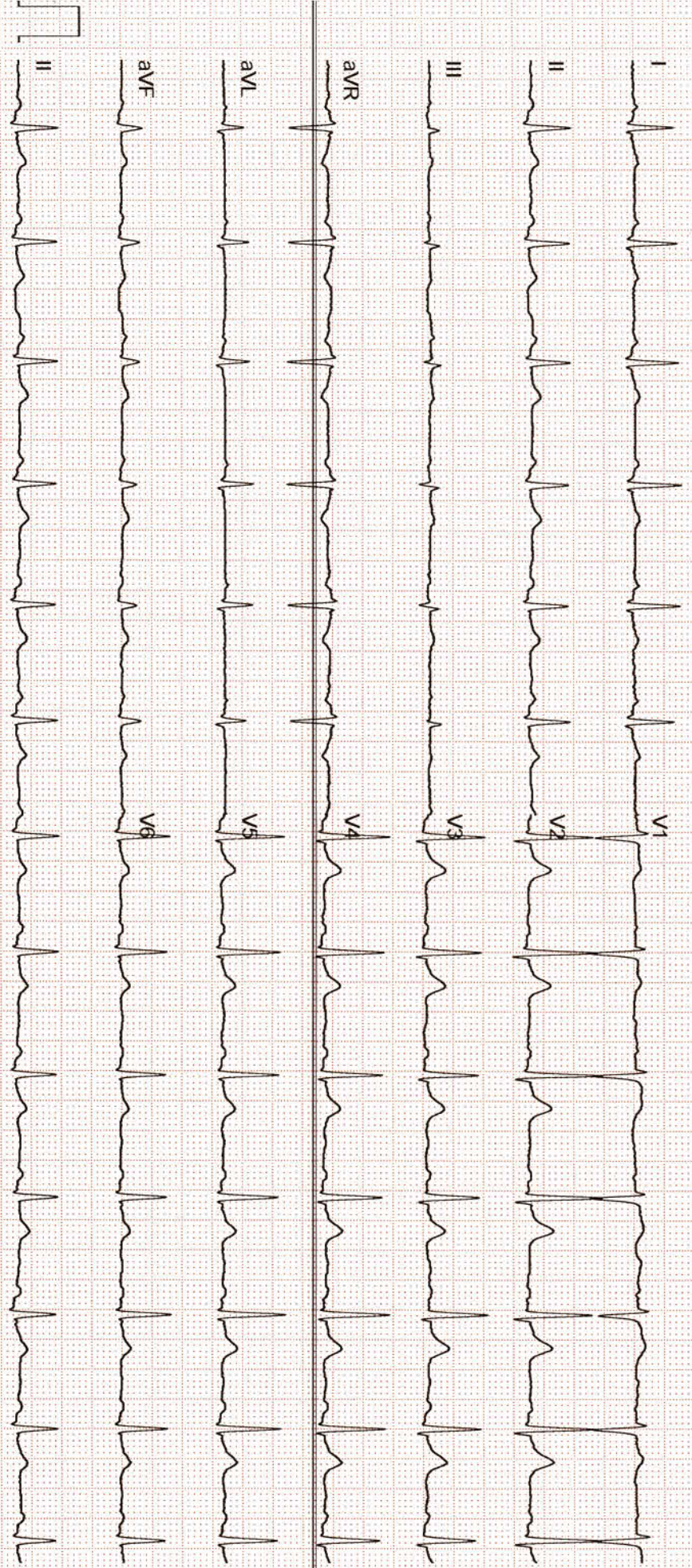
76 bpm  
121 / 77 mmHg

59 Years 164 cm Male  
73.0 kg

QRS	86 ms
QT / QTcBaz	356 / 400 ms
PR	144 ms
P	90 ms
RR / PP	784 / 789 ms
P / QRS / T	45 / 30 / 49 degrees

Normal sinus rhythm  
Normal ECG

*WNL*



MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6\_25\_R1 1/1

Unconfirmed

**Patient Name** : Mr. AHMED RAFIQ

**Age/Gender** : 59 Y/M

**UHID/MR No.** : CJPN.0000096965

**OP Visit No** : CJPNOPV203390

**Sample Collected on** :

**Reported on** : 10-08-2024 19:27

**LRN#** : RAD2399898

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 22E30408

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

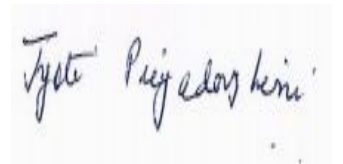
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. JYOTI PRIYADARSHINI**  
**MBBS, MD**

<b>Patient Name</b>	: Mr. AHMED RAFIQ	<b>Age/Gender</b>	: 59 Y/M
<b>UHID/MR No.</b>	: CJPN.0000096965	<b>OP Visit No</b>	: CJPNOPV203390
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-08-2024 09:42
<b>LRN#</b>	: RAD2399898	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E30408		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size(12.0 cm) and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size ( 8.3cm)and echotexture. No focal lesion was seen.

**PANCREAS** : Normal to the visualized extent.

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

Right kidney measures:9.1 x 1.1 cm.

Left kidney measures :10.1 x 1.2 cm.

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

**PROSTATE**: Normal in size and echotexture.

Volume-23.3 cc.

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

**IMPRESSION : NORMAL STUDY .**

Please Note :No preparation done before scanning.



**Patient Name** : Mr. AHMED RAFIQ

**Age/Gender** : 59 Y/M

---

**CONSULTANT RADIOLOGIST**

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

**Dr. KUSUMA JAYARAM**  
MBBS,DMRD  
Radiology