

Patient Name : Mr.L SHIVA KUMAR	Collected : 24/Aug/2024 08:36AM
Age/Gender : 56 Y 1 M 23 D/M	Received : 24/Aug/2024 12:10PM
UHID/MR No : CBAS.0000094028	Reported : 24/Aug/2024 02:25PM
Visit ID : CBASOPV105627	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30827	

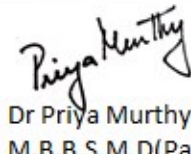
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	42.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.57	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92.1	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,570	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.9	%	40-80	Electrical Impedence
LYMPHOCYTES	43.1	%	20-40	Electrical Impedence
EOSINOPHILS	5.2	%	1-6	Electrical Impedence
MONOCYTES	8.4	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2389.53	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2400.67	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	289.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	467.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1		0.78- 3.53	Calculated
PLATELET COUNT	149000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				



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AND LIFESTYLE LIMITED- RRL BANGALORE



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RBCs: are normocytic normochromic

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

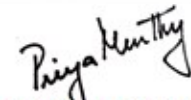
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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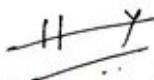


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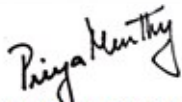
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mr.L SHIVA KUMAR	Collected : 24/Aug/2024 08:36AM
Age/Gender : 56 Y 1 M 23 D/M	Received : 24/Aug/2024 11:58AM
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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	178	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	291	mg/dL	70-140	HEXOKINASE

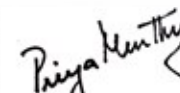
Comment:

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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	9.8	%		HPLC

Page 4 of 15


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SIN No: BAS240800154

Apollo Health and Lifestyle Limited

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

ESTIMATED AVERAGE GLUCOSE (eAG)	235	mg/dL	Calculated
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Comment:

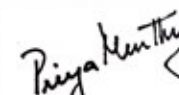
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHO-POD
TRIGLYCERIDES	175	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.67		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.35		<0.11	Calculated

Comment:

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

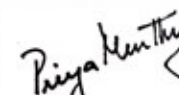
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.39	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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's diseases, Cirrhosis, but the increase is usually not >2.


2. Cholestatic Pattern:

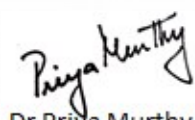
*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*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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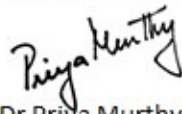
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	13.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.14	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.75	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.39	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	59.00	U/L	<55	IFCC

Priya Murthy

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	7.588	µIU/mL	0.34-5.60	CLIA

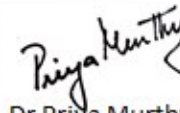
Comment:

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


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: BAS240800157

Apollo Health and Lifestyle Limited (CIN - U061107C2000PH6115849)
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 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:
 5th Floor, Deekshapada Building, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


 1860 500 7788
 www.apolloclinic.com

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)

Patient Name : Mr.L SHIVA KUMAR	Collected : 24/Aug/2024 08:36AM
Age/Gender : 56 Y 1 M 23 D/M	Received : 24/Aug/2024 05:23PM
UHID/MR No : CBAS.0000094028	Reported : 24/Aug/2024 07:08PM
Visit ID : CBASOPV105627	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30827	

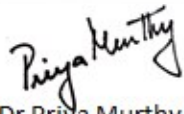
DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No: BAS240800157

Apollo Health and Lifestyle Limited

(CIN - U061107C2009PLG115819)
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

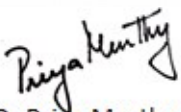
Address:
32-3/100/125, Doddabangla Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

Patient Name : Mr.L SHIVA KUMAR	Collected : 24/Aug/2024 08:36AM
Age/Gender : 56 Y 1 M 23 D/M	Received : 24/Aug/2024 05:23PM
UHID/MR No : CBAS.0000094028	Reported : 24/Aug/2024 06:11PM
Visit ID : CBASOPV105627	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30827	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.250	ng/mL	0-4	CLIA



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



Patient Name : Mr.L SHIVA KUMAR	Collected : 24/Aug/2024 08:36AM
Age/Gender : 56 Y 1 M 23 D/M	Received : 24/Aug/2024 02:44PM
UHID/MR No : CBAS.0000094028	Reported : 24/Aug/2024 03:01PM
Visit ID : CBASOPV105627	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30827	

DEPARTMENT OF CLINICAL PATHOLOGY

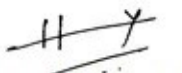
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.009		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	2	/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.



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



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



Patient Name : Mr.L SHIVA KUMAR	Collected : 24/Aug/2024 08:36AM
Age/Gender : 56 Y 1 M 23 D/M	Received : 24/Aug/2024 02:44PM
UHID/MR No : CBAS.0000094028	Reported : 24/Aug/2024 03:44PM
Visit ID : CBASOPV105627	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30827	

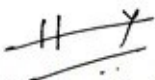
DEPARTMENT OF CLINICAL PATHOLOGY

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

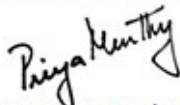
Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +++		NEGATIVE	Dipstick

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

*** End Of Report ***



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



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



Patient Name : Mr.L SHIVA KUMAR
Age/Gender : 56 Y 1 M 23 D/M
UHID/MR No : CBAS.0000094028
Visit ID : CBASOPV105627
Ref Doctor : Self
Emp/Auth/TPA ID : 22E30827

Collected : 24/Aug/2024 08:36AM
Received : 24/Aug/2024 02:44PM
Reported : 24/Aug/2024 03:44PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

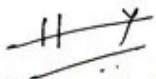
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

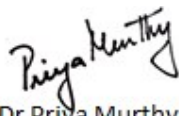
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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: BAS240800156

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

Patient Name	: Mr. L SHIVA KUMAR	Age	: 56Yrs 1Mths 27Days
UHID	: CBAS.0000094028	OP Visit No.	: CBASOPVI05627
Printed On	: 24-08-2024 02:20 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E30827		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

NO OBVIOUS ABNORMALITY DETECTED.

---End Of The Report---



Dr. V K PRNAV VENKATESH

--

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Radiology

Name : Mr. L SHIVA KUMAR

Age : 56Y 1M 23D

UHID : CBAS.0000094028

Address : Lalbagh West Bangalore Karnataka INDIA 560004

sex : Male



CBAS.0000094028

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT
PAN INDIA OP AGREEMENT

OP No: CBASOPV105627

Bill No: CBAS-OCR-63833

Date: Aug 24th, 2024, 8:26 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324		
1	DENTAL CONSULTATION	Consultation	<input type="checkbox"/>
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	Biochemistry	<input type="checkbox"/>
3	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
4	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
5	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	<input type="checkbox"/>
6	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
7	ENT CONSULTATION	Consultation	<input type="checkbox"/>
8	DIET CONSULTATION	Consultation	<input type="checkbox"/>
9	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
10	2 D ECHO	Cardiology	<input type="checkbox"/>
11	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
12	ECG	Cardiology	<input type="checkbox"/>
13	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
14	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
15	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
17	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
18	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
19	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
22	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
23	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	<input type="checkbox"/>
24	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>

Pending

(5) (H)

Physio - (6)

HA - 1730

WT - 112.6 kg

B.P - 149/88

PR - 78

Apollo Health and Lifestyle Limited

(CIN - U85110TS2006PLC115019)
Regd. Office: #71-617/A, 618 & 616, Imperial Towers, 7th Floor, Amcperpet, Hyderabad 500038, Telangana, India
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Montokonda | Uppal) Andhra Pradesh: Vizag
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Montokonda | Uppal) Andhra Pradesh: Vizag
Tamil Nadu: Chennai (Anna Nagar | Kotturam) Karnataka: Bengaluru (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sadashivan Nagar | Sarjapur Road) Mysuru (VV Mohalla) Kerala: Kochi (Kalamassery) Maharashtra: Pune (Aundh | Nigdi | Pradhikaran) Visakhapatnam: Visakhapatnam

GSTIN: 29AADCA0733E1Z3

Address: 99, Bull Temple Rd, next to Ramakrishna mutt, Mahantara Lay Out, Basavanagudi, Bengaluru, Karnataka 560019



RE: Health Checkup booking no. 60

Corporate Apollo Clinic <corporate@apolloclinic.com>

Tue 8/20/2024 5:28 PM

To: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Cc: Network : Mediwheel : New Delhi <network@mediwheel.in>; Customer Care : Mediwheel : New Delhi <customercare@mediwheel.in>; ITPL CLINIC <itpl@apolloclinic.com>; Foincharge Cbr <foincharge.cbr@apollospectra.com>; Sarjapur Apolloclinic <sarjapur@apolloclinic.com>; FO ITPL <fo.itpl@apolloclinic.com>; Sarjapur Apolloclinic <sarjapur@apolloclinic.com>; Fo Kanpur <fo.kanpur@apollospectra.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; AHCN Members <ahcnmembers@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Dilip B <dilip.b@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>; Asraonagar Apolloclinic <asraonagar@apolloclinic.com>; Hsr Apolloclinic <hsr@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>; JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>; Koramangala Apolloclinic <koramangala@apolloclinic.com>; Mysore Apolloclinic <mysore@apolloclinic.com>

📎 1 attachments (21 KB)

20.08.2024.xlsx;

Namaste team,

Greetings from Apollo clinics,

PFA. With status.

Thanks & Regards,

Rani N | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: Tuesday, August 20, 2024 11:46 AM

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Network : Mediwheel : New Delhi <network@mediwheel.in>; Customer Care : Mediwheel : New Delhi <customercare@mediwheel.in>

Subject: Health Checkup booking no. 60

Dear Team

Please find the attached health checkup booking file and confirm the same.

Thanks & Regards

Lav Gupta



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in

ECHOCARDIOGRAPHY REPORT

Name: MR SHIVA KUMAR Age: 56 YEARS GENDER: MALE

Consultant: Dr. VISHAL KUMAR H. Date : 24/08/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: HYPERTROPHY , No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal, AML THICKENED
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility, SCLEROTIC
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.64	m/sec	A	0.84	m/sec	TRIVIAL MR
Tricuspid Valve	E	0.52	m/sec	A	0.44	m/sec	No TR
Aortic Valve	Vmax	1.02	m/sec				TRIVIAL AR
Pulmonary Valve	Vmax	0.86	m/sec				No PR
Diastolic Dysfunction	GRADE I LVDD						

M-Mode Measurements

Parameter	Observed Value	Normal Range	
Aorta	2.9	2.6-3.6	cm
left Atrium	3.3	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	1.0	0.9-1.1	cm
left Ventricle-Diastole	4.8	4.2-5.9	cm
Posterior wall-Diastole	1.0	0.9-1.1	cm
IVS-Systole	1.2	1.3-1.5	cm
left Ventricle-Systole	2.9	2.1-4.0	cm
Posterior wall-Systole	1.3	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.6	2.0-3.3	cm

Impression -

- MILD LVH NOTED
- GRADE I LVDD
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves , SCLEROTIC AV, TRIVIAL MR/AR
- No Pericardial Effusion/Vegetation/Clot
-

DR. VISHAL KUMAR H.

CLINICAL CARDIOLOGIST

Date: IST: 2024-08-24 10:51:54

Report ID: AHLLP_01P3FGAT6Y30U59_V6Y30U6H

Personal Details
UHID: 01P3FGAT6Y30U59
PatientID: 94028
Name: shivakumar
Age: 56
Gender: Male
Mobile: 64676676797

Interpretation

Normal sinus rhythm
Normal axis

Measurements

HR: 77 BPM
PR: 154 ms
PD: 122 ms
QRSD: 97 ms
QRS Axis: -1 deg
QT/QTc: 353/399 ms

Vitals

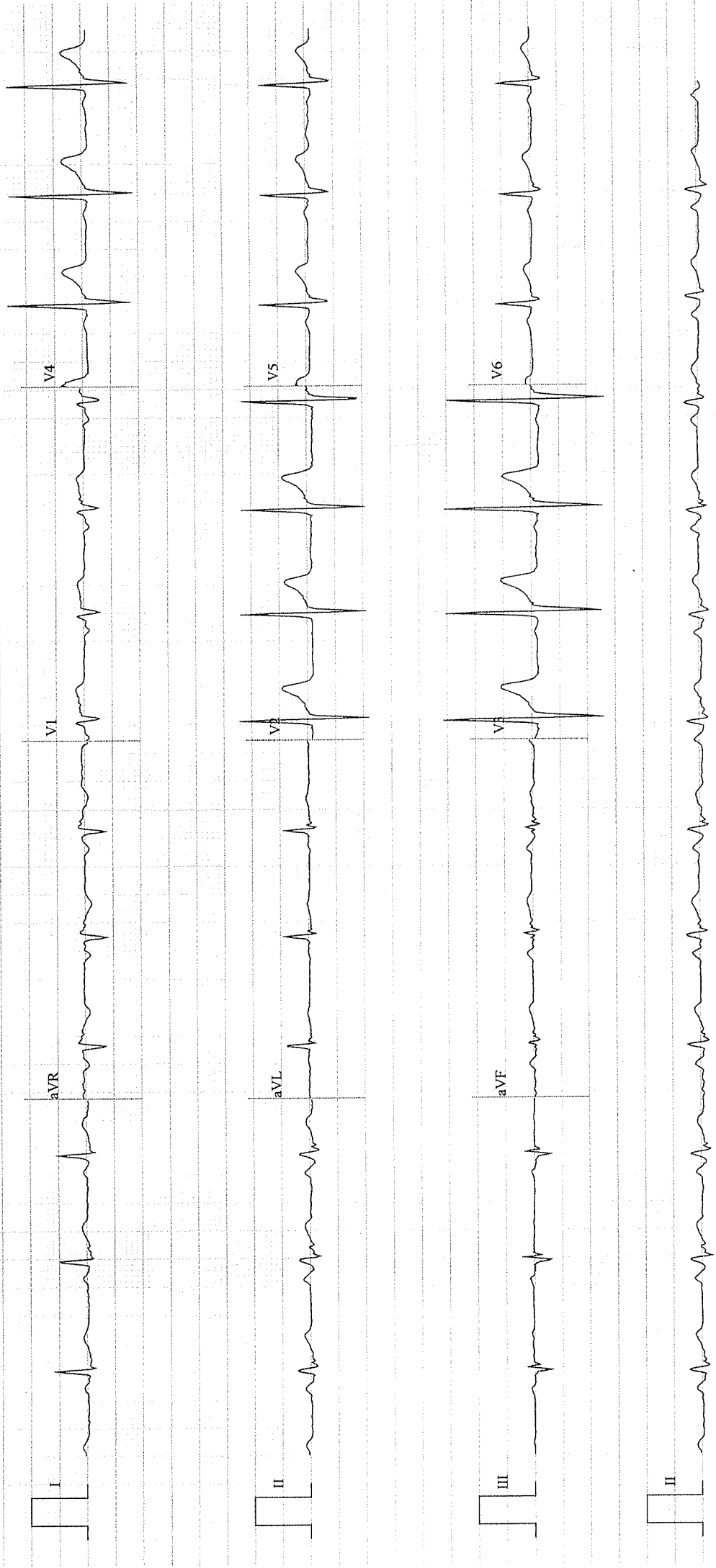
Pre-Existing Medical- Conditions

Symptoms

Authorized by
Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg. No. - KMC 44065

This trace is generated by: *KaritoScreen; Cloud-Connected. Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX*



Apollo Clinic

CONSENT FORM

Patient Name: Shiva Kumar Age: 56

UHID Number: Company Name:

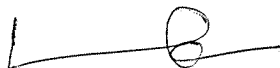
I Mr/Mrs/Ms Employee of

~~(Company)~~ Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

ENT, Fitness by
Dr Pendi
Dental.

Patient Signature:  Date:

Mr. Shiva Kumar

21/8/24

Ht, 173cm

Wt, 112.6kg

IBW → 70-75kg

80kg

* Walk, BRUSH → 60 min.

Apt diet → 60 min.

* Dinner 7-8 pm → Pepsidosa / chutney,

Veg salad → Cucumber, Koolmb (2), Tomato curd.

* Warm water
Jeera.

* cut joints.

oil → < 400ml/alt.

1 month - 109kg

2 alt - 106kg

3 alt - 102-104kg

4 alt - 100kg

5 alt - 96kg

Dr. Subin

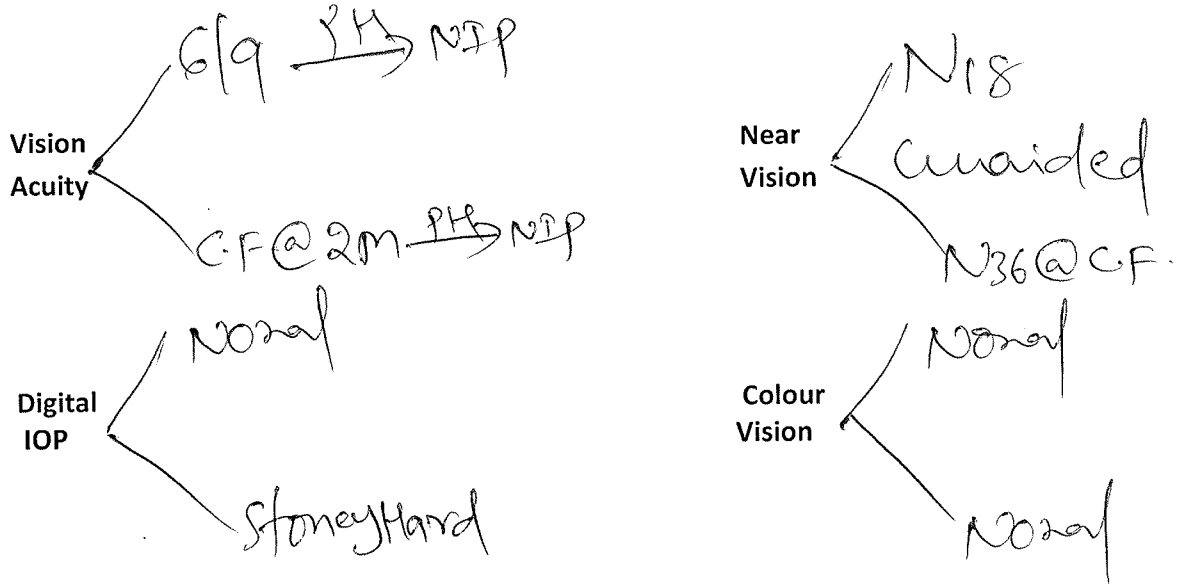
6 alt - 93kg

15-18kg

9449349333

Mr. L. Shiva Kumar 36/m 24/8/24

EYE CHECK UP REPORT



• Fundus:

• Ant. Segment :-

• Media:


• Pupil:


} Read retine Evaluation


N/A CE Hazy view

Re Pseudophakia. Adv for dilatation + retine opinion → IOP Evaluation.

DRS

**National Insurance Co. Ltd.**
BANK OF BARODA-EMPLOYEE


Name : Mr L Shiva Kumar
Age : 55 Yrs **Emp Code:** 157707
Relation : Self
UHID : NIER 4021428
Gender : M **DOB** : 02-09-1968
Policy No. : 251100502310000171
Valid From : 01-10-2023 **Valid Upto:** 30-09-2024

 **Etisison Insurance TPA Pvt. Ltd.**
An ISO 9001:2015 Certified Organisation