

Patient Name : Mr.PADMA KUMAR J  
Age/Gender : 55 Y 2 M 24 D/M  
UHID/MR No : SALW.0000138287  
Visit ID : SALWOPV208080  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 62263

Collected : 09/Mar/2024 09:32AM  
Received : 09/Mar/2024 10:36AM  
Reported : 09/Mar/2024 12:43PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240062970

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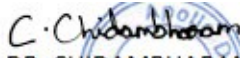
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.8	g/dL	13-17	Spectrophotometer
PCV	46.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.89	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95	fL	83-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	31.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6256	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2392	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	184	Cells/cu.mm	20-500	Calculated
MONOCYTES	368	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.62		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	337000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	08	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
..				

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240062970



Patient Name : Mr.PADMA KUMAR J	Collected : 09/Mar/2024 09:32AM
Age/Gender : 55 Y 2 M 24 D/M	Received : 09/Mar/2024 12:08PM
UHID/MR No : SALW.0000138287	Reported : 09/Mar/2024 03:49PM
Visit ID : SALWOPV208080	Status : Final Report
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Emp/Auth/TPA ID : 62263	

**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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				



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

SIN No:HA06616720

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



Patient Name : Mr.PADMA KUMAR J	Collected : 09/Mar/2024 11:52AM
Age/Gender : 55 Y 2 M 24 D/M	Received : 09/Mar/2024 03:44PM
UHID/MR No : SALW.0000138287	Reported : 09/Mar/2024 08:27PM
Visit ID : SALWOPV208080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 62263	

**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	103	mg/dL	70-100	GOD - POD

**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:**

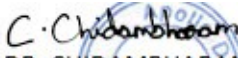
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	165	mg/dL	70-140	GOD - POD

**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. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLP1428937



Patient Name : Mr.PADMA KUMAR J	Collected : 09/Mar/2024 09:32AM
Age/Gender : 55 Y 2 M 24 D/M	Received : 09/Mar/2024 12:09PM
UHID/MR No : SALW.0000138287	Reported : 09/Mar/2024 01:19PM
Visit ID : SALWOPV208080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 62263	

**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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	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.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240028642

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

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Collected : 09/Mar/2024 09:32AM  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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	177	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	144	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.36		0-4.97	Calculated

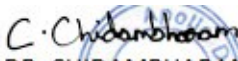
**Comment:**

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

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 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.

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04655546




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**DEPARTMENT OF BIOCHEMISTRY**

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

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04655546

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Patient Name : Mr.PADMA KUMAR J	Collected : 09/Mar/2024 09:32AM
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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	90.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

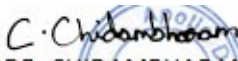
**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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DR. CHIDAMBARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04655546





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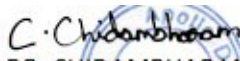
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**DEPARTMENT OF BIOCHEMISTRY**

**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	1.00	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	28.89	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	13.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.20</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		0.9-2.0	Calculated

Result Rechecked

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04655546

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Patient Name : Mr.PADMA KUMAR J  
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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>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	27.00	U/L	16-73	Glycylglycine Kinetic method

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
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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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.93	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.430	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

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

TSH	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

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



SIN No:SPL24041807

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

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

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**DEPARTMENT OF IMMUNOLOGY**

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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



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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>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	2.550	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 50-59 years is 0-3.5 ng/mL



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



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**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 15

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2301206



Patient Name : Mr.PADMA KUMAR J  
Age/Gender : 55 Y 2 M 24 D/M  
UHID/MR No : SALW.0000138287  
Visit ID : SALWOPV208080  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 62263

Collected : 09/Mar/2024 09:32AM  
Received : 09/Mar/2024 01:22PM  
Reported : 09/Mar/2024 01:56PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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)	NEGATIVE		NEGATIVE	Dipstick

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

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

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UF011058

Page 15 of 15



GE MAC1200 ST  
Male

MR, PADMA KUMAR, APOLLO SPECTRA ALWARPET

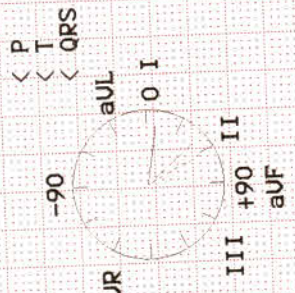
HR 83bpm

AGE:

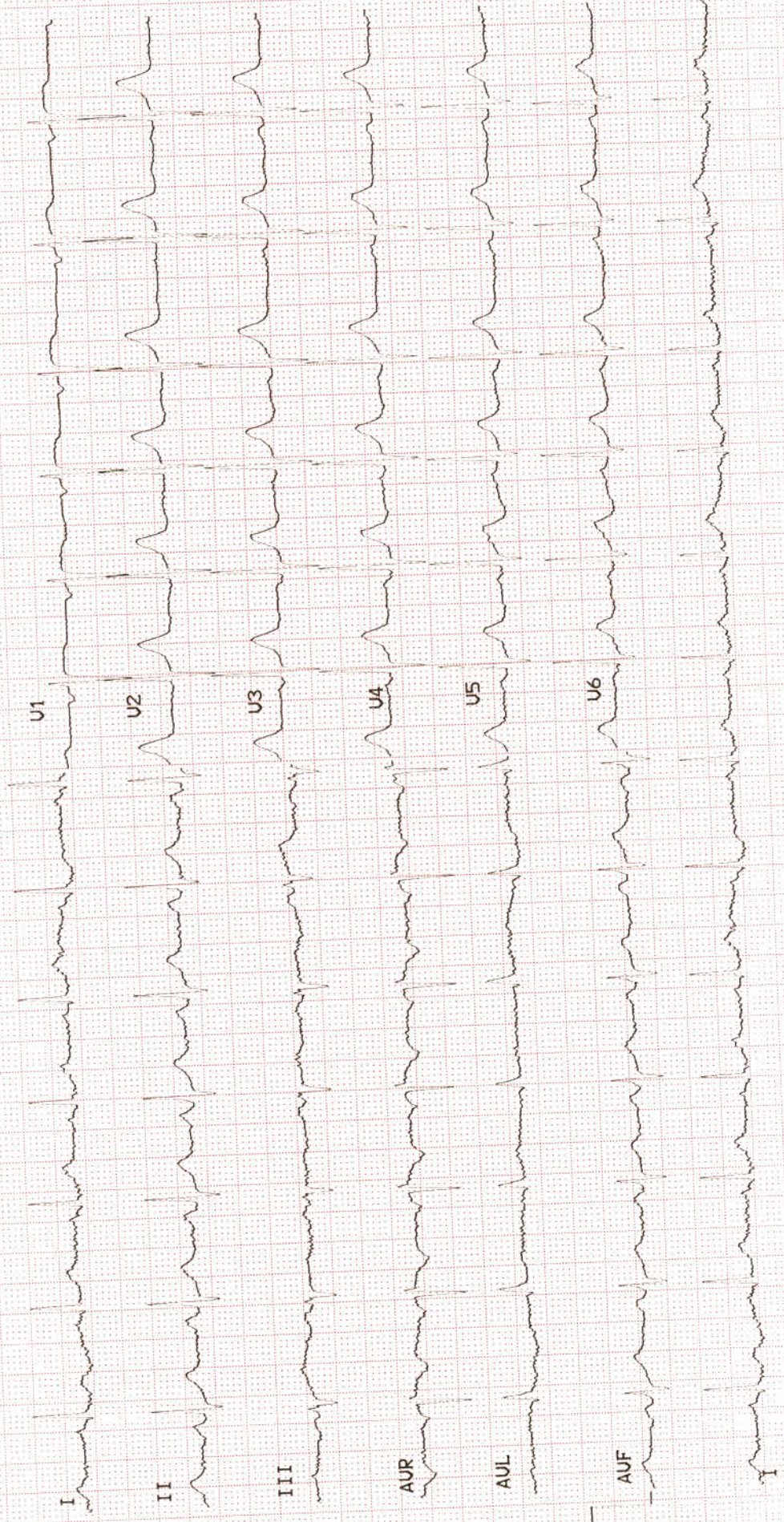
Measurement Results:

QRS : 82 ms  
 QT/QTcB : 364 / 427 ms  
 PR : 148 ms  
 P : 114 ms  
 RR/PP : 696 / 720 ms  
 P/QRS/T : 61/ 9/ 48 degrees

Interpretation:



Unconfirmed report.





Patient Name : Mr. PADMA KUMAR J  
UHID : SALW.0000138287  
Conducted By: : Dr. CECILY MARY MAJELLA  
Referred By : SELF

Age : 55 Y/M  
OP Visit No : SALWOPV208080  
Conducted Date : 09-03-2024 12:45

**CARDIOLOGY**  
**CARDIAC STRESS TEST – (TMT)**

Angina Pectoria:  
NO

Previous MI:  
NO

PTCA:  
NO

CABG:  
NO

HTN:  
YES

DM:  
NO

Smoking:  
NO

Obesity:  
NO

Lipidemia:  
NO

Resting ECG Supine:  
NSR,WNL

Standing:  
NSR,WNL

Protocol Used:  
BRUCE

Monitoring Leads:  
12 LEADS

Grade Achieved:  
100

% HR / METS:  
7.0

Reason for Terminating Test:  
MAXIMUM ACHIEVED TARGET HEART RATE

Total Exercise Time:  
5.34

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office: No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

Symptoms and ECG Changes during Exercise:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

**INTERPRETATION:**

Rhythm:  
NORMAL

S.T. Segment :  
NORMAL

III Blood Pressure Response :  
NORMAL

IV Fitness Response :  
AVERAGE

Impression:  
Cardiac stress analysis is **NEGATIVE** for inducible myocardial ischemia  
at 7.0mets work load and 100% of maximum heart rate.

  
DR. CECILY MARY MAJELLA MD DM CARDIO

To Kindly correlate clinically

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

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**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

Health Check up Booking Confirmed Request(bobE11072),Package Code-  
PKG10000367, Beneficiary Code-308521

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

Tue 05-03-2024 17:51

To:padmakumarj68@gmail.com <padmakumarj68@gmail.com>

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



011-41195959

Dear **MR. PADMA KUMAR J.**

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male  
**Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40  
**Name of Diagnostic/Hospital** : Apollo Spectra - Alwarpet  
**Address of Diagnostic/Hospital-** : 12 Cp Ramaswamy Road, Alwarpet Chennai - 600018  
**City** : Chennai  
**State** :  
**Pincode** : 600018  
**Appointment Date** : 09-03-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:00am  
**Booking Status** : Booking Confirmed




Member Information		
Booked Member Name	Age	Gender
MR. PADMA KUMAR J	56 year	Male

Note - Please note to not pay any amount at the center.

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

स्वाई लेखा संख्या /PERMANENT ACCOUNT NUMBER	AGSPP6731F	
	नाम /NAME PADMA KUMAR JANARDHANAN POTTY	
	पिता का नाम /FATHER'S NAME JANARDHANAN POTTY	
	जन्म तिथि /DATE OF BIRTH 16-12-1968	
हस्ताक्षर /SIGNATURE		आयकर आयुक्त, तिरुवनंतपुरम COMMISSIONER OF INCOME-TAX, TRIVANDRUM

62263,

# OPHTHALMIC RECORD

NAME :

AGE :

I.D. NO.:

Mr. PADMA KUMAR J  
SALW.0000138287 55/M

DATE: 9/3/23

REFERRAL DETAILS :

ALLERGIES :

MHC

Not aware of

OCULAR HISTORY :

ou: No specific eye pr 90.

SYSTEMIC ILLNESS :

H/o HTN x 7yrs.

H/o hypothyroidism x 4yrs.

CURRENT MEDICATION:

statyl 4x.

INVESTIGATIONS :

Bp under control.

MAIN DIAGNOSIS

TREATMENT GIVEN

RE

LE

PRESENT GLASSES :  
NV ADD :

Not brought

VN. WITH PG :

VISION UNAIDED :

6/6 N8

6/6 N8

VN WITH PH :

RETINOSCOPY Ar :

$\pm$

$\pm 1.50 \times 80$

SUBJECTIVE :

$\pm 1.6/6$

$\pm 1.6/6$

ANTERIOR SEGMENT :

Add: ar:  $\pm 2.50m$  (N6)  
prefer new Rx

Colour m:  
ar: Normal  
m/n

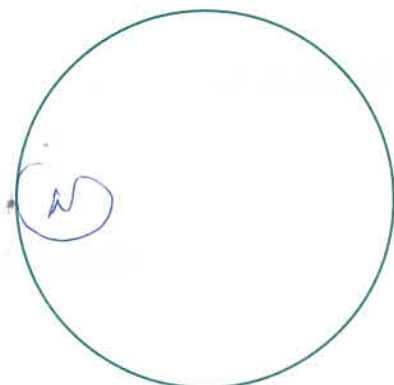
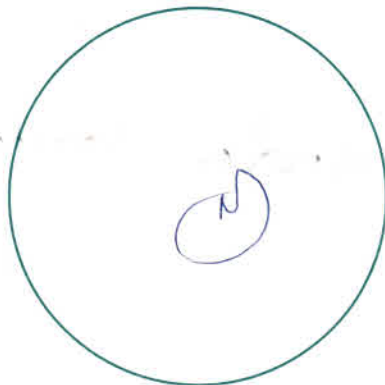
OU: Ant-segment WNL

IOP

RE: 16mmHg  
LE: 16mmHg

@ 10-40 AM

FUNDUS :



MAIN DIAGNOSIS :

OU: Presbyopia

ADVICE / DISCUSSION :

- new glasses

REVIEW :

1 yr / SSA



SIGNATURE

<b>Patient Name</b>	: Mr. PADMA KUMAR J	<b>Age/Gender</b>	: 55 Y/M
<b>UHID/MR No.</b>	: SALW.0000138287	<b>OP Visit No</b>	: SALWOPV208080
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-03-2024 10:37
<b>LRN#</b>	: RAD2261658	<b>Specimen</b>	:
<b>Ref Doctor</b>	: DR VIJENDRA MAKK REDDY		
<b>Emp/Auth/TPA ID</b>	: 62263		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver measures 14.8cm with fatty liver(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 appears normal.  
Spleen measures 9.2cm and shows uniform echotexture.

Visualised aorta and IVC are normal.  
No evidence of ascites or lymphadenopathy.

Right kidney measures 9.7 x 4.0cm.  
Left kidney measures 10.4 x 4.7cm.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.0 x 3.9 x 3.0cm(Vol-19ml).

Bladder is normal in contour.

**IMPRESSION:**

Grade II - Fatty liver.



**Patient Name** : Mr. PADMA KUMAR J

**Age/Gender** : 55 Y/M



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology

<b>Patient Name</b>	: Mr. PADMA KUMAR J	<b>Age/Gender</b>	: 55 Y/M
<b>UHID/MR No.</b>	: SALW.0000138287	<b>OP Visit No</b>	: SALWOPV208080
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-03-2024 09:38
<b>LRN#</b>	: RAD2261658	<b>Specimen</b>	:
<b>Ref Doctor</b>	: DR VIJENDRA MAKK REDDY		
<b>Emp/Auth/TPA ID</b>	: 62263		

**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:**

Normal study.



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology

Patient Name : Mr. PADMA KUMAR J Age : 55 Y/M  
UHID : SALW.0000138287 OP Visit No : SALWOPV208080  
Conducted By: : Dr. CECILY MARY MAJELLA Conducted Date : 09-03-2024 12:45  
Referred By : SELF

---

## CARDIOLOGY

### CARDIAC STRESS TEST – (TMT)

Angina Pectoria:  
NO

Previous MI:  
NO

PTCA:  
NO

CABG:  
NO

HTN:  
YES

DM:  
NO

Smoking:  
NO

Obesity:  
NO

Lipidemia:  
NO

Resting ECG Supine:  
NSR, WNL

Standing:  
NSR, WNL

Protocol Used:  
BRUCE

Monitoring Leads:  
12 LEADS

Patient Name : Mr. PADMA KUMAR J Age : 55 Y/M  
UHID : SALW.0000138287 OP Visit No : SALWOPV208080  
Conducted By: : Dr. CECILY MARY MAJELLA Conducted Date : 09-03-2024 12:45  
Referred By : SELF

---

Grade Achieved:  
100

% HR / METS:  
7.0

Reason for Terminating Test:  
MAXIMUM ACHIEVED TARGET HEART RATE

Total Exercise Time:  
5.34

Symptoms and ECG Changes during Exercise:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:  
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**INTERPRETATION:**

Rhythm:  
NORMAL

S.T. Segment :  
NORMAL

III Blood Pressure Response :  
NORMAL

IV Fitness Response :  
AVERAGE

Patient Name	: Mr. PADMA KUMAR J	Age	: 55 Y/M
UHID	: SALW.0000138287	OP Visit No	: SALWOPV208080
Conducted By:	: Dr. CECILY MARY MAJELLA	Conducted Date	: 09-03-2024 12:45
Referred By	: SELF		

---

Impression:

Cardiac stress analysis is NEGATIVE for inducible myocardial ischemia at 7.0mets work load and 100% of maximum heart rate.

DR .CECILY MARY MAJELLA MD DM CARDIO

To Kindly correlate clinically