

Patient Name : Mr.PRASHANT H AVHAD	Collected : 10/Mar/2024 08:55AM
Age/Gender : 50 Y 9 M 27 D/M	Received : 10/Mar/2024 01:11PM
UHID/MR No : CINR.0000164082	Reported : 10/Mar/2024 02:44PM
Visit ID : CINROPV221615	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9967059401	

DEPARTMENT OF HAEMATOLOGY

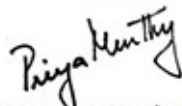
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	43.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.22	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.6	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,550	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	56.2	%	40-80	Electrical Impedance
LYMPHOCYTES	27.9	%	20-40	Electrical Impedance
EOSINOPHILS	7.9	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3681.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1827.45	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	517.45	Cells/cu.mm	20-500	Calculated
MONOCYTES	451.95	Cells/cu.mm	200-1000	Calculated
BASOPHILS	72.05	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.01		0.78- 3.53	Calculated
PLATELET COUNT	302000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



Dr.Nisha
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SIN No:BED240064243

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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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

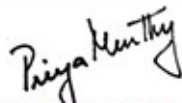
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly correlate clinically.



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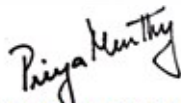
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Cross-checked with Du Test. Blood is "weak" D positive.				
Rh TYPE	Positive			Microplate Hemagglutination
Result Rechecked. Du positive donor is treated as D positive and recipient is treated as negative.				



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	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)	100	mg/dL	70-140	HEXOKINASE


Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC


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ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated
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Comment:

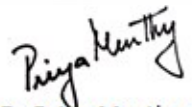
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	135	mg/dL	<200	CHO-POD
TRIGLYCERIDES	82	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	93	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.22		0-4.97	Calculated

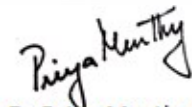
Comment:

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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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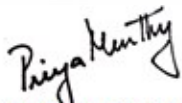
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.73	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	45.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.84	g/dL	6.6-8.3	Biuret
ALBUMIN	4.17	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, 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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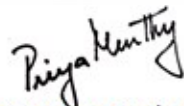
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.93	mg/dL	0.67-1.17	Jaffe's, Method
UREA	21.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.87	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	131	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.84	g/dL	6.6-8.3	Biuret
ALBUMIN	4.17	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



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



SIN No:SE04656887

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Patient Name : Mr.PRASHANT H AVHAD	Collected : 10/Mar/2024 08:55AM
Age/Gender : 50 Y 9 M 27 D/M	Received : 10/Mar/2024 01:16PM
UHID/MR No : CINR.0000164082	Reported : 10/Mar/2024 01:54PM
Visit ID : CINROPV221615	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9967059401	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<55	IFCC




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04656887

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Patient Name : Mr.PRASHANT H AVHAD	Collected : 10/Mar/2024 08:55AM
Age/Gender : 50 Y 9 M 27 D/M	Received : 10/Mar/2024 01:16PM
UHID/MR No : CINR.0000164082	Reported : 10/Mar/2024 02:14PM
Visit ID : CINROPV221615	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9967059401	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.590	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24042772

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Patient Name	: Mr.PRASHANT H AVHAD	Collected	: 10/Mar/2024 08:55AM
Age/Gender	: 50 Y 9 M 27 D/M	Received	: 10/Mar/2024 01:16PM
UHID/MR No	: CINR.0000164082	Reported	: 10/Mar/2024 02:14PM
Visit ID	: CINROPV221615	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9967059401		

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
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Karnataka- 560034

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Patient Name : Mr.PRASHANT H AVHAD	Collected : 10/Mar/2024 08:55AM
Age/Gender : 50 Y 9 M 27 D/M	Received : 10/Mar/2024 01:16PM
UHID/MR No : CINR.0000164082	Reported : 10/Mar/2024 01:58PM
Visit ID : CINROPV221615	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9967059401	

DEPARTMENT OF IMMUNOLOGY

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

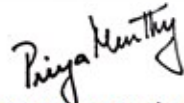
Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.630	ng/mL	0-4	CLIA

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.
 Manufacturer: BECKMAN COULTER



DR.SHIVARAJA SHETTY
 M.B.B.S.,M.D(Biochemistry)
 CONSULTANT BIOCHEMIST



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



SIN No:SPL24042772

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Patient Name : Mr.PRASHANT H AVHAD	Collected : 10/Mar/2024 08:54AM
Age/Gender : 50 Y 9 M 27 D/M	Received : 10/Mar/2024 01:09PM
UHID/MR No : CINR.0000164082	Reported : 10/Mar/2024 03:47PM
Visit ID : CINROPV221615	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9967059401	

DEPARTMENT OF CLINICAL PATHOLOGY

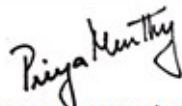
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 15



Dr. Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:UR2302181

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Karnataka - 560034

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Patient Name : Mr.PRASHANT H AVHAD	Collected : 10/Mar/2024 08:54AM
Age/Gender : 50 Y 9 M 27 D/M	Received : 10/Mar/2024 01:09PM
UHID/MR No : CINR.0000164082	Reported : 10/Mar/2024 04:22PM
Visit ID : CINROPV221615	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9967059401	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

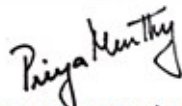
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:UF011140

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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

Name : Mr. Prashant H Athad Address : Bangalore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 50 Y Sex : M	UHID :CINR.0000164082  <small>* CINR - 0000164082 *</small> OP Number :CINROPV221615 Bill No :CINR-OCR-94921 Date : 10.03.2024 08:18
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	3 2 D ECHO - 9 after 10 am	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL) - 11:45 am	
10	PERIPHERAL SMEAR	
11	HECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION - 1	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 11:45 am	
15	URINE GLUCOSE (FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA - 10	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI) - 6	
23	OPHTHAL BY GENERAL PHYSICIAN - 5	
24	ULTRASOUND - WHOLE ABDOMEN - 9	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Date : 10-03-2024

Department : GENERAL

MR NO : CINR.0000164082

Doctor :

Name : Mr. Prashant H Arhad

Registration No :

Age/ Gender : 50 Y / Male

Qualification :

Consultation Timing: 08:18

Height : 176cms	Weight : 87.6kg	BMI : 28.1	Waist Circum : 105cms
Temp : 98.2	Pulse : 82bpm	Resp : 18cpm	B.P : 110/70mm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

9967059401

OPHTHAL PRESCRIPTION

PATIENT NAME: Prashant H Avhad

DATE: 10/03/24

UHID NO: CINR-OCR-94981

AGE: 50

OPTOMETRIST NAME: Ms. Swathi

GENDER: Male

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	Pl _h			6/6	Pl _h			6/6
Add	+1.50			N6	+1.50			N6

PD - RE: _____ -LE: _____

Colour Vision: Normal

Remarks:

Apollo clinic Indiranagar

Mr prashant h arshad
ID: 164082

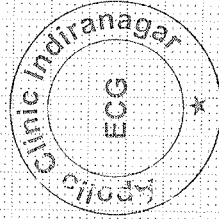
14.05.1973
50 Years

Male

QRS :
QT / QTcBaz : 360 / 405 ms
PR : 130 ms
P : 90 ms
RR / PP : 786 / 789 ms
P / QRS / T : 38 / 64 / 41 degrees

10.03.2024 11:02:04

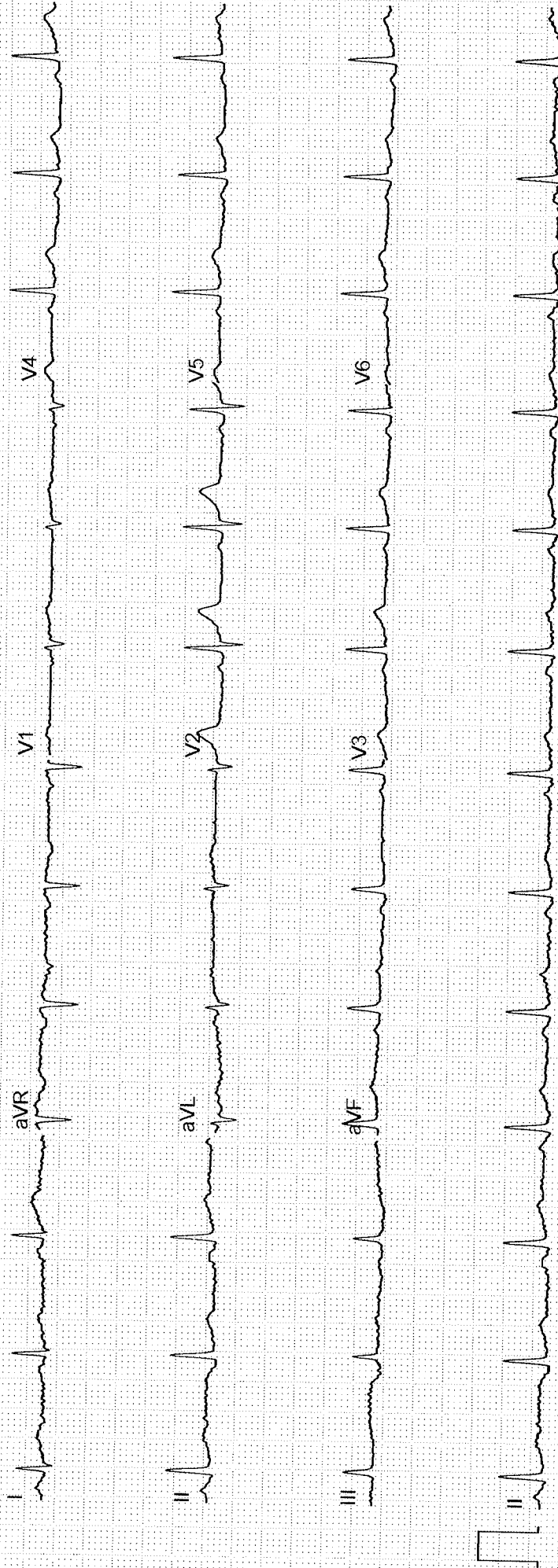
APOLLO CLINIC
INDIRANAGAR
BANGALORE



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal
Prashant H Arshad

76 bpm
-- / -- mmHg



NAME: MR PRASHANT H AVHAD	AGE/SEX: 50Y/M	OP NUMBER: 164082
Ref By : SELF	DATE: 10-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.5	IVS(D): 1.1	MV: E Vel: 0.7	MV: A Vel : 0.5
LA: 2.8	LVIDD(D): 3.8	AV Peak: 1.3	
	LVPW(D): 1.1	PV peak: 1.0	
	IVS(S): 1.2		
	LVID(S): 2.5		
	LVEF: 60%		
	LVPW(S): 1.3		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Trivial MR
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

TO BOOK AN APPOINTMENT

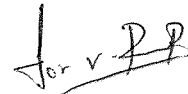
IVC:	Normal
Others	---

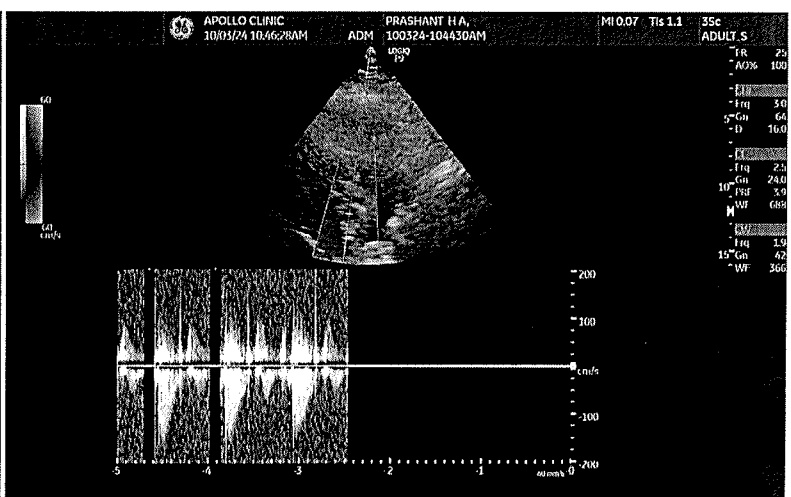
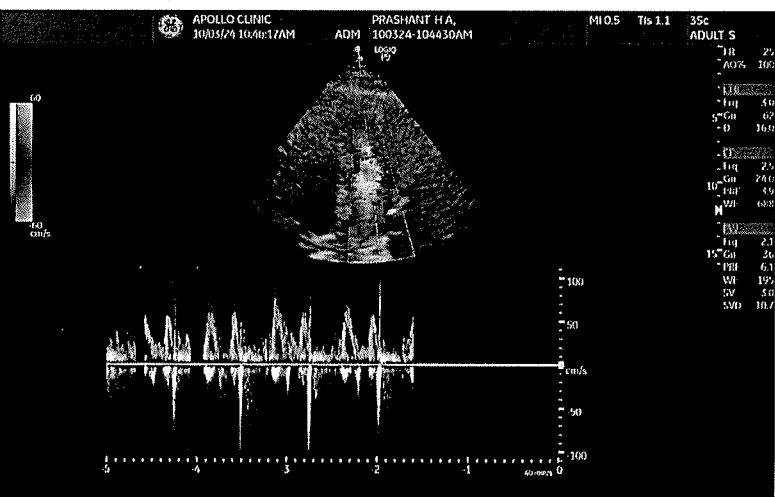
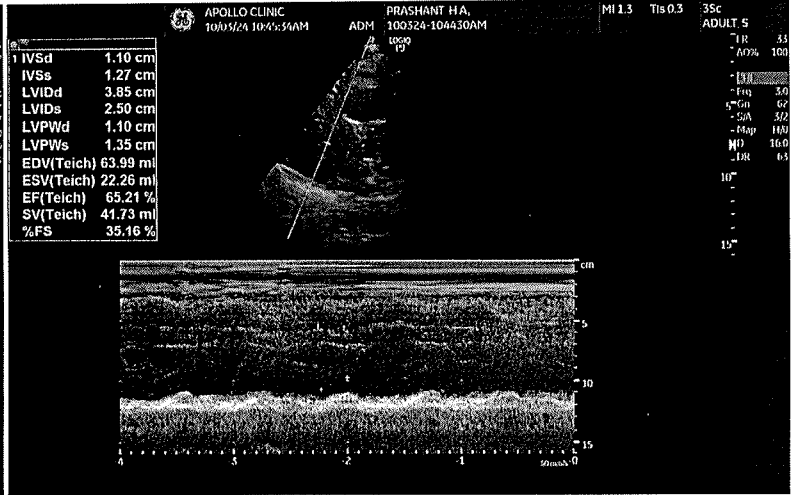
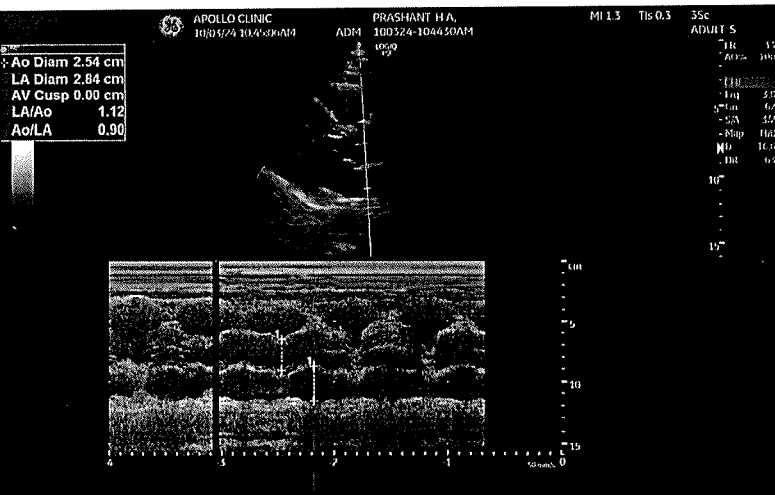
IMPRESSION :

- Normal cardiac chamber and valves**
- No Regional wall motion abnormality**
- Trivial MR with Normal PA Pressure**
- No clot/vegetation/pericardial effusion**
- Normal LV systolic function - LVEF= 60%**

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST





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

Sent: Saturday, March 9, 2024 12:20 PM

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

Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health Check-up Bookings No. 34 (Annual)

Dear Team,

Please find the attached Health Check-up Booking file and confirm the same.

Thanks & Regards

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

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in

Patient Name : Mr. Prashant H Avhad

Age/Gender : 50 Y/M

UHID/MR No. : CINR.0000164082

OP Visit No : CINROPV221615

Sample Collected on :

Reported on : 10-03-2024 13:35

LRN# : RAD2262878

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9967059401

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mr. Prashant H Avhad

Age/Gender : 50 Y/M

UHID/MR No. : CINR.0000164082

OP Visit No : CINROPV221615

Sample Collected on :

Reported on : 10-03-2024 12:52

LRN# : RAD2262878

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9967059401

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. **Few polyps seen.**

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.1x4.8 cm.

Left kidney measures 10.3x5.5 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate appear limit of normal in size(24cc).

No free fluid is seen.

IMPRESSION:

FEW POLYP SEEN IN THE GALL BLADDER LARGEST MEASURING 5.6mm.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY