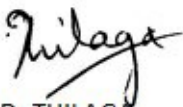


Patient Name	: Mr.HARIKRISHNAN R	Collected	: 29/Mar/2024 07:24AM
Age/Gender	: 55 Y 0 M 22 D/M	Received	: 29/Mar/2024 12:48PM
UHID/MR No	: CANN.0000127489	Reported	: 29/Mar/2024 02:22PM
Visit ID	: CANNOPV398879	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BOBS18406		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240086301

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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.56	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82.2	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.5	%	40-80	Electrical Impedance
LYMPHOCYTES	30.0	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3751.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1830	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	103.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	359.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.05		0.78- 3.53	Calculated
PLATELET COUNT	207000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	1	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 16



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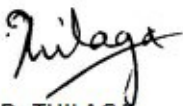
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Visit ID	: CANNOPV398879	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BOBS18406		

DEPARTMENT OF HAEMATOLOGY

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WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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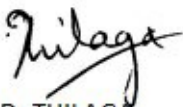
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Age/Gender : 55 Y 0 M 22 D/M	Received : 29/Mar/2024 12:48PM
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Visit ID : CANNOPV398879	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
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



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Patient Name : Mr.HARIKRISHNAN R	Collected : 29/Mar/2024 07:24AM
Age/Gender : 55 Y 0 M 22 D/M	Received : 29/Mar/2024 12:53PM
UHID/MR No : CANN.0000127489	Reported : 29/Mar/2024 01:28PM
Visit ID : CANNOPV398879	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	119	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 $> \text{ or } = 126 \text{ mg/dL}$ 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.



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



SIN No:PLF02136049

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Patient Name : Mr.HARIKRISHNAN R	Collected : 29/Mar/2024 10:06AM
Age/Gender : 55 Y 0 M 22 D/M	Received : 29/Mar/2024 02:10PM
UHID/MR No : CANN.0000127489	Reported : 29/Mar/2024 04:31PM
Visit ID : CANNOPV398879	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBS18406	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	129	mg/dL	70-140	HEXOKINASE

Comment:

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

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



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



SIN No:PLP1439486

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Patient Name : Mr.HARIKRISHNAN R	Collected : 29/Mar/2024 07:24AM
Age/Gender : 55 Y 0 M 22 D/M	Received : 29/Mar/2024 12:49PM
UHID/MR No : CANN.0000127489	Reported : 29/Mar/2024 01:46PM
Visit ID : CANNOPV398879	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated


Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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Visit ID : CANNOPV398879	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.15		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

Page 8 of 16



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M.D.(Biochemistry)



SIN No:SE04679673

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DEPARTMENT OF BIOCHEMISTRY

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

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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



SIN No:SE04679673

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APOLLO CLINICS NETWORK

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Patient Name	: Mr.HARIKRISHNAN R	Collected	: 29/Mar/2024 07:24AM
Age/Gender	: 55 Y 0 M 22 D/M	Received	: 29/Mar/2024 01:02PM
UHID/MR No	: CANN.0000127489	Reported	: 29/Mar/2024 02:42PM
Visit ID	: CANNOPV398879	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BOBS18406		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.24	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.20	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	<55	IFCC



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Patient Name : Mr.HARIKRISHNAN R	Collected : 29/Mar/2024 07:24AM
Age/Gender : 55 Y 0 M 22 D/M	Received : 29/Mar/2024 01:11PM
UHID/MR No : CANN.0000127489	Reported : 29/Mar/2024 03:25PM
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.19	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.370	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



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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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.130	ng/mL	0-4	CLIA

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



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Patient Name : Mr.HARIKRISHNAN R	Collected : 29/Mar/2024 07:24AM
Age/Gender : 55 Y 0 M 22 D/M	Received : 29/Mar/2024 12:47PM
UHID/MR No : CANN.0000127489	Reported : 29/Mar/2024 01:29PM
Visit ID : CANNOPV398879	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2319221

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Visit ID	: CANNOPV398879	Status	: Final Report
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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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***



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Consultant Pathologist

SIN No:UF011481

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Name: Hari Krishnan R
 Occupation:
 Age: 55y Sex: Male Female
 Address:
 Ph:

Date: 29/3/24 Reg. No.: 127489
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass used past 6 years
having BP + taking tablets

Present Complaint: Comfortable with present glass
with glass PE 6/6 Ng

ON EXAMINATION:

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :	<u>6/9^P</u>	<u>6/9^P</u>
N.V. :		
Visual Fields :		
Fundus :	<u>N10</u>	<u>N10</u>
Impression :	<u>Free</u>	<u>Free</u>
Advice :	<u>N</u>	<u>N</u>
Colour Vision :		

OPHTHALMOLOGY / OPTOMETRIST

Sriram

ENT Check up

Harikrishnan

SS/M

29/3/24

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies History

No complaints

O/E

gross DSL



Follow up date:

Doctor Signature & Stamp

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

Mr. Hari Krishnan. R

55/M

29/03/2024

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

Res

Adv Scaling

Adv restoration 2/7

Adv Extraction 8/8

Dr. G

Follow up date:

Doctor Signature & Stamp

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

Patient Name : Mr. HARIKRISHNAN R Age : 55 Y/M
UHID : CANN.0000127489 OP Visit No : CANNOPV398879
Conducted By: : DR ARULNIDHI Conducted Date : 30-03-2024 12:11
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:
-

Standing:
-

Protocol Used:

Patient Name : Mr. HARIKRISHNAN R Age : 55 Y/M
UHID : CANN.0000127489 OP Visit No : CANNOPV398879
Conducted By: : DR ARULNIDHI Conducted Date : 30-03-2024 12:11
Referred By : SELF

BRUCE

Monitoring Leads:

12 LEADS

Grade Achieved:

16.0

% HR / METS:

11.8

Reason for Terminating Test:

HEART RATE ATTAINED

Total Exercise Time:

10:02

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

6 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:

NORMAL

S.T. Segment :

NORMAL

III Blood Pressure Response :

Patient Name : Mr. HARIKRISHNAN R Age : 55 Y/M
UHID : CANN.0000127489 OP Visit No : CANNOPV398879
Conducted By: : DR ARULNIDHI Conducted Date : 30-03-2024 12:11
Referred By : SELF

NORMAL

IV Fitness Response :
GOOD

Impression:
Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia

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

DR
ARULNIDHI

Patient Name	: Mr. HARIKRISHNAN R	Age	: 55 Y/M
UHID	: CANN.0000127489	OP Visit No	: CANNOPV398879
Reported By:	: DR ARULNIDHI	Conducted Date	: 30-03-2024 12:53
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 69 beats per minutes.

Impression:

NORMAL RESTING ECG.

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

DR ARULNIDHI

Patient Name	: Mr. HARIKRISHNAN R	Age/Gender	: 55 Y/M
UHID/MR No.	: CANN.0000127489	OP Visit No	: CANNOPV398879
Sample Collected on	:	Reported on	: 29-03-2024 15:30
LRN#	: RAD2285471	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: BOBS18406		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Pancreas and spleen appear normal.
Spleen measures 10.2cms.

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

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

Right kidney measures 10.6 x 4.6cms.
Left kidney measures 9.8 x 4.9cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.7 x 3.1 x 2.9cms volume 18cc and shows normal echopattern.
Seminal vesicles appear normal.
Bladder is normal in contour.

IMPRESSION:

***GRADE - I FATTY LIVER.**



Patient Name : Mr. HARIKRISHNAN R

Age/Gender : 55 Y/M

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

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name : Mr. HARIKRISHNAN R

Age/Gender : 55 Y/M

UHID/MR No. : CANN.0000127489

OP Visit No : CANNOPV398879

Sample Collected on :

Reported on : 29-03-2024 14:47

LRN# : RAD2285471

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : BOBS18406

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Name: Mr. HARIKRISHNAN R
Age/Gender: 55 Y/M
Address: D NO BF1 ASHIRWAD APTS NO 7 KAMBAR ST ICF COLONY
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUMA RAGHURAM

MR No: CANN.0000127489
Visit ID: CANNOPV398879
Visit Date: 29-03-2024 07:23
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: **IBUPROFEN,**

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: **For Corporate Health Checkup,**

Present Known Illness

Hypertension: **Know to have Hypertension,**

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No,**

Central Nervous System

SLEEP- : **Normal,**

Musculoskeletal System

SPINE AND JOINS: **Neck Pain secondary stress head pain,**

**Weight

--->: **Stable,**

HT-HISTORY

Past Medical History

Cancer: **No,

Personal History

Marital Status	Married,
-->	
No. of Children	2,
-->	
Diet	Mixed Diet,
-->	
Physical Activity	Active,

Family History

Diabetes	mother ,
-->	
Hypertension	mother ,
-->	
Others	Father - IHD ,

PHYSICAL EXAMINATION

General Examination

Height (in cms): **168,**

Weight (in Kgs): **68.4,**

Waist: **93,**

Hip: **99,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: **74,**

Systolic: **130,**

Diastolic: **80,**

Heart Sounds : **S1S2,**

IMPRESSION

Apollo Health check

Findings: **1. Elevated FBS 2. HbA1c - 6% 3. Minimal Elevated LDL 4. Bilirubin - 1.4 5. Grade I Fatty Liver 6. TMT: Negative ,**

RECOMMENDATION

Advice on Diet

Diet instructions : **Dietary changes for sugar / Cholesterol / Fatty Liver ,**

Advice on Physical Activity

Advice on Physical Activity: **Daily walking ,**

Review/Follow Up

Refer to specialty : **Medical Gastroenterologist opinion ,**

Other Recommendations

Test/Investigation: **To do HbA1c after 3 months and review ,**



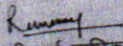
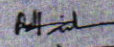
DISCLAIMER

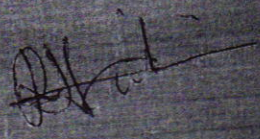
Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required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

some cases.,

Doctor's Signature

CANN-127489
OCC-101727

	बैंक ऑफ़ बड़ौदा Bank of Baroda	
नाम Name	: HARIKRISHNAN .R	
कर्मचारी कुट क्र E.C. No.	: 162535	
 जारीकर्ता प्राधिकारी Issuing Authority		 धारक के हस्ताक्षर Signature of Holder



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. R HARIKRISHNAN
EC NO.	162535
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	CHENNAI, MADURAVAYAL
BIRTHDATE	07-03-1969
PROPOSED DATE OF HEALTH CHECKUP	29-03-2024
BOOKING REFERENCE NO.	23M162535100105480E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **24-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

MR.HARIKRISHNAN, .R
ID: 000127489

55years

Male

29-Mar-2024
8:37:34

BRUCE

Max HR: 165bpm 100% of max predicted 165bpm

Max BP: 150/90

Reason for Termination: Max HR attained

Comments: FINAL IMPRESSION; TMT IS

Total Exercise time: 10:02

Maximum workload: 11.8METS

25.0 mm/s

10.0 mm/mV

100hz

net FOR INDUCIBLE MYOCARDIAL ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	2:15	***	***	1.0	97		
	STANDING	0:31	0.8	0.0	1.1	94	130/80	122
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	113	130/80	147
	STAGE 2	3:00	2.5	12.0	7.0	128	140/80	179
	STAGE 3	3:00	3.4	14.0	10.1	156	150/90	234
	STAGE 4	1:02	4.2	16.0	11.8	165	150/90	248
RECOVERY	Post	4:06	***	***	1.0	114	120/90	137

Unconfirmed

MR.HARIKRISHNAN, .R
ID: 000127489

55years

Male

29-Mar-2024
8:37:34

BRUCE

Max HR: 165bpm 100% of max predicted 165bpm

Max BP: 150/90

Reason for Termination: Max HR attained

Comments: FINAL IMPRESSION; TMT IS
ISCHEMIA

Total Exercise time: 10:02

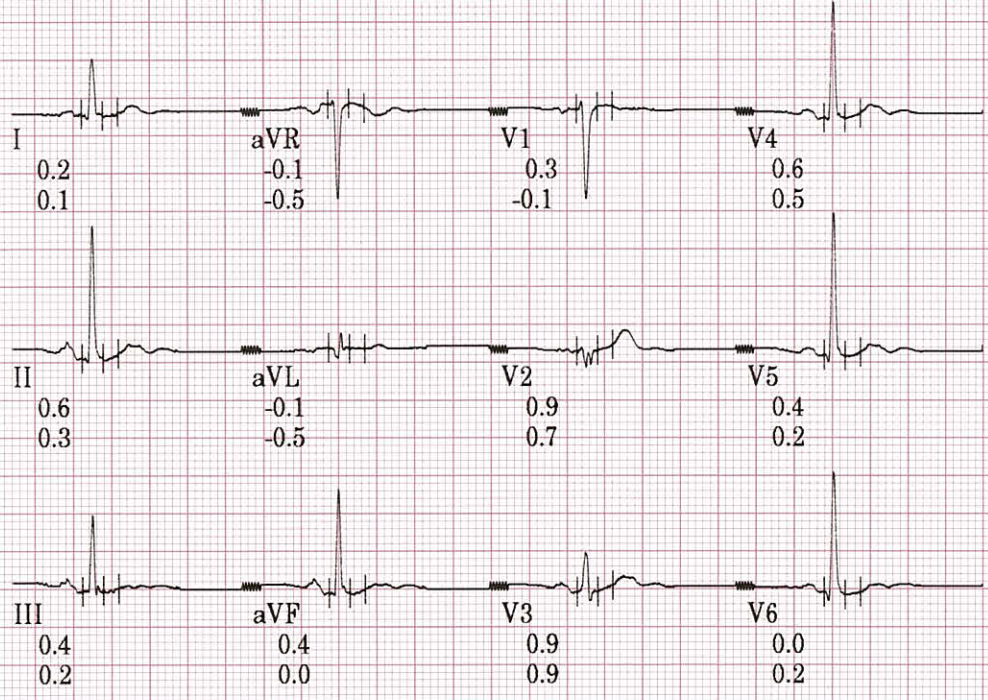
Maximum workload: 11.8METS

FOR INDUCIBLE MYOCARDIAL

25.0 mm/s
10.0 mm/mV
100hz

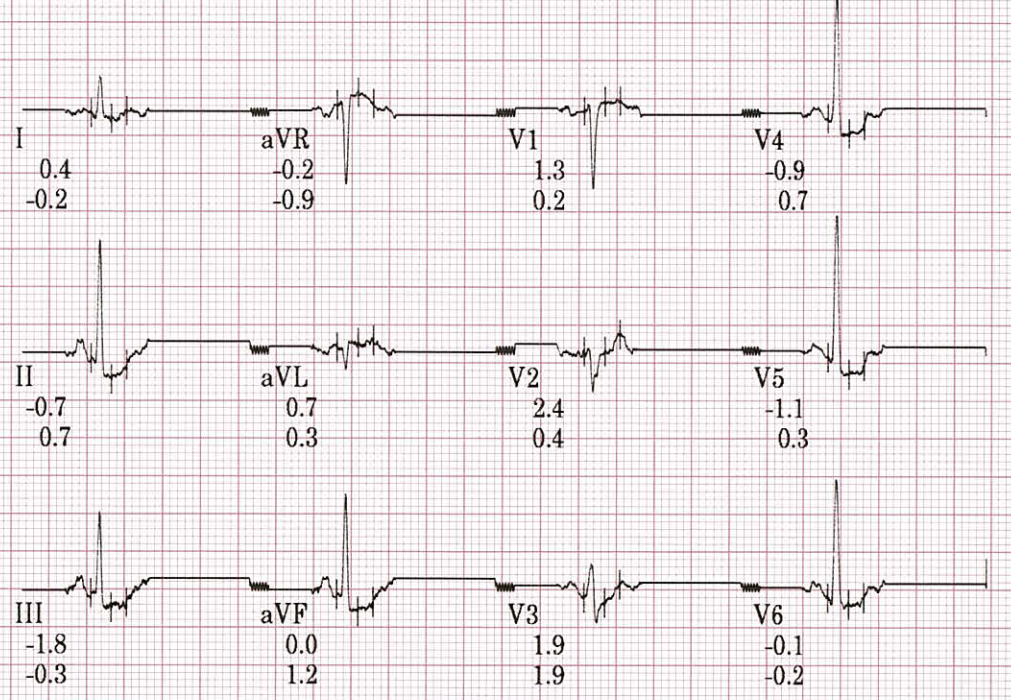
BASELINE

EXERCISE STAGE 1 94bpm ST @ 10mm/mV
0:00 1.1METS BP: 130/80 80ms postJ



MAX ST

RECOVERY Post 165bpm ST @ 10mm/mV
0:00 11.8METS BP: 150/90 80ms postJ



Unconfirmed

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 368 / 394 ms
PR : 138 ms
P : 94 ms
RR / PP : 866 / 869 ms
P / QRS / T : 63 / 45 / 36 degrees

