

Patient Name	: Mr.SOWRIRAJAN N	Collected	: 23/Mar/2024 07:34AM
Age/Gender	: 40 Y 9 M 16 D/M	Received	: 23/Mar/2024 12:29PM
UHID/MR No	: CANN.0000234778	Reported	: 23/Mar/2024 02:23PM
Visit ID	: CANNOPV397778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS16813		

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:BED240078581

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

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

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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	15.9	g/dL	13-17	Spectrophotometer
PCV	46.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.27	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.5	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,900	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65.6	%	40-80	Electrical Impedence
LYMPHOCYTES	23.0	%	20-40	Electrical Impedence
EOSINOPHILS	2.2	%	1-6	Electrical Impedence
MONOCYTES	8.5	%	2-10	Electrical Impedence
BASOPHILS	0.8	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6494.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2277	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	217.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	841.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	79.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.85		0.78- 3.53	Calculated
PLATELET COUNT	345000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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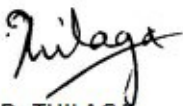


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NOTE/ COMMENT	: Please correlate clinically.



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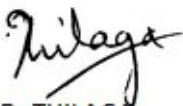


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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			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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UHID/MR No : CANN.0000234778	Reported : 23/Mar/2024 06:56PM
Visit ID : CANNOPV397778	Status : Final Report
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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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	100	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	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:PLP1435870

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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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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. MARQUESS RAJ
M.D, DipRCPATH, D.N.B (PATH)
Consultant Pathologist

SIN No: EDT240035814

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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. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	163	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	28	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.93		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.41		<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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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).



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.99	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	79.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- 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.



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



SIN No:SE04671661

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APOLLO CLINICS NETWORK

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Patient Name	: Mr.SOWRIRAJAN N	Collected	: 23/Mar/2024 07:34AM
Age/Gender	: 40 Y 9 M 16 D/M	Received	: 23/Mar/2024 01:16PM
UHID/MR No	: CANN.0000234778	Reported	: 23/Mar/2024 02:45PM
Visit ID	: CANNOPV397778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS16813		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.05	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	7.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	<55	IFCC



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Patient Name : Mr.SOWRIRAJAN N	Collected : 23/Mar/2024 07:34AM
Age/Gender : 40 Y 9 M 16 D/M	Received : 23/Mar/2024 01:26PM
UHID/MR No : CANN.0000234778	Reported : 23/Mar/2024 04:09PM
Visit ID : CANNOPV397778	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.92	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.550	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. R. SRIVATSAN
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SIN No: SPL24052517

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APOLLO CLINICS NETWORK

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Patient Name : Mr.SOWRIRAJAN N	Collected : 23/Mar/2024 07:34AM
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UHID/MR No : CANN.0000234778	Reported : 23/Mar/2024 04:09PM
Visit ID : CANNOPV397778	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS16813	

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	1.250	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 40-49 years is 0-2.5 ng/mL



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Patient Name : Mr.SOWRIRAJAN N	Collected : 23/Mar/2024 07:34AM
Age/Gender : 40 Y 9 M 16 D/M	Received : 23/Mar/2024 01:18PM
UHID/MR No : CANN.0000234778	Reported : 23/Mar/2024 01:37PM
Visit ID : CANNOPV397778	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 - 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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE +		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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/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:UR2313003

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Patient Name : Mr.SOWRIRAJAN N	Collected : 23/Mar/2024 07:34AM
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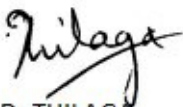
DEPARTMENT OF CLINICAL PATHOLOGY

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 ***



Dr THILAGA
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SIN No:UF011257

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Name: Mr. SOWRIRAJAN N
Age/Gender: 40 Y/M
Address: 3B NATWEST MADURAVOYA
Location: CHENNAI, TAMIL NADU
Doctor: Dr. ANUSHA ARUMUGAM
Department: General Practice
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANUSHA ARUMUGAM

MR No: CANN.0000234778
Visit ID: CANNOPV397778
Visit Date: 23-03-2024 07:28
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

Hypertension: Know to have Hypertension,

Others

Others: 1. K/H/o HTN - 2yrs on medication 2. C/o URI - 2 weeks 3. C/o SOB (+) in the middle of the night ,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

Respiratory System.

COUGH: Yes,

WHEEZING : Yes,

GastroIntestinal System

APPETITE : Normal,

BOWEL HABITS : regular,

GenitoUrinary System

:- Nil,

Central Nervous System

SLEEP- : Normal,

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

****Cancer: No,**

Personal History

Marital Status	Married,
-->	
No. of Children	1,
-->	
Diet	Vegetarian,

Family History

Father	Expired,
-->	
Mother	Alive,

PHYSICAL EXAMINATION

General Examination

Height (in cms): **176,**

Weight (in Kgs): **92,**

Waist: **103,**

Hip: **112,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: **92,**

Systolic: **110,**

Diastolic: **70,**

IMPRESSION

Apollo Health check

Findings: **1. HbA1c - 6.1% 2. HLD 3. Elevated Uric Acid 4. Urine protein - Positive 5. Grade II Fatty Liver 6. Cholelithiasis 7. Left Renal Calculus 8. Left Parapelvis Cyst with Grade I Hydroureteronephrosis ,**

RECOMMENDATION

Advice on Diet

Diet instructions : **1. Low Carb Diet 2. Low fat diet ,**

Advice on Physical Activity

Advice on Physical Activity: **Regular Physical Exercise ,**

Review/Follow Up

Refer to specialty : **1. To get Gastro opinin 2. To consult Urologist ,**

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

Patient Name : Mr. SOWRIRAJAN N

Age/Gender : 40 Y/M

UHID/MR No. : CANN.0000234778

OP Visit No : CANNOPV397778

Sample Collected on :

Reported on : 25-03-2024 11:51

LRN# : RAD2277500

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS16813

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows fatty changes (Grade -II)

Intra and extra hepatic biliary passages are not dilated.

Gall bladder- Organied sludge with cholelithiasis seen larges of 12mm seen

Pancreas and spleen appear normal.Spleen measures 9.5cms.

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 11.8 x 4.8cms.

Right kidney show normal echopattern with no evidence of calculi or calyceal dilatation.

Left kidney measures 12.5 x 4.5 cms.

Calculus of 6.5mm interpolar calyx

Large parapelvic cyst of 8.0 x 7.8cm seen in lower pole .Rest of pelvic calyceal system is mildly dilated

Prostate measures 3.6 x 3.0 x 2.7 cms volume16 cc and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour.

IMPRESSION:

Patient Name : Mr. SOWIRAJAN N

Age/Gender : 40 Y/M

*GRADE -II FATTY LIVER.

*CHOLELITHIASIS

*LEFT RENAL CALCULUS

*LEFT PARAPELVIS CYST WITH GRADE -I HYDROURETERONEPHROSIS.

DISCLAIMER: THIS US SCNRRENING 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. SOWRIRAJAN N	Age	: 40 Y/M
UHID	: CANN.0000234778	OP Visit No	: CANNOPV397778
Reported By:	: DR ARULNIDHI	Conducted Date	: 24-03-2024 13:25
Referred By	: SELF		

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 73 beats per minutes.**

Impression:

NORMAL RESTING ECG.

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

DR ARULNIDHI

Patient Name : Mr. SOWRIRAJAN N

Age/Gender : 40 Y/M

UHID/MR No. : CANN.0000234778

OP Visit No : CANNOPV397778

Sample Collected on :

Reported on : 23-03-2024 16:18

LRN# : RAD2277500

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS16813

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. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

ENT check up

Sonvirajan

40/M

28/3/24

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

General Examination / Allergies
History

Snoring
N/B at night

O/E - FTP 2 B

T - III

DSR

Ears (N)

Imp: DNS / ? OSAS.

Adv: CT scan PNS

Sleep study 90032 29909

vijay.

Lat cephalogram.



Follow up date:

Doctor Signature & Stamp

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

Mr. Suresh Rajan

40/M

28/03/24

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

General Examination / Allergies
History

No Plan

Adv Scaling

[Signature]

Follow up date:

Doctor Signature & Stamp

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

Name: Sourinraj Rm.c
 Occupation:
 Age: 40y Sex: Male Female
 Address:
 Ph:

Date: 03/01/24 Reg. No: 284778
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History:

Nil

Present Complaint:

Nil

ON EXAMINATION:

	RE	LE
Ocular Movements :		<u>Full</u>
Anterior Segment :	<u>Free</u>	
Intra-Ocular-Pressure :		<u>N</u>
Visual Acuity: D.V. :	<u>N</u>	<u>N</u>
Without Glass :		<u>6/6</u>
With Glass :	<u>6/6</u>	
N.V. :		
Visual Fields :	<u>N6</u>	<u>N6</u>
Fundus :		
Impression :	<u>Free</u>	<u>Free</u>
Advice :		
Colour Vision :	<u>N</u>	<u>N</u>

Male

23.03.2024 8:10:41 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

Location:
Order Number:
Visit:
Indication:

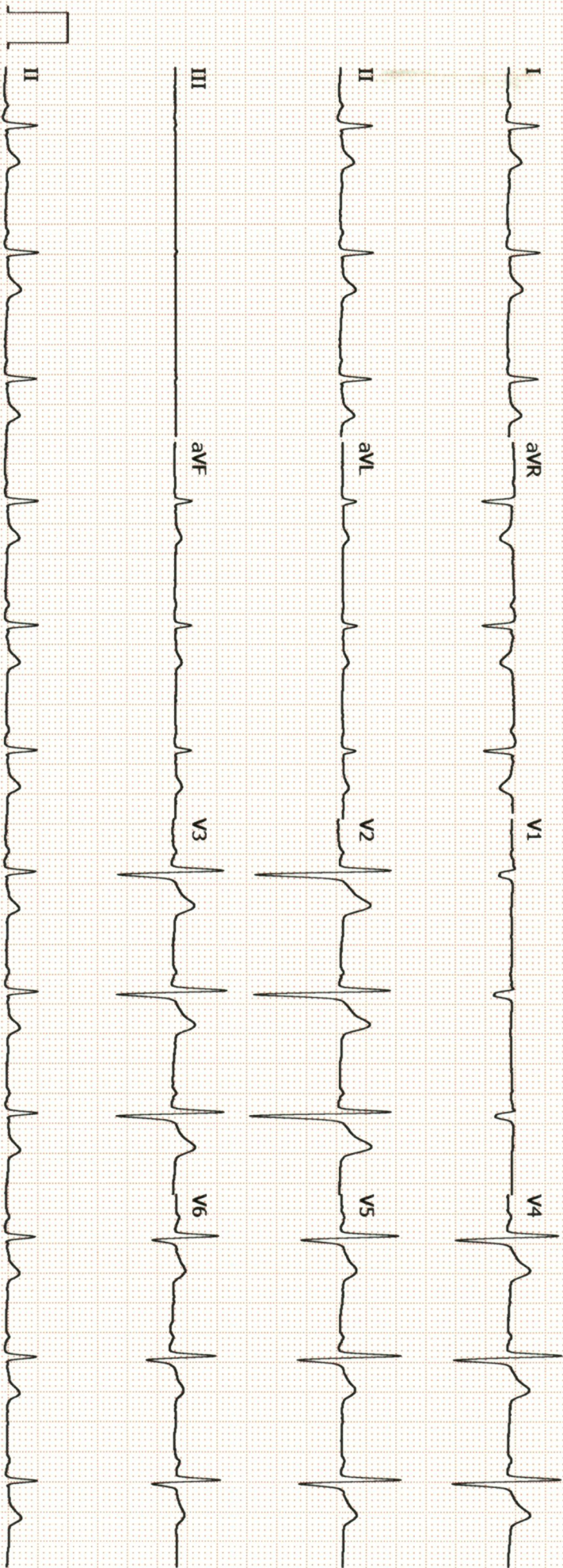
Room:

73 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 96 ms
QT / QTcBaz : 362 / 398 ms
PR : 130 ms
P : 94 ms
RR / PP : 820 / 821 ms
P / QRS / T : 31 / 31 / 33 degrees

Medication 1:
Medication 2:
Medication 3:



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz

Handwritten signature

Handwritten signature

Unconfirmed

4x2.5x3_25_R1 1/1

Apollo Clinic


CONSENT FORM

Patient Name: Sowri.raj'an Age: 40 / M
 UHID Number: 224778 Company Name: Arcofeni

I Mr/Mrs/Ms Sowri.raj'an Employee of Arcofeni
 (Company) Want to inform you that ~~I am not interested~~ in getting ENT O.N
 Tests done which is a part of my routine health check package. Review

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 28/3/2024

 **Apollo Medical Centre**
 No. 30, F-Block, 2nd Avenue,
 Anna Nagar East, Chennai-600 102
 Tel: 044-26224505, Mobile: 7358392880
 Toll No. 1860 500 7788

Patient Name : Mr. SOWRIRAJAN N Age : 40 Y/M
UHID : CANN.0000234778 OP Visit No : CANNOPV397778
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 23-03-2024 11:33
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.8CM
LA (es)	3.8CM
LVID (ed)	4.5CM
LVID (es)	3.0CM
IVS (Ed)	0.9CM
LVPW (Ed)	1.0CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. SOWRIRAJAN N	Age	: 40 Y/M
UHID	: CANN.0000234778	OP Visit No	: CANNOPV397778
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 23-03-2024 11:33
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 0.5m/sc A: 0.7 m/sc

Velocity / Gradient Across Pulmonic Valve : 0.6m/sc

Velocity / Gradient Across Aortic Valve : 0.9m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name	: Mr. SOWRIRAJAN N	Age	: 40 Y/M
UHID	: CANN.0000234778	OP Visit No	: CANNOPV397778
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 23-03-2024 11:33
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