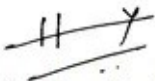


Patient Name : Mr.VIJAYANT	Collected : 10/Aug/2024 09:18AM
Age/Gender : 32 Y 6 M 20 D/M	Received : 10/Aug/2024 12:33PM
UHID/MR No : CJPN.0000096976	Reported : 10/Aug/2024 02:36PM
Visit ID : CJPNOPV203403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29637	

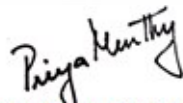
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	45.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.03	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	41.1	%	40-80	Electrical Impedance
LYMPHOCYTES	50.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2877	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3514	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	203	Cells/cu.mm	20-500	Calculated
MONOCYTES	399	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.82		0.78- 3.53	Calculated
PLATELET COUNT	220000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				



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



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



SIN No: BED240208574

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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Patient Name : Mr.VIJAYANT	Collected : 10/Aug/2024 09:18AM
Age/Gender : 32 Y 6 M 20 D/M	Received : 10/Aug/2024 12:33PM
UHID/MR No : CJPN.0000096976	Reported : 10/Aug/2024 02:36PM
Visit ID : CJPNOPV203403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29637	

DEPARTMENT OF HAEMATOLOGY

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

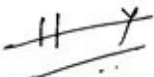
RBCs: are normocytic normochromic

WBCs: are normal in total number with increase in lymphocytes.

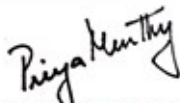
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS.



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



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



SIN No: BED240208574

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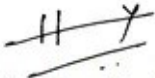
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Patient Name : Mr.VIJAYANT	Collected : 10/Aug/2024 09:18AM
Age/Gender : 32 Y 6 M 20 D/M	Received : 10/Aug/2024 12:33PM
UHID/MR No : CJPN.0000096976	Reported : 10/Aug/2024 03:08PM
Visit ID : CJPNOPV203403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29637	

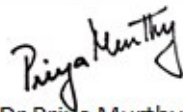
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



Dr. Priya Murthy
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Consultant Pathologist



SIN No: BED240208574

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Patient Name : Mr.VIJAYANT	Collected : 10/Aug/2024 01:07PM
Age/Gender : 32 Y 6 M 20 D/M	Received : 10/Aug/2024 04:46PM
UHID/MR No : CJPN.0000096976	Reported : 10/Aug/2024 05:54PM
Visit ID : CJPNOPV203403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29637	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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

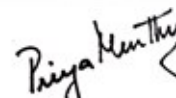
Note:

- 1.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.
2. 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)	121	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 Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:PLP1481390

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Patient Name : Mr.VIJAYANT	Collected : 10/Aug/2024 09:18AM
Age/Gender : 32 Y 6 M 20 D/M	Received : 10/Aug/2024 01:51PM
UHID/MR No : CJPN.000096976	Reported : 10/Aug/2024 04:01PM
Visit ID : CJPNOPV203403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29637	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.


4. 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.

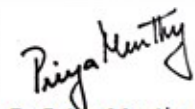
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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


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



SIN No: EDT240085336

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Patient Name : Mr.VIJAYANT	Collected : 10/Aug/2024 09:18AM
Age/Gender : 32 Y 6 M 20 D/M	Received : 10/Aug/2024 12:19PM
UHID/MR No : CJPN.0000096976	Reported : 10/Aug/2024 01:31PM
Visit ID : CJPNOPV203403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29637	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	111	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	90	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.24		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

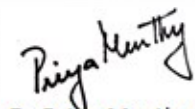
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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


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



SIN No: SE04805319

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Patient Name : Mr.VIJAYANT	Collected : 10/Aug/2024 09:18AM
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UHID/MR No : CJPN.0000096976	Reported : 10/Aug/2024 01:31PM
Visit ID : CJPNOPV203403	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.73	g/dL	6.6-8.3	Biuret
ALBUMIN	4.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.84	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		0.9-2.0	Calculated

Comment:

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


1. Hepatocellular Injury:

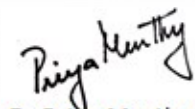
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:


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


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



SIN No:SE04805319

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APOLLO CLINICS NETWORK

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Patient Name	: Mr.VIJAYANT	Collected	: 10/Aug/2024 09:18AM
Age/Gender	: 32 Y 6 M 20 D/M	Received	: 10/Aug/2024 12:19PM
UHID/MR No	: CJPN.0000096976	Reported	: 10/Aug/2024 01:31PM
Visit ID	: CJPNOPV203403	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S29637		

DEPARTMENT OF BIOCHEMISTRY

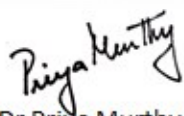
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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



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



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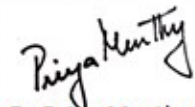
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.94	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	30.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.69	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.38	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.73	g/dL	6.6-8.3	Biuret
ALBUMIN	4.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.84	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		0.9-2.0	Calculated


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


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



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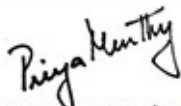
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/L	<55	IFCC



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



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UHID/MR No : CJPN.0000096976	Reported : 10/Aug/2024 02:53PM
Visit ID : CJPNOPV203403	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.12	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.7	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.360	µIU/mL	0.35-4.94	CMIA


Comment:

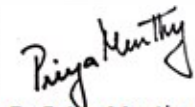
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

Page 11 of 15


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


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



SIN No: SPL24130471

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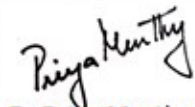
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DEPARTMENT OF IMMUNOLOGY

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

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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Patient Name : Mr.VIJAYANT	Collected : 10/Aug/2024 09:17AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

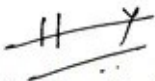
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	2	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

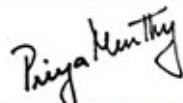
All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 13 of 15



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



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Consultant Pathologist



SIN No: UR2402089

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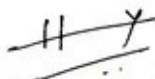
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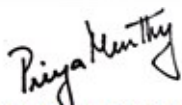
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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



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UHID/MR No : CJPN.000096976	Reported : 10/Aug/2024 06:53PM
Visit ID : CJPNOPV203403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29637	

DEPARTMENT OF CLINICAL PATHOLOGY

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

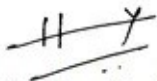
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE ++		NEGATIVE	Dipstick

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

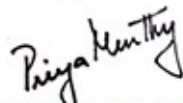
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 15 of 15



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



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



SIN No: UF012030

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

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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Name : Mr. Vijayant

Age: 32 Y

UHID:CJPN.0000096976

Sex: M



Address : BLR

OP Number:CJPNOPV203403

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :CJPN-OCR-73412

Date : 10.08.2024 09:10

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO <i>3000 pm</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE (POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION <i>15</i>	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>06</i>	
14	URINE GLUCOSE (FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

DENTAL *15*
 OPTHAL *Foot*
 PHYSIO - 04
 AUDIO - 21
 DIET *16 (opposit)*

HT - 177 cm
 WT - 83.9 kg
 BP - 113/80
 P - 41

APOLLO CLINIC
J P NAGAR
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MR.VIJAYANT,
Patient ID: CJPN.96976
Height: 177 cm
Weight: 83 kg

DOB: 21.01.1992
Age: 32 yrs
Gender: Male
Race: Asian

Study Date: 10.08.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed km/h	Grade %	IIR bpm	BP mmHg	Comment
PRETEST	SUPINE	00:14	0.00	0.00	105	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	151	130/80	
	STAGE 2	03:00	4.00	12.00	179	140/80	
	STAGE 3	03:00	5.40	14.00	196	150/80	
	STAGE 4	00:01	5.40	14.00	193		
RECOVERY		03:06	0.00	0.00	125	120/80	

The patient exercised according to the BRUCE for 9:01 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 100 bpm rose to a maximal heart rate of 196 bpm. This value represents 104 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to --.

Interpretation

Summary: Resting ECG: NORMAL.

Conclusions

GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRHYTHMIA SEEN
NO SIGNIFICANT ST-T CHANGES NOTED

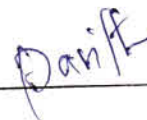
*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician

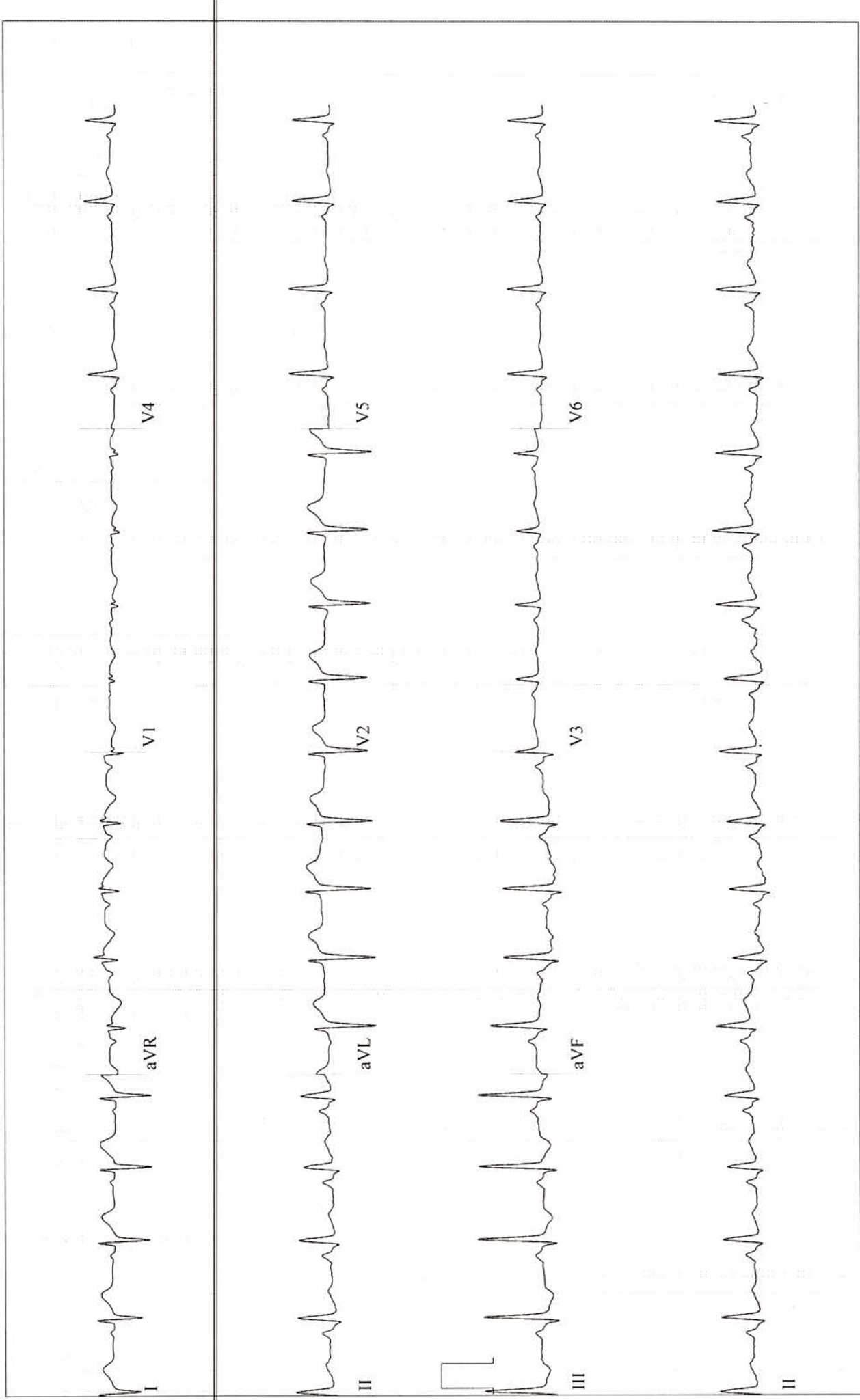


Exercise Test / 12-Lead Report

MR. VIJAYANT,
Patient ID: CJP.N.96976
10.08.2024 Male 177 cm 83 kg
1:22:15pm 32 yrs Asian

108 bpm
120/80 mmHg

ECG 2



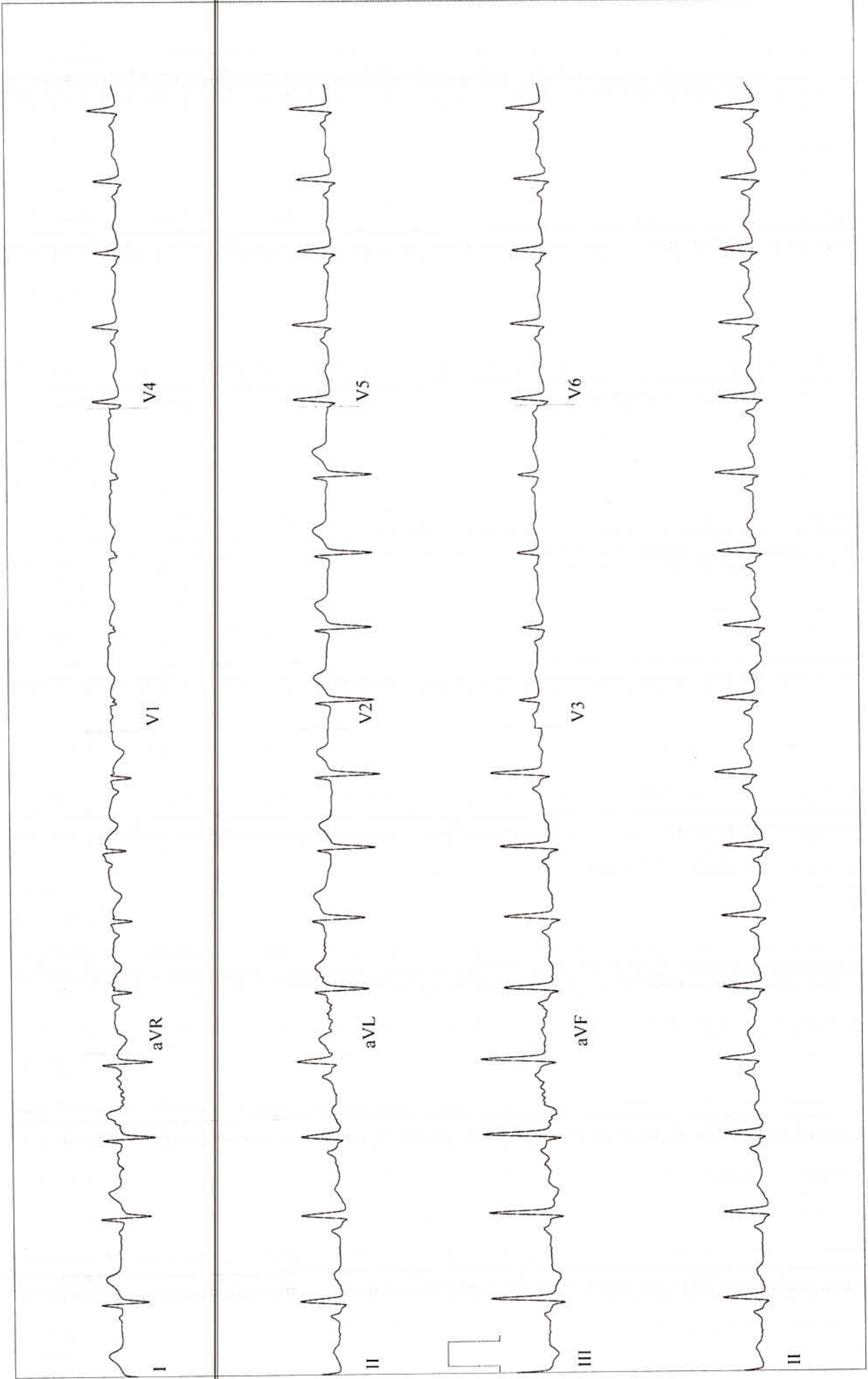
BRUCE

Exercise Test / 12-Lead Report

PRETEST
SUPINE
00:00

101 bpm

M.R. VIJAYANT,
Patient ID: CJP.N.96976
10.08.2024 Male 177 cm 83 kg
1:22:25pm 32 yrs Asian



Exercise Test / Linked Medians

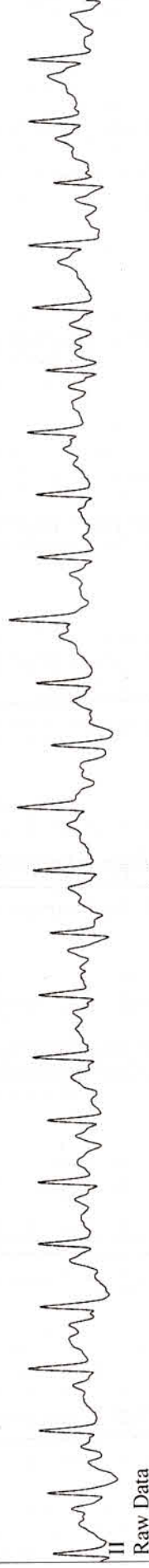
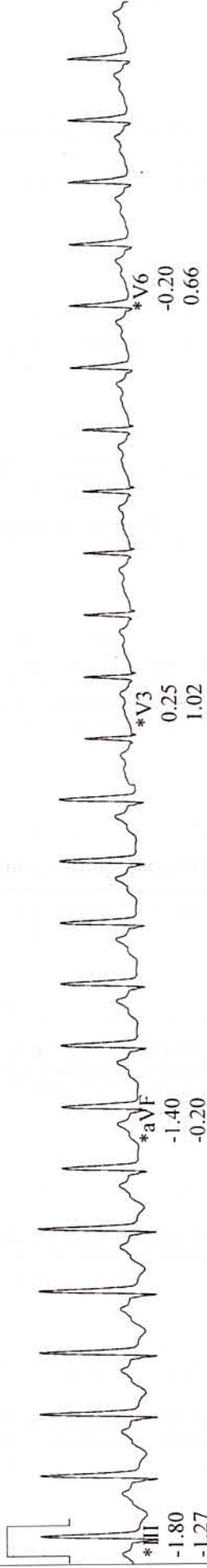
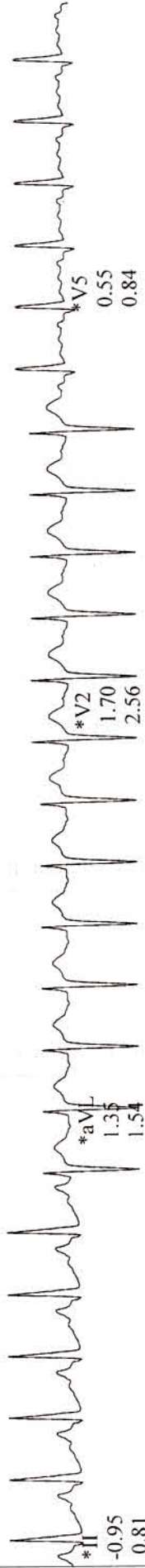
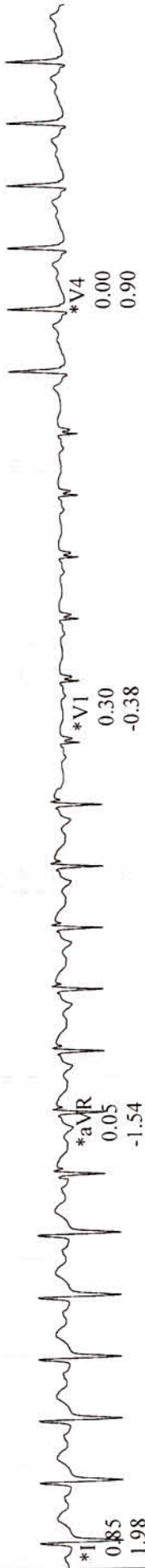
BRUCE
2.7 km/h
10.0 %

EXERCISE
STAGE 1
02:50

150 bpm
130/80 mmHg

MR. VIJAYANT,
Patient ID: CJP.N.96976
10.08.2024 Male 177 cm 83 kg
1:25:22pm 32 yrs Asian

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Exercise Test / Linked Medians

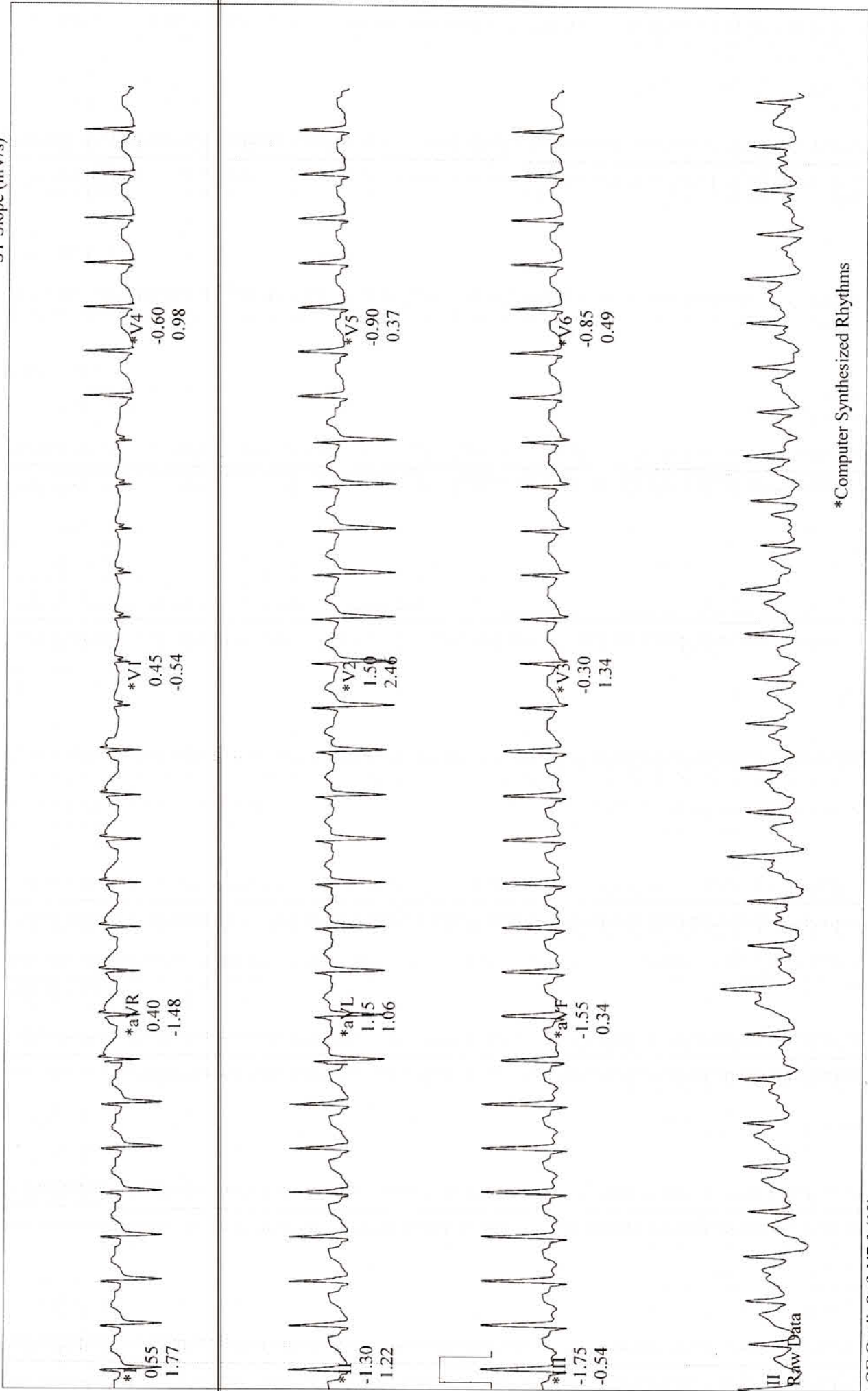
MR. VIJAYANT,
Patient ID: CJPN.96976
10.08.2024 Male 177 cm 83 kg
1:28:22pm 32 yrs Asian

BRUCE
4.0 km/h
12.0 %

EXERCISE
STAGE 2
05:50

176 bpm
140/80 mmHg

Lead
ST Level (mm)
ST Slope (mV/s)



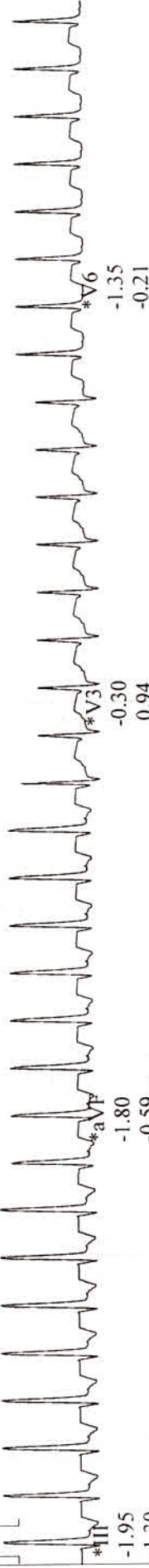
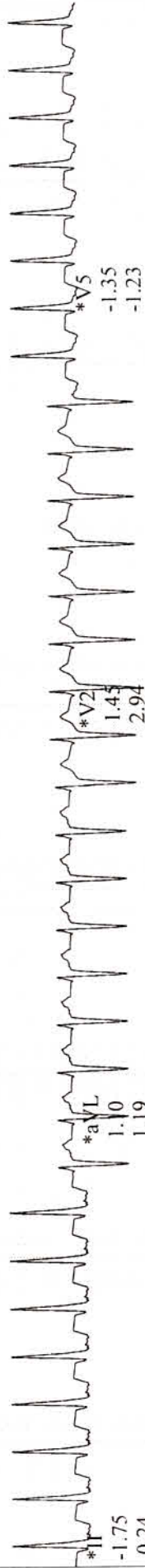
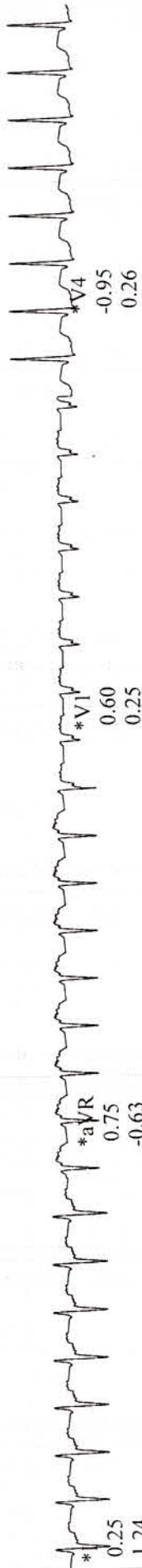
BRUCE
5.4 km/h
14.0 %

EXERCISE
STAGE 3
08:50

193 bpm
150/80 mmHg

MR. VIJAYANT,
Patient ID: CJP.96976
10.08.2024 Male 177 cm 83 kg
1:31:22pm 32 yrs Asian

Lead
ST Level (mm)
ST Slope (mV/s)



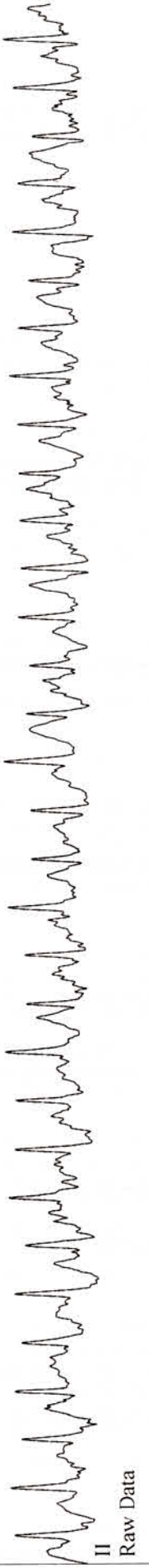
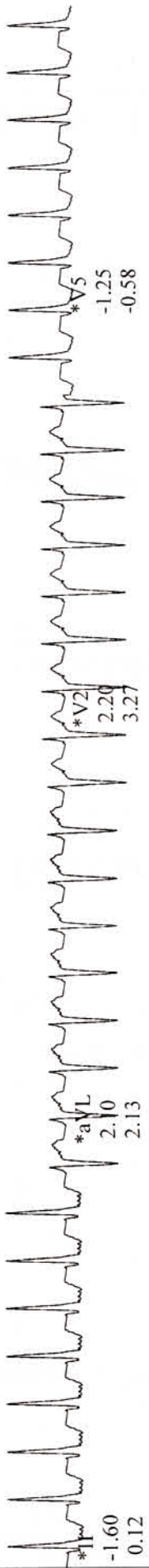
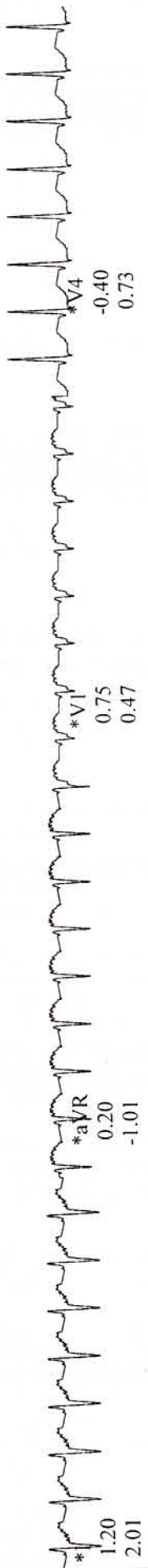
*Computer Synthesized Rhythms

Exercise Test / Linked Medians (PEAK EXERCISE)

MR. VIJAYANT,
Patient ID: CJPN.96976
10.08.2024 Male 177 cm 83 kg
1:31:33pm 32 yrs Asian

EXERCISE BRUCE
STAGE 4 5.4 km/h
09:01 14.0 %
193 bpm
150/80 mmHg

Lead
ST Level (mm)
ST Slope (mV/s)



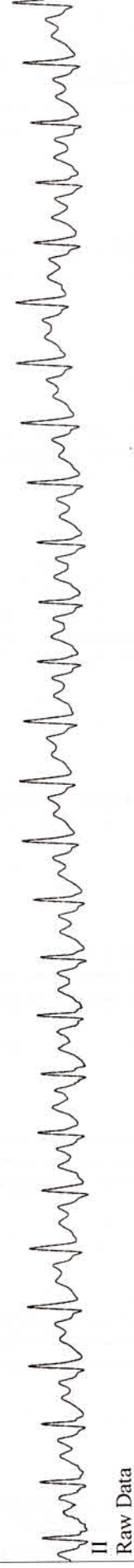
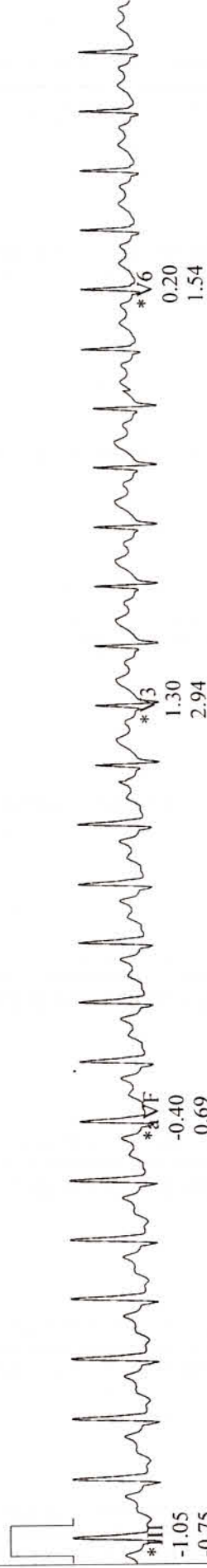
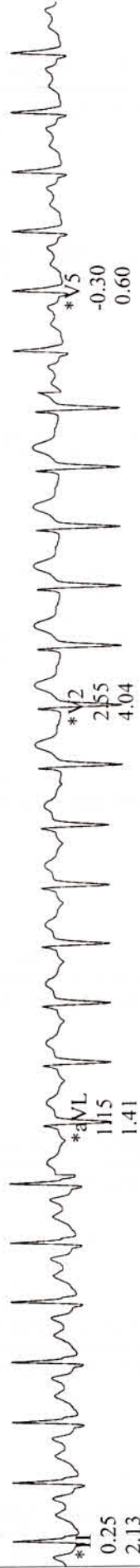
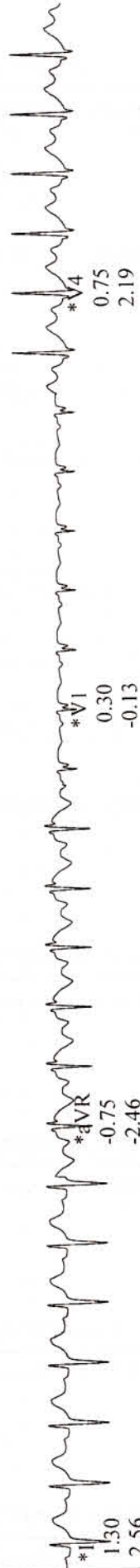
*Computer Synthesized Rhythms

MR. VIJAYANT,
Patient ID: CJP.N.96976
10.08.2024 Male 177 cm 83 kg
1:32:33pm 32 yrs Asian

BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
01:00
157 bpm
120/80 mmHg

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

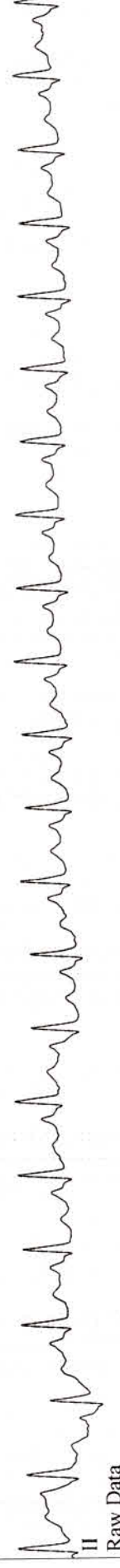
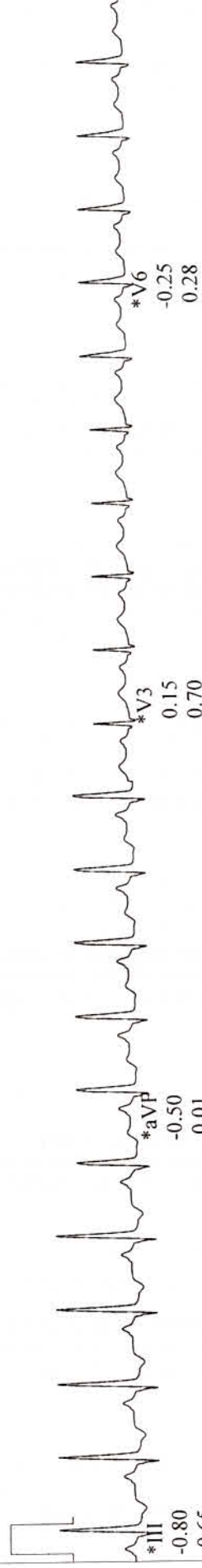
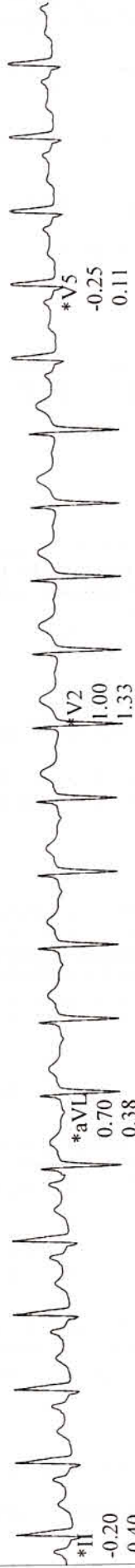
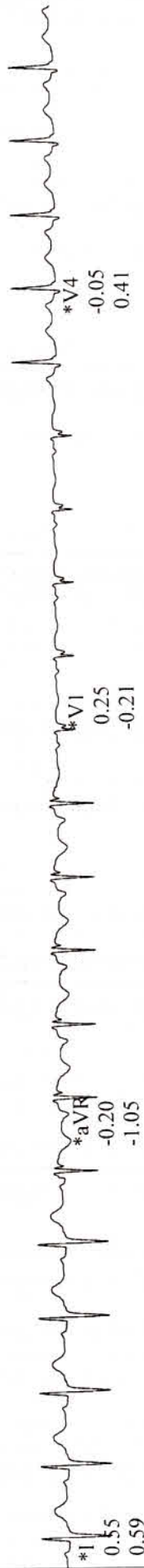
MR. VIJAYANT,
Patient ID: CJPN.96976
10.08.2024 Male 177 cm 83 kg
1:34:33pm 32 yrs Asian

BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
03:00

127 bpm
120/80 mmHg

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Name: vijant
Age: 32 years.

Date: 10/8/24.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Ophthalm

Un: 6/6 NG

m: 6/6 NG

Color vision test normal.

RE: ± / -1.50 X 45

LE: plano

Near: Normal NG

Follow up date:

after 6 mont's

Doctor Signature



Corporate Health Checks

19/65

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

10-08-2024



Patient Details

Patient First Name

MRS. VERMA

Patient Last Name

MANSI

Patient Mobile Number

7007544971

Patient E-mail ID

mansiverma2392@gmail.com

Date of Birth

29-07-2024

Gender

female

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

(1) ARCOFEMI MEDIWHEEL FEMALE AHC

Apollo Clinic

CONSENT FORM

Patient Name: V. Jayant Age: 32

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

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

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

And I claim the above statement in my full consciousness.

REPORTS DICT
ENT IS
PENDING.

Patient Signature: Jayant Date:



सर्वोच्च सरकार



विजयंत चौरसिया
Vijayant Chaurasia
जन्म तिथि/DOB: 21/01/1992
पुरुष/ MALE

Mobile No: 9137172090

4439 1589 2322

VID : 9184 7690 4555 3852

मेरा आधार , मेरी पहचान



Corporate Health Checks

16/65

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

10-08-2024



Patient Details

Patient First Name

somali

Patient Last Name

dhar

Patient Mobile Number

7899054404

Patient E-mail ID

somali.dhar@it.eurofinseu.com

Date of Birth

26-8-1991

Gender

female

Client

EUROFINS IT SOLUTIONS INDIA PRIVATE LIMITE

Agreement Name

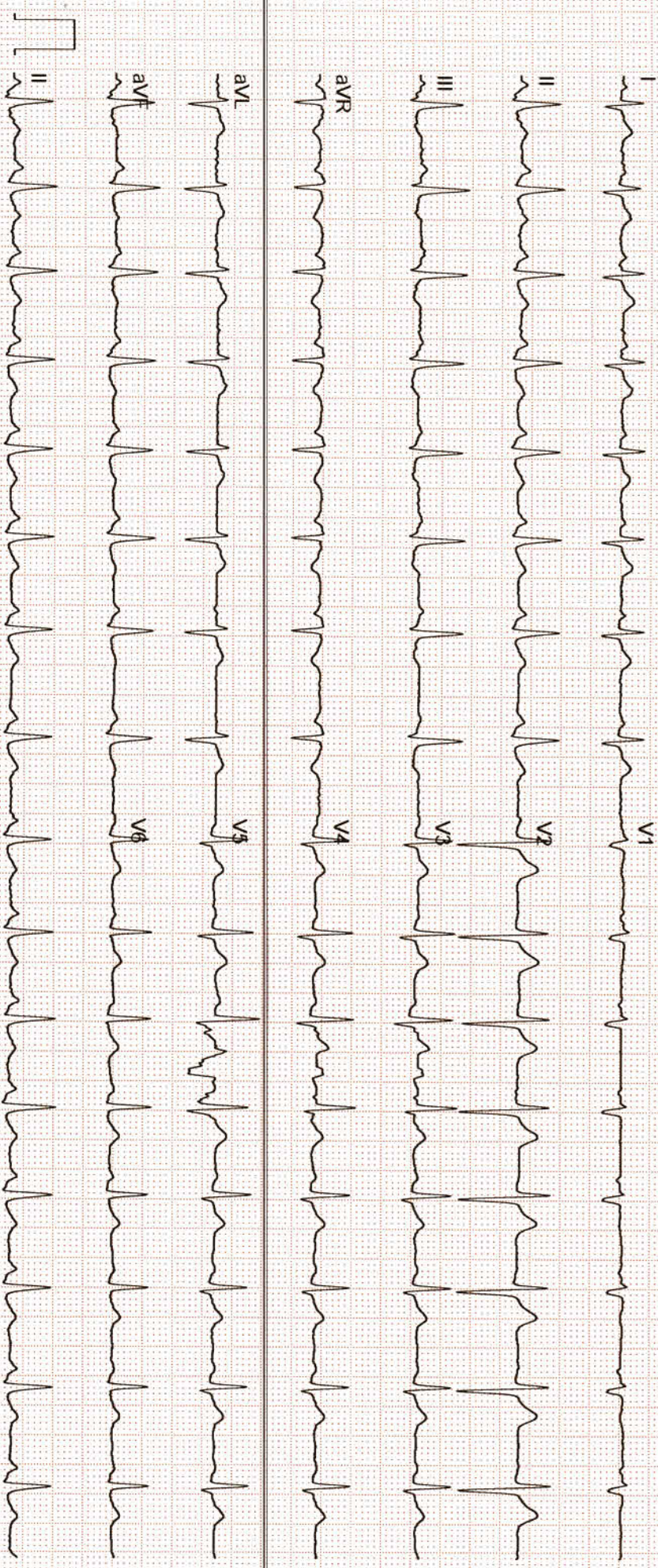
(1) EUROFINS IT SOLUTIONS AHC CREDIT PAN

QRS 82 ms
QT / QTcBaz 324 / 411 ms
PR 130 ms
P 88 ms

RR / PP 620 / 618 ms
P / QRS / T 62 / 81 / 30 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Handwritten signature



GE MAC2000 1:1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

50 Hz

2x5x6 25_R1

Unconfirmed

1/1

Patient Name : Mr. Vijayant

Age/Gender : 32 Y/M

UHID/MR No. : CJPN.0000096976

OP Visit No : CJPNOPV203403

Sample Collected on :

Reported on : 10-08-2024 19:15

LRN# : RAD2400077

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S29637

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

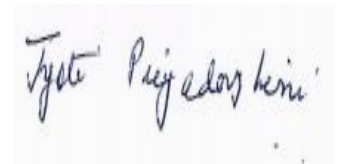
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. JYOTI PRIYADARSHINI
MBBS, MD

Patient Name	: Mr. Vijayant	Age/Gender	: 32 Y/M
UHID/MR No.	: CJPN.0000096976	OP Visit No	: CJPNOPV203403
Sample Collected on	:	Reported on	: 10-08-2024 10:20
LRN#	: RAD2400077	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S29637		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size(13.0 cm) and increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size (7.0 cm)and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures:8.3 x 1.3 cm.

Left kidney measures : 9.1 x 1.4 cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.

Volume- 16.3 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION : GRADE I FATTY LIVER .

Please Note :No preparation done before scanning.

Patient Name : Mr. Vijayant

Age/Gender : 32 Y/M

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. KUSUMA JAYARAM
MBBS,DMRD
Radiology