

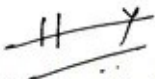
Patient Name : Mr.RAVINDRA B H	Collected : 09/Aug/2024 09:29AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Aug/2024 12:48PM
UHID/MR No : CBAS.0000093896	Reported : 09/Aug/2024 03:08PM
Visit ID : CBASOPV105313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30497	

DEPARTMENT OF HAEMATOLOGY

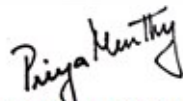
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	46.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	102.9	fL	83-101	Calculated
MCH	34.7	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,440	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.7	%	40-80	Electrical Impedence
LYMPHOCYTES	38.7	%	20-40	Electrical Impedence
EOSINOPHILS	3	%	1-6	Electrical Impedence
MONOCYTES	7.6	%	2-10	Electrical Impedence
BASOPHILS	1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2206.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1718.28	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	133.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	337.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.28		0.78- 3.53	Calculated
PLATELET COUNT	176000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 17



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Consultant Pathologist



Dr. Priya Murthy
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SIN No: BED240207583

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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DEPARTMENT OF HAEMATOLOGY

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

RBCs: are predominantly macrocytes. Few ovalocytes are seen.

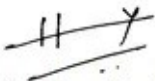
WBCs: are normal in total number with normal distribution and morphology. Few hypersegmented neutrophils noted.

PLATELETS: appear adequate in number.

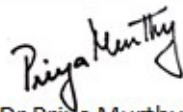
HEMOPARASITES: negative

IMPRESSION: MACROCYTIC BLOOD PICTURE.

Note: Kindly evaluate for incipient Vit B12/Folate deficiency.



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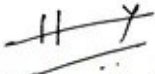
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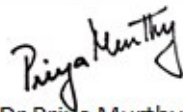
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Aug/2024 01:42PM
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Visit ID : CBASOPV105313	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	120	mg/dL	70-100	HEXOKINASE

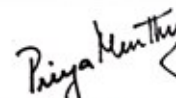
Comment:

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.


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 Consultant Pathologist



SIN No:PLF02199422

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Patient Name : Mr.RAVINDRA B H	Collected : 09/Aug/2024 09:29AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Aug/2024 01:27PM
UHID/MR No : CBAS.0000093896	Reported : 09/Aug/2024 02:36PM
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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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	110	mg/dL	70-140	HEXOKINASE

Comment:


It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated

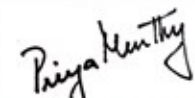
Comment:

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



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SIN No: EDT240084944

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

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

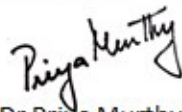
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	69	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	107.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.76		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

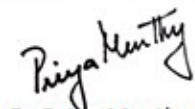
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.


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SIN No:SE04804313

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Emp/Auth/TPA ID : 22S30497	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.82	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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:

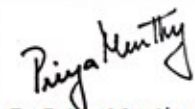
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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



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Patient Name : Mr.RAVINDRA B H	Collected : 09/Aug/2024 09:29AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Aug/2024 12:44PM
UHID/MR No : CBAS.0000093896	Reported : 09/Aug/2024 01:46PM
Visit ID : CBASOPV105313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30497	

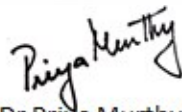
DEPARTMENT OF BIOCHEMISTRY

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

- and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
3. Synthetic function impairment:
*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.



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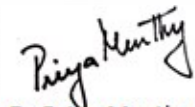
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.02	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	23.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.62	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated


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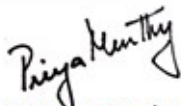
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	<55	IFCC



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Patient Name : Mr.RAVINDRA B H	Collected : 09/Aug/2024 09:29AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Aug/2024 12:41PM
UHID/MR No : CBAS.0000093896	Reported : 09/Aug/2024 01:53PM
Visit ID : CBASOPV105313	Status : Final Report
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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)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	12.097	µIU/mL	0.34-5.60	CLIA

Comment:

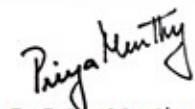
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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



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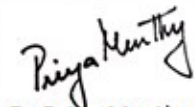
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DEPARTMENT OF IMMUNOLOGY

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

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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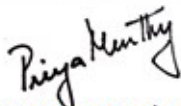
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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.260	ng/mL	0-4	CLIA



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Patient Name : Mr.RAVINDRA B H	Collected : 09/Aug/2024 09:28AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Aug/2024 01:16PM
UHID/MR No : CBAS.0000093896	Reported : 09/Aug/2024 01:25PM
Visit ID : CBASOPV105313	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

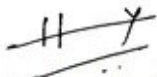
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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.008		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	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

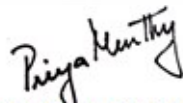
Comment:

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

Page 15 of 17



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: UR2401419

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

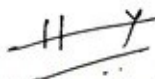


Patient Name	: Mr.RAVINDRA B H	Collected	: 09/Aug/2024 09:28AM
Age/Gender	: 57 Y 6 M 0 D/M	Received	: 09/Aug/2024 01:16PM
UHID/MR No	: CBAS.0000093896	Reported	: 09/Aug/2024 01:25PM
Visit ID	: CBASOPV105313	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S30497		

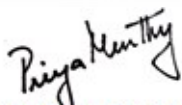
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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



Patient Name : Mr.RAVINDRA B H	Collected : 09/Aug/2024 09:29AM
Age/Gender : 57 Y 6 M 0 D/M	Received : 09/Aug/2024 02:29PM
UHID/MR No : CBAS.0000093896	Reported : 09/Aug/2024 02:48PM
Visit ID : CBASOPV105313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30497	

DEPARTMENT OF CLINICAL PATHOLOGY

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

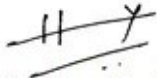
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

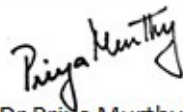
Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE (POST PRANDIAL) - URINE

Page 17 of 17



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



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



SIN No: UF012012

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APOLLO CLINICS NETWORK

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

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

Patient Name : Mr. RAVINDRA B H

Age/Gender : 57 Y/M

UHID/MR No. : CBAS.0000093896

OP Visit No : CBASOPV105313

Sample Collected on :

Reported on : 09-08-2024 12:01

LRN# : RAD2399129

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S30497

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (13.6 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 9.1x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 8.6x1.2 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected. Pre-void 150 cc and post-void 32 cc.

Prostate is enlarged in size measuring 4.6x4.3x4.2 cm (volume 45 cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

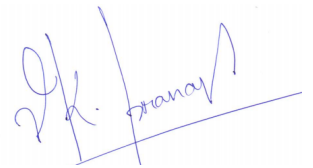
IMPRESSION:-

GRADE I FATTY LIVER.

GRADE II PROSTATOMEGALY.

Suggested clinical correlation.

(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. V K PRANAV VENKATESH
MBBS, MD
Radiology

Patient Name : Mr. RAVINDRA B H

Age/Gender : 57 Y/M

UHID/MR No. : CBAS.0000093896

OP Visit No : CBASOPV105313

Sample Collected on :

Reported on : 09-08-2024 11:33

LRN# : RAD2399129

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S30497

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

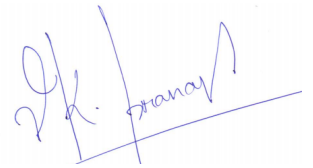
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.


Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Name : Mr. RAVINDRA B H Address : blr Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 57 Y Sex : M	UHID :CBAS.0000093896  <small>* CBAS . 0000093896 *</small> OP Number :CBASOPV105313 Bill No :CBAS-OCR-63649 Date : 09.08.2024 09:12
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Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE(FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

→ TMT

HA → 162cm

WT → 62.4 kg

B.P → 112/70

PR → 78

Date: IST: 2024-08-09 10:45:16

Personal Details
UHID: 01P3FGAT6XO0TV2
PatientID: 5889
Name: MR RA VINDRA
Age: 57
Gender: Male
Mobile: 35285857580

Pre-Existing Medical Conditions

Symptoms

Measurements

HR: 70 BPM
PR: 149 ms
PD: 110 ms
QRSD: 85 ms
QRS Axis: 17 deg
QT/QTc: 365/365 ms

Interpretation

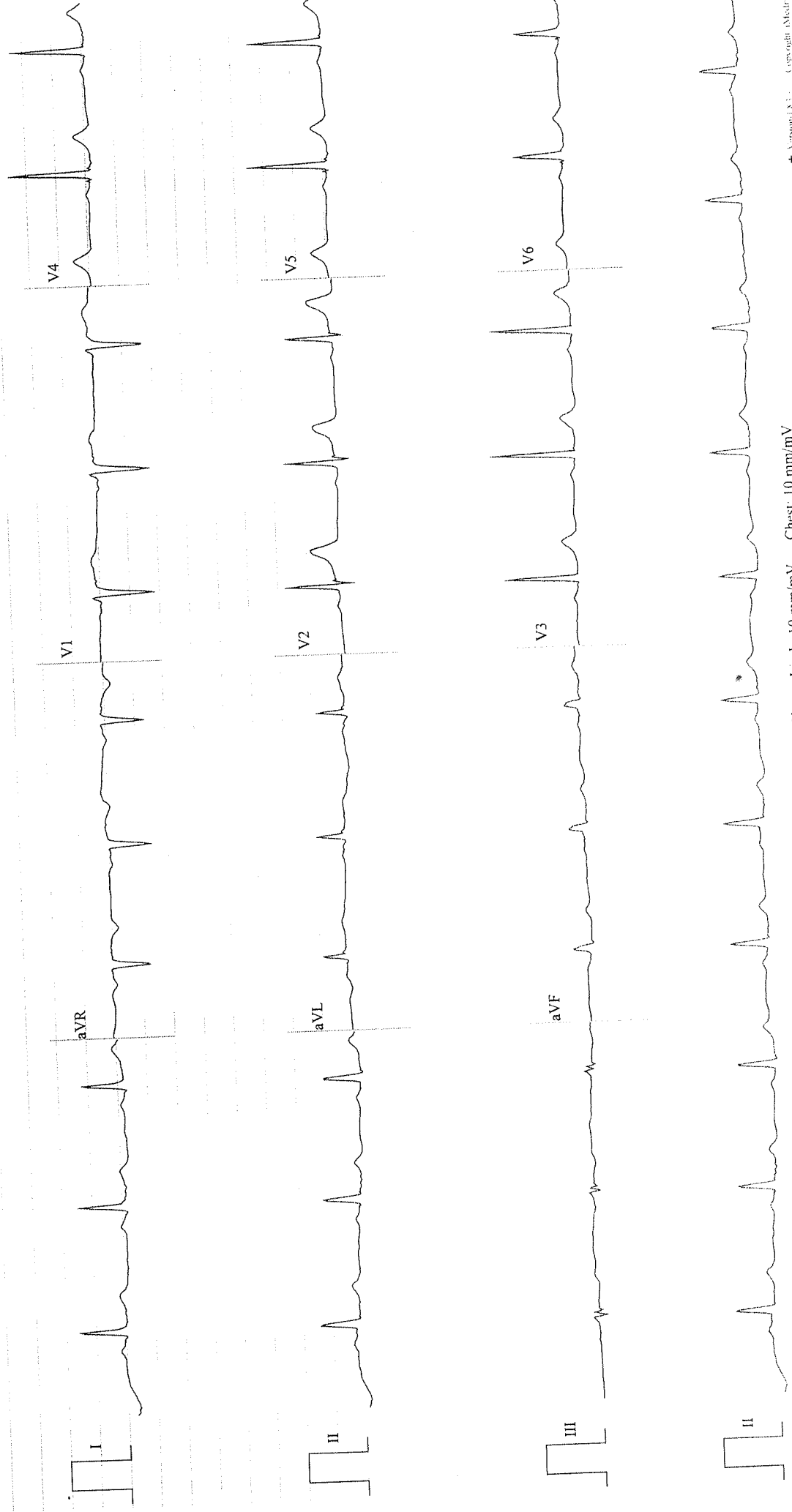
Normal sinus rhythm
Normal axis

Authori:

Dr. Yogesh

Dr. Yogesh
MD, DNB, I
Reg No- K

This trace is generated by: *KardiaScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Symptoms and results of other non-musculoskeletal tests, and must be interpreted by a qualified physician. Disease Correlation is important.

ECHOCARDIOGRAPHY REPORT

Name: MR RAVINDRA Age: 57 YEARS GENDER: MALE

Consultant: Dr. VISHAL KUMAR H. Date : 09/08/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.72	m/sec	A	0.56	m/sec	No MR
Tricuspid Valve	E	0.44	m/sec	A	0.32	m/sec	No TR
Aortic Valve	Vmax	1.08	m/sec				No AR
Pulmonary Valve	Vmax	0.82	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements

Parameter	Observed Value	Normal Range	
Aorta	2.9	2.6-3.6	cm
left Atrium	3.2	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	1.0	0.9-1.1	cm
left Ventricle-Diastole	4.7	4.2-5.9	cm
Posterior wall-Diastole	1.0	0.9-1.1	cm
IVS-Systole	1.2	1.3-1.5	cm
left Ventricle-Systole	2.8	2.1-4.0	cm
Posterior wall-Systole	1.2	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.5	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
-

DR. VISHAL KUMAR H.

CLINICAL CARDIOLOGIST

Date : 9/8/22
MR No :
Name : Mr. Ravindra
Age/Gender :
Mobile no : 579

Department : NUTRITION & DIETETICS
Consultant : DT, ROHINI RAGHU
Reg No :
Qualification : M.Sc, RD (food & nutrition)
Consulting Timings :
Phone No.: 080-26611236/8/9

No H/O → DM/HT

Admity 1800-2000k high fibre
low fat diet

HT, 162cm
WT, 62.4kg
IBW, 60-65kg
BP - 112/70 mmHg.

~~HT + DM~~

* CAPS ⇒ 300-400mg

* Dry fruits ⇒ a handful - soaked.

↓
Dyspepsia → why there
metr, paleh, dandruff
less

* millets / ragi / milt / green chutney

* Veg salad → 100g lunch / dinner

* Water ⇒ 3lit + 1lit ⇒ banila, lungeek
Soup, ragi, jira

* Boiled / Sprouts, 50-75g only
grows

* Oil → 250ml/week
dyspepsia - 250ml/week

FLAPSUB
+ gardeners osv.
DT Rohini Raghunathan

Mr Ravindra BH 5/1/21 93896 9/8/24

EYE CHECK UP REPORT

Vision Acuity $\left\{ \begin{array}{l} 6/60 \xrightarrow{PH} 6/24^+ \\ \text{Unaided} \\ 6/6 \end{array} \right.$

Near Vision $\left\{ \begin{array}{l} N8p@C.P. \\ \text{Unaided} \\ N12 \end{array} \right.$

Digital IOP $\left\{ \begin{array}{l} \text{②} \\ \text{②} \end{array} \right.$

Colour Vision $\left\{ \begin{array}{l} \text{Normal} \\ \text{Normal} \end{array} \right.$

• Fundus:

• Ant. Segment :-

• Media:

• Pupil:

} Read Retine Evaluation.
ana

RE- SIMC? Adv for dilatation +

Retine evaluation.

CPA

Apollo Clinic

CONSENT FORM

Patient Name: Ravindra B M Age: 57y / M

UHID Number: Company Name:

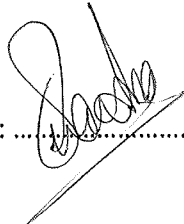
I Mr/Mrs/Ms Employee of

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

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

And I claim the above statement in my full consciousness.

Diet
Dental, ENT,
Fitness by GP
Pending

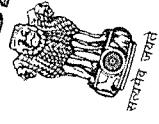
Patient Signature:  Date: 9/8/2024

No./Service Number... 688198-S
 नाम/Name... RAVINDRA B HALIGERI
 सेवा/Service के समय रैंक... SGT
 Rank at the time of retirement
 रेजीमेंट/कोर/ब्रांच... IAF
 Regt/Corp/Branch
 देश/Trade... IN
 जन्मतिथि/Date of Birth... 27-07-1967
 पिता का नाम/Father's Name... BASAVANTARA V.H.
 पता/Address... 31, KORARAPPA CHAVUT
 BLOKE-64, गुलिक, येलहंका
 विमुक्ति की तारीख/Date of Discharge... 30-04-2008
 RS. 3910/-
 पेंशन/Pension
 प्रकार और विकलांगता प्रतिशत
 Type & Percentage of Disability
 तारीख एवं स्थान... 07-10-2009
 Date & Place of Issue

क्रम संख्या/Serial No.

No. 6052613

INDIA



Handwritten signature

मुख्यालय मोहर

H.Q. STAMP

BANGALORE-25

जारी करने वाले अधिकारी का हस्ताक्षर
Sign. of the Issuing Officer

Appointment Date : 09-08-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
RAVINDRA B H	56 year	Male

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

Instructions to undergo Health Check:

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

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Note- Please do not pay any amount at the time of check up.

Thanks,

Mediwheel Team

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