

Patient Name : Mr.VIVEK VISHAL	Collected : 24/Aug/2024 09:39AM
Age/Gender : 41 Y 6 M 23 D/M	Received : 24/Aug/2024 04:19PM
UHID/MR No : CSAR.0000144657	Reported : 24/Aug/2024 05:10PM
Visit ID : CSAROPV352464	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31599	

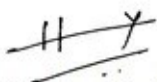
DEPARTMENT OF HAEMATOLOGY

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

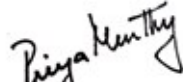
Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.9	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.15	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.7	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,210	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.3	%	40-80	Electrical Impedance
LYMPHOCYTES	27.1	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4419.73	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1953.91	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	353.29	Cells/cu.mm	20-500	Calculated
MONOCYTES	432.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	50.47	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.26		0.78- 3.53	Calculated
PLATELET COUNT	242000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.



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Consultant Pathologist



Dr. Priya Murthy
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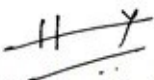
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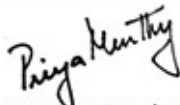
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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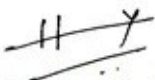


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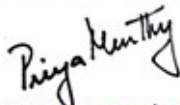
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	110	mg/dL	70-100	HEXOKINASE

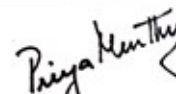
Comment:

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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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	186	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	148	mg/dL		Calculated


Comment:

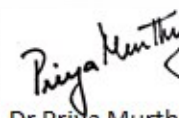
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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.


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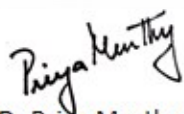
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- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Apollo Health and Lifestyle Limited

(CIN - U06110TC2800PHG115819)
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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	191	mg/dL	<200	CHO-POD
TRIGLYCERIDES	141	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.74		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<0.11	Calculated


Comment:

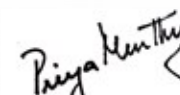
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.48	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	62	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	88.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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:

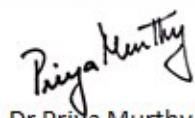
*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*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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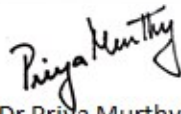
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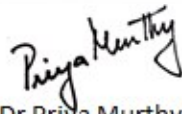
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	30.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.75	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.13	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No: SAR240800449

Apollo Health and Lifestyle Limited

(CIN - U061107C2009PH6115819)
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory,
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

Address:
32/100/125, Doddabangla Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

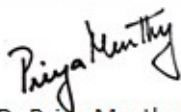
APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | 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)

Patient Name : Mr.VIVEK VISHAL	Collected : 24/Aug/2024 09:39AM
Age/Gender : 41 Y 6 M 23 D/M	Received : 24/Aug/2024 03:59PM
UHID/MR No : CSAR.0000144657	Reported : 24/Aug/2024 05:51PM
Visit ID : CSAROPV352464	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31599	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	<55	IFCC



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



Patient Name : Mr.VIVEK VISHAL	Collected : 24/Aug/2024 09:39AM
Age/Gender : 41 Y 6 M 23 D/M	Received : 24/Aug/2024 03:56PM
UHID/MR No : CSAR.0000144657	Reported : 24/Aug/2024 05:02PM
Visit ID : CSAROPV352464	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31599	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.637	µIU/mL	0.34-5.60	CLIA

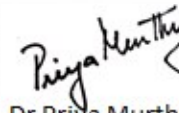
Comment:

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


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


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: SAR240800448

Apollo Health and Lifestyle Limited (CIN: U081107C2800PH6115849)
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 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

Address:
 Apollo Health and Lifestyle Limited, Apollo Health and Lifestyle Ltd, RRL BANGALORE Laboratory,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


 1860 500 7788
 www.apolloclinic.com

Patient Name : Mr.VIVEK VISHAL	Collected : 24/Aug/2024 09:39AM
Age/Gender : 41 Y 6 M 23 D/M	Received : 24/Aug/2024 03:56PM
UHID/MR No : CSAR.0000144657	Reported : 24/Aug/2024 05:02PM
Visit ID : CSAROPV352464	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31599	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Govinda Raju
Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry

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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: SAR240800448

Apollo Health and Lifestyle Limited

(CIN - U061107C2800PHG115819)
 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

Address:
 32/100/125, Doddabangla Village, Neeladri Main Road,
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 Karnataka - 560034

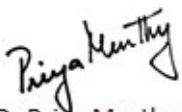
 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mr.VIVEK VISHAL	Collected : 24/Aug/2024 09:39AM
Age/Gender : 41 Y 6 M 23 D/M	Received : 24/Aug/2024 03:56PM
UHID/MR No : CSAR.0000144657	Reported : 24/Aug/2024 04:34PM
Visit ID : CSAROPV352464	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31599	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.290	ng/mL	0-4	CLIA



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



Patient Name : Mr.VIVEK VISHAL	Collected : 24/Aug/2024 09:39AM
Age/Gender : 41 Y 6 M 23 D/M	Received : 24/Aug/2024 05:01PM
UHID/MR No : CSAR.0000144657	Reported : 24/Aug/2024 05:23PM
Visit ID : CSAROPV352464	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31599	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	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	1.013		1.002-1.030	Refractometric
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

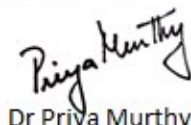
Comment:

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

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



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mr.VIVEK VISHAL	Collected : 24/Aug/2024 09:39AM
Age/Gender : 41 Y 6 M 23 D/M	Received : 24/Aug/2024 05:01PM
UHID/MR No : CSAR.0000144657	Reported : 24/Aug/2024 06:07PM
Visit ID : CSAROPV352464	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31599	

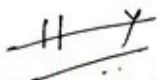
DEPARTMENT OF CLINICAL PATHOLOGY

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

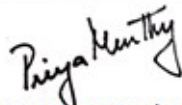
Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***



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



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



Patient Name : Mr.VIVEK VISHAL
Age/Gender : 41 Y 6 M 23 D/M
UHID/MR No : CSAR.0000144657
Visit ID : CSAROPV352464
Ref Doctor : Self
Emp/Auth/TPA ID : 22S31599

Collected : 24/Aug/2024 09:39AM
Received : 24/Aug/2024 05:01PM
Reported : 24/Aug/2024 06:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

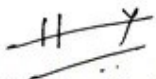
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

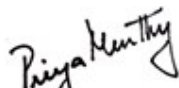
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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:SAR240800452

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

Patient Name	: Mr. vivek vishal	Age	: 41Yrs 6Mths 26Days
UHID	: CSAR.0000144657	OP Visit No.	: CSAROPV352464
Printed On	: 24-08-2024 10:41 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S31599		

DEPARTMENT OF RADIOLOGY

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture mildly increased. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER :Minimally distended.

PANCREAS : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

SPLEEN : Normal in size and echotexture normal. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 11.2 x 5.0 cms, LEFT KIDNEY : 11.2 x 5.8 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture.
No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Moderately distended. No intraluminal calculi/mass lesion seen.

PROSTATE : Normal in size & echotexture.

IMPRESSION : 1. Grade I fatty liver.

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable).It is only a professional opinion.Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

---End Of The Report---



Dr. RAMESH G

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Radiology

Patient Name	: Mr. vivek vishal	Age	: 41Yrs 6Mths 24Days
UHID	: CSAR.0000144657	OP Visit No.	: CSAROPV352464
Printed On	: 24-08-2024 07:16 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S31599		

DEPARTMENT OF CARDIOLOGY

2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT

Vital Signs and Body Measurements

HR bpm B.P mmHg Height mm Weight kg BSA m²

M – Mode (Parasternal view)

Conventional and Tissue Doppler

AO 33	mm LVID – d	44	mm Mitral Valve	E : 0.6 A : 0.5	m/sec
LA 33	mm LVID – s	22	mm Aortic Valve	1.2	- m/sec
	IVS – d	10	mm Pulmonary Valve	0.9	- m/sec
	PW – d	10	mm E' Septal (TDI)	0.11	- mm/sec
	EF-	60	% E' Lateral (TDI)	0.09	- mm/sec

RIGHT ATRIUM	Normal in Size
LEFT ATRIUM	Normal in Size
RIGHT VENTRICLE	Normal in Size TAPSE 18 mm
LEFT VENTRICLE	Normal in Size
WALL MOTION ANALYSIS	No RWMA
TRICUSPID VALVE	Normal, PASP=12 mmHg
MITRAL VALVE	Normal
PULMONIC VALVE	Normal
AORTIC VALVE	Normal
IAS & IVS	Intact
AORTA	Normal in Size
SYSTEMIC & PULMONARY VEINS	Normally Draining
IVC	Normal
PERICARDIUM	Normal
OTHERS	No Intra Cardiac Thrombus, Tumour or Vegetation

IMPRESSION:

Cardiac Chambers & valves are normal

No RWMA

Normal Left Ventricular Systolic Function (LVEF- 60 %)

Trivial TR ,NO PAH

No clot /vegetation/pericardial effusion

Dr. SUMANJITA BORA,MBBS

AMC.PGDCC(Cardiology)

CONSULTANT CARDIOLOGIST

---End Of The Report---



Dr. SUMANJITA BORA

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Cardiology

Patient Name	: Mr. vivek vishal	Age	: 41Yrs 6Mths 26Days
UHID	: CSAR.0000144657	OP Visit No.	: CSAROPV352464
Printed On	: 25-08-2024 10:49 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S31599		

DEPARTMENT OF RADIOLOGY

CHEST PA VIEW

Trachea central.
Mediastinum is central.
Cardiac silhouette appear normal.
visualized lung fields appear normal.
Bilateral hilum appear normal.
CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

---End Of The Report---



Dr. RAMESH G
MBBS, DMRD
27462
Radiology

Patient Name	: Mr. vivek vishal	Age	: 41Yrs 6Mths 27Days
UHID	: CSAR.0000144657	OP Visit No.	: CSAROPV352464
Printed On	: 27-08-2024 11:14 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S31599		

DEPARTMENT OF CARDIOLOGY

Observation :-


1. Normal Sinus Rhythm.
2. Heart rate is Normal
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:-

NORMAL RESTING ECG.

NOTE:-KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED

---End Of The Report---



Dr. SUMANJITA BORA
MBBS, PGDCC
MCI-IMR-13/903
Cardiology