

Patient Name	: Mr.GANESH KUMAR J	Collected	: 09/Mar/2024 10:57AM
Age/Gender	: 32 Y 7 M 8 D/M	Received	: 09/Mar/2024 02:46PM
UHID/MR No	: CANN.0000234116	Reported	: 09/Mar/2024 06:32PM
Visit ID	: CANNOPV395406	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13983		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Mild leukocytosis with eosinophilia noted, wet mount negative.
PLATELETS	: Adequate on smear, giant platelets noted.
PARASITES	: No haemoparasites seen
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240063581

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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	15.7	g/dL	13-17	Spectrophotometer
PCV	48.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.47	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.5	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	14,000	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	36	%	40-80	Electrical Impedence
LYMPHOCYTES	32	%	20-40	Electrical Impedence
EOSINOPHILS	28	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5040	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	4480	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	3920	Cells/cu.mm	20-500	Calculated
MONOCYTES	560	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
PLATELET COUNT	174000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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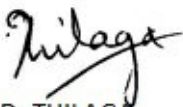


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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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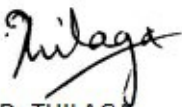
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DEPARTMENT OF HAEMATOLOGY

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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Age/Gender : 32 Y 7 M 8 D/M	Received : 09/Mar/2024 06:06PM
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Visit ID : CANNOPV395406	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
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 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)	164	mg/dL	70-140	HEXOKINASE

Comment:

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

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



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



SIN No:PLP1429547

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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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	135	mg/dL	<200	CHO-POD
TRIGLYCERIDES	166	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	99	mg/dL	<130	Calculated
LDL CHOLESTEROL	65.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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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	1.07	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.86	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	99.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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Address:

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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.GANESH KUMAR J	Collected : 09/Mar/2024 10:57AM
Age/Gender : 32 Y 7 M 8 D/M	Received : 09/Mar/2024 04:18PM
UHID/MR No : CANN.0000234116	Reported : 10/Mar/2024 07:29AM
Visit ID : CANNOPV395406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13983	

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	0.72 – 1.18	JAFFE METHOD
UREA	23.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	143	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	8.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated



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



SIN No:SE04656184

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Patient Name	: Mr.GANESH KUMAR J	Collected	: 09/Mar/2024 10:57AM
Age/Gender	: 32 Y 7 M 8 D/M	Received	: 09/Mar/2024 04:18PM
UHID/MR No	: CANN.0000234116	Reported	: 10/Mar/2024 12:50AM
Visit ID	: CANNOPV395406	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13983		

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	32.00	U/L	<55	IFCC

Page 10 of 13



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



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Patient Name : Mr.GANESH KUMAR J	Collected : 09/Mar/2024 10:57AM
Age/Gender : 32 Y 7 M 8 D/M	Received : 09/Mar/2024 06:33PM
UHID/MR No : CANN.0000234116	Reported : 09/Mar/2024 07:32PM
Visit ID : CANNOPV395406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13983	

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)	0.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.340	µIU/mL	0.34-5.60	CLIA

Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No: SPL24042281

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Patient Name : Mr.GANESH KUMAR J	Collected : 09/Mar/2024 10:57AM
Age/Gender : 32 Y 7 M 8 D/M	Received : 09/Mar/2024 02:24PM
UHID/MR No : CANN.0000234116	Reported : 09/Mar/2024 03:01PM
Visit ID : CANNOPV395406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13983	

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	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2301771

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Patient Name	: Mr.GANESH KUMAR J	Collected	: 09/Mar/2024 10:57AM
Age/Gender	: 32 Y 7 M 8 D/M	Received	: 09/Mar/2024 02:25PM
UHID/MR No	: CANN.0000234116	Reported	: 09/Mar/2024 04:02PM
Visit ID	: CANNOPV395406	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13983		

DEPARTMENT OF CLINICAL PATHOLOGY

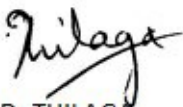
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Page 13 of 13



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

SIN No:UF011108

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Name: Mr. GANESH KUMAR J
Age/Gender: 32 Y/M
Address: PURASAWAKKAM
Location: CHENNAI, TAMIL NADU
Doctor: Dr. ANUSHA ARUMUGAM
Department: General Practice
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANUSHA ARUMUGAM

MR No: CANN.0000234116
Visit ID: CANNOPV395406
Visit Date: 09-03-2024 10:48
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

No history of: **No History of diabetes / Hypertension / Heart Disease,**

Others

Others: **1. H/o FL - 2 yrs 2. H/o Sinusitis 3. H/o Dust Allergy (+),**

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No,**

Respiratory System.

WHEEZING : **Yes,**

GastroIntestinal System

APPETITE.: **(+),**

BOWEL HABITS : **regular,**

Central Nervous System

SLEEP- : **Normal,**

Eye

Vision : **Normal,**

Glasses : **Yes,**

**Weight

--->: **Stable,**

HT-HISTORY

Past Medical History

**Cancer: No,

Personal History

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

Family History

Father	Expired,
-->	
Mother	Expired,

PHYSICAL EXAMINATION

General Examination

Height (in cms): 167.5,

Weight (in Kgs): 73.5,

Waist: 90,

Hip: 91,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate (Per Minute) : 78,

Systolic: 120,

Diastolic: 80,

IMPRESSION

Apollo Health check

Findings: 1. Elevated TLC 2. Elevated PPBS 3. HbA1c - 6.3% Level 4. HLD 5. Grade I Fatty Liver ,

RECOMMENDATION

Advice on Diet

Diet instructions : Low Carb / Low fat diet ,

Advice on Physical Activity

Advice on Physical Activity: Regular Physical Exercise ,

Review/Follow Up

Refer to specialty : To follow up with ENT ,

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new

or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Patient Name : Mr. GANESH KUMAR J

Age/Gender : 32 Y/M

UHID/MR No. : CANN.0000234116

OP Visit No : CANNOPV395406

Sample Collected on :

Reported on : 11-03-2024 18:00

LRN# : RAD2262218

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE13983

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Unfolding of aorta.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name	: Mr. GANESH KUMAR J	Age/Gender	: 32 Y/M
UHID/MR No.	: CANN.0000234116	OP Visit No	: CANNOPV395406
Sample Collected on	:	Reported on	: 11-03-2024 15:42
LRN#	: RAD2262218	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE13983		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Pancreas and spleen appear normal. Spleen measures 9.4 cms.

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

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.1 x 3.9cms.

Left kidney measures 9.7 x 5.2cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.8 x 2.8 x 2.7 cms volume 11cc and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour.

IMPRESSION:

***FATTY LIVER -GRADE -I**



Patient Name : Mr. GANESH KUMAR J

Age/Gender : 32 Y/M

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name : Mr. GANESH KUMAR J Age : 32 Y/M
UHID : CANN.0000234116 OP Visit No : CANNOPV395406
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 11-03-2024 12:51
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.6CM
LA (es)	3.1CM
LVID (ed)	4.2CM
LVID (es)	3.2CM
IVS (Ed)	0.9CM
LVPW (Ed)	1.0CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. GANESH KUMAR J	Age	: 32 Y/M
UHID	: CANN.0000234116	OP Visit No	: CANNOPV395406
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 11-03-2024 12:51
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 0.8m/sc A: 0.5 m/sc

Velocity / Gradient Across Pulmonic Valve : 0.7m/s

Velocity / Gradient Across Aortic Valve : 10.8m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name : Mr. GANESH KUMAR J
UHID : CANN.0000234116
Conducted By: : Dr. RAKESH P GOPAL
Referred By : SELF

Age : 32 Y/M
OP Visit No : CANNOPV395406
Conducted Date : 11-03-2024 12:51

Patient Name	: Mr. GANESH KUMAR J	Age	: 32 Y/M
UHID	: CANN.0000234116	OP Visit No	: CANNOPV395406
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 11-03-2024 13:39
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 77 beats per minutes.

Impression:

NORMAL RESTING ECG.

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

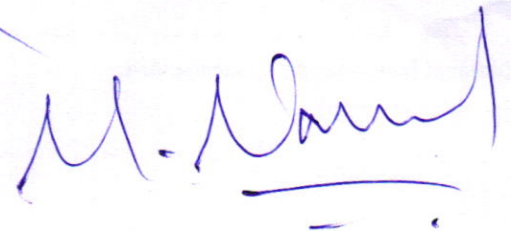
Dr. ARULNITHI AYYANATHAN

Mr. Anesh Kumar J 9/3/2024.
32 km

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

General Examination / Allergies
History

After O/E,
Adv:
- OPG
- Scaling
- Extraction of
Third molar (s).



Follow up date:

Doctor Signature & Stamp

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

Name: Sanesh Kumar
 Occupation:
 Age: 32y Sex: Male Female
 Address:
 Ph:

Date: 9/13/24 Reg. No.: 234116
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glasses used past 3 months

Present Complaint: Comfortable with present glasses. present with glasses B6/6

ON EXAMINATION:

Ocular Movements :
 Anterior Segment :
 Intra-Ocular-Pressure :
 Visual Acuity: D.V. :
 Without Glass :
 With Glass :
 N.V. :
 Visual Fields :
 Fundus :
 Impression :
 Advice :
 Colour Vision :

RE

LE

	<u>Full</u>	<u>Full</u>
Visual Acuity: D.V. :	<u>N</u>	<u>N</u>
Without Glass :	<u>N</u>	<u>N</u>
With Glass :	<u>6/9</u>	<u>6/9</u>
N.V. :	<u>6/9</u>	<u>6/9</u>
Fundus :	<u>N6</u>	<u>N6</u>
Impression :	<u>Full</u>	<u>Full</u>
Colour Vision :	<u>N</u>	<u>N</u>

Sanjeev Optomi

ENT check up

Ganesh Kumar

32/M

9/3/24

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

General Examination / Allergies
History

H/o Sinusitis & Allergy ⊕.

o/e DNS

Imp: DNS / Sinusitis



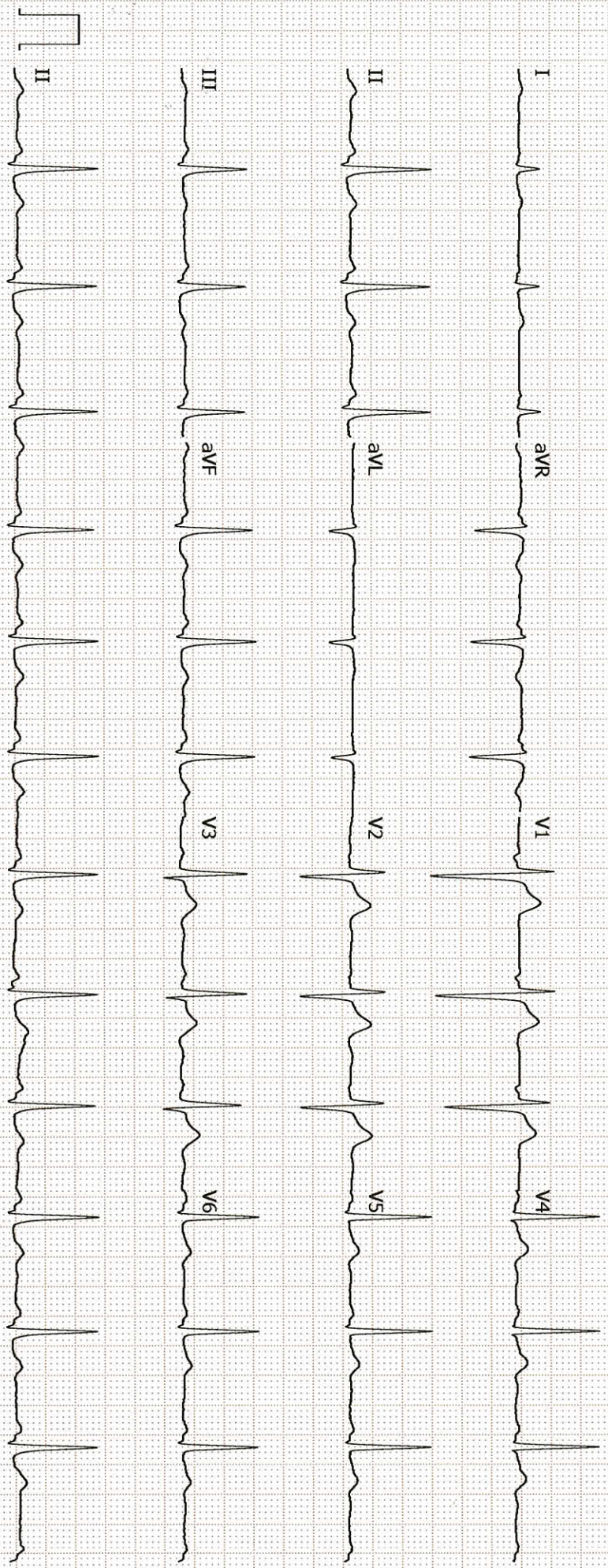
Follow up date:

Doctor Signature & Stamp

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms
QT / QTcBaz : 354 / 400 ms
PR : 140 ms
P : 100 ms
RR / PP : 778 / 779 ms
P / QRS / T : 72 / 73 / 56 degrees



CANN-234116
OC2-100687

 TN01 2014 0005946 

 19-06-2014 @ 18-06-2034 

INDIA
Date of Birth
01-08-1991 B+

GANESH KUMAR J
JAYA KUMAR K

Ganesh Kumar