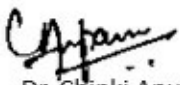


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Age/Gender : 37 Y 6 M 22 D/M	Received : 09/Mar/2024 04:35PM
UHID/MR No : CSAR.0000139091	Reported : 09/Mar/2024 08:00PM
Visit ID : CSAROPV331869	Status : Final Report
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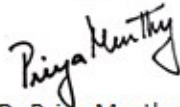
DEPARTMENT OF HAEMATOLOGY

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	15.9	g/dL	13-17	Spectrophotometer
PCV	46.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.2	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.1	%	40-80	Electrical Impedance
LYMPHOCYTES	28.3	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5403.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2631.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	474.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	706.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	83.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.05		0.78- 3.53	Calculated
PLATELET COUNT	279000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				



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SIN No:BED240063625

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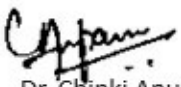
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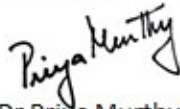
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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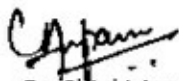
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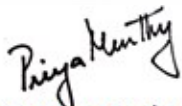
DEPARTMENT OF HAEMATOLOGY

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



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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	100	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ 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)	126	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	5.3	%		HPLC


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SIN No:EDT240029026

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

ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL	Calculated
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Comment:

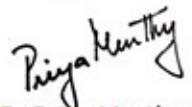
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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Patient Name : Mr.KUMAR ANIKET	Collected : 09/Mar/2024 11:12AM
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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	157	mg/dL	<200	CHO-POD
TRIGLYCERIDES	160	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.14		0-4.97	Calculated

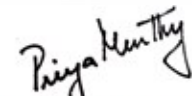
Comment:

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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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SIN No:SE04656232

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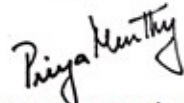
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.76	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.65	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	56	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.87	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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 > 1In 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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Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:SE04656232

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

Patient Name : Mr.KUMAR ANIKET	Collected : 09/Mar/2024 11:12AM
Age/Gender : 37 Y 6 M 22 D/M	Received : 09/Mar/2024 07:45PM
UHID/MR No : CSAR.0000139091	Reported : 09/Mar/2024 11:20PM
Visit ID : CSAROPV331869	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9987	

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	1.09	mg/dL	0.67-1.17	Jaffe's, Method
UREA	29.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.59	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.31	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.87	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated



DR.SHIVARAJA SHETTY
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APOLLO CLINICS NETWORK

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Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.KUMAR ANIKET
Age/Gender : 37 Y 6 M 22 D/M
UHID/MR No : CSAR.0000139091
Visit ID : CSAROPV331869
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobS9987

Collected : 09/Mar/2024 11:12AM
Received : 09/Mar/2024 07:45PM
Reported : 09/Mar/2024 09:25PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 TRANSEPTIDASE (GGT) , SERUM	49.00	U/L	<55	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04656232

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Patient Name : Mr.KUMAR ANIKET	Collected : 09/Mar/2024 11:12AM
Age/Gender : 37 Y 6 M 22 D/M	Received : 09/Mar/2024 07:45PM
UHID/MR No : CSAR.0000139091	Reported : 09/Mar/2024 08:38PM
Visit ID : CSAROPV331869	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9987	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.033	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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24042318

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Karnataka- 560034

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Patient Name	: Mr.KUMAR ANIKET	Collected	: 09/Mar/2024 11:12AM
Age/Gender	: 37 Y 6 M 22 D/M	Received	: 09/Mar/2024 07:45PM
UHID/MR No	: CSAR.0000139091	Reported	: 09/Mar/2024 08:38PM
Visit ID	: CSAROPV331869	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS9987		

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24042318

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Karnataka- 560034

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Patient Name : Mr.KUMAR ANIKET	Collected : 09/Mar/2024 11:11AM
Age/Gender : 37 Y 6 M 22 D/M	Received : 09/Mar/2024 05:09PM
UHID/MR No : CSAR.0000139091	Reported : 09/Mar/2024 08:13PM
Visit ID : CSAROPV331869	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9987	

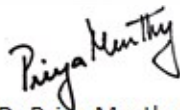
DEPARTMENT OF CLINICAL PATHOLOGY

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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2301810

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Karnataka - 560034

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Patient Name : Mr.KUMAR ANIKET	Collected : 09/Mar/2024 11:11AM
Age/Gender : 37 Y 6 M 22 D/M	Received : 09/Mar/2024 05:09PM
UHID/MR No : CSAR.0000139091	Reported : 09/Mar/2024 10:22PM
Visit ID : CSAROPV331869	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9987	

DEPARTMENT OF CLINICAL PATHOLOGY

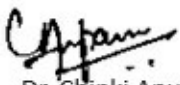
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

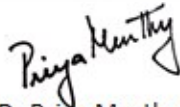
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF011115

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Patient Name	: Mr. Kumar Aniket	Age/Gender	: 37 Y/M
UHID/MR No.	: CSAR.0000139091	OP Visit No	: CSAROPV331869
Sample Collected on	:	Reported on	: 12-03-2024 16:28
LRN#	: RAD2262264	Specimen	:
Ref Doctor	: Dr yamuna		
Emp/Auth/TPA ID	: bobS9987		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Enlarge 18.4cm in size & moderate increased echotexture. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER :Minimally distended. No intraluminal calculi seen. Wall thickness is normal.

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 : 10.0 x 5.1 cms, LEFT KIDNEY : 12.0 x 5.7 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 : Hepotomegally grade two fatty liver.

DR. RAMESH G
CONSULTANT RADIOLOGIST

(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.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Name : Mr. Kumar Aniket Address : sjp Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 37 Y Sex : M	UHID :CSAR.0000139091  *CSAR.0000139091* OP Number :CSAROPV331869 Bill No :CSAR-OCR-44822 Date : 09.03.2024 11:06
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

BP- 122/79
 P- 91
 HT- 188
 WT- 104

2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT



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NAME	MR.KUMAR ANIKET		DATE:09.03.2024
AGE	37 YEARS	GENDER	MALE
REF BY	DR. SUMANJITA BORA	ID	139091

MEASUREMENTS

Vital Signs and Body Measurements									
HR	bpm	B.P	mmHg	Height	mm	Weight	kg	BSA	m ²
M - Mode (Parasternal view)					Conventional and Tissue Doppler				
AO	31	mm	LVID - d	44	mm	Mitral Valve	E : 0.5	A : 0.7	m/sec
LA	33	mm	LVID - s	27	mm	Aortic Valve	1.1	-	m/sec
			IVS - d	11	mm	Pulmonary Valve	0.8	-	m/sec
			PW - d	11	mm	E' Septal (TDI)	0.06	-	mm/sec
			EF-	60	%	E' Lateral (TDI)	0.10	-	mm/sec

DESCRIPTIVE FINDINGS: Technically Adequate Study. Normal sinus rhythm During Study

RIGHT ATRIUM	Normal in Size
LEFT ATRIUM	Normal in Size
RIGHT VENTRICLE	Normal in Size ,TAPSE>18mm
LEFT VENTRICLE	Normal in Size
WALL MOTION ANALYSIS	No RWMA
TRICUSPID VALVE	Normal, PASP=8mm Hg,Trivial TR
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
Normal PAP
No RWMA
Normal Left Ventricular Systolic Function (LVEF-60 %)
Grade I LVDD
No clot/ vegetation/pericardial effusion

Dr. SUMANJITA BORA, MBBS AMC.PGDCC(Cardiology)
CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

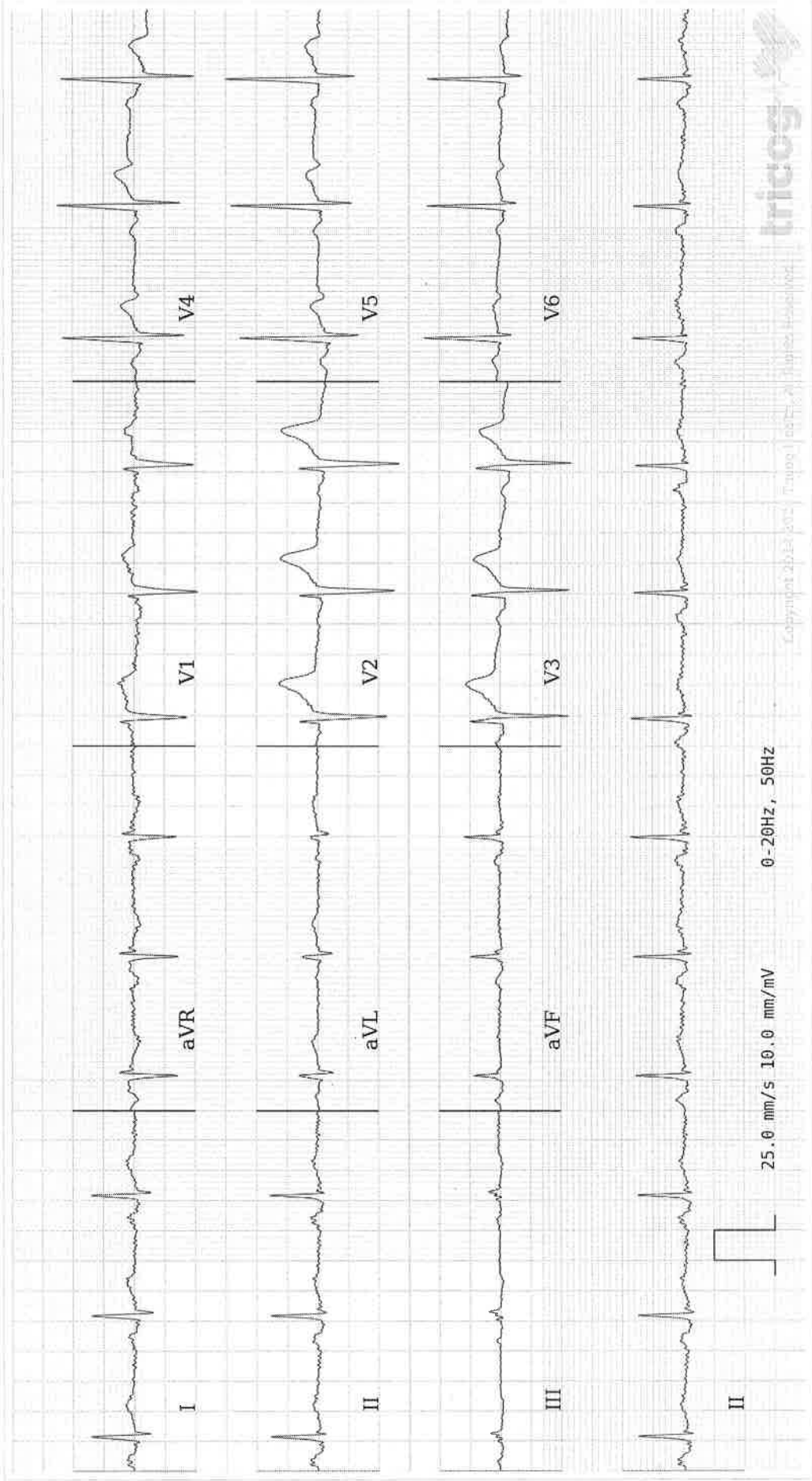




Apollo Clinic, Kaikondrahalli

Age / Gender: 37/Male
Patient ID: KUMAR

Date and Time: 9th Mar 24 2:02 PM



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY



Dr. Nethra

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

आयकर विभाग
INCOME TAX DEPARTMENT
KUMAR ANIKET



भारत सरकार
GOVT. OF INDIA

DILIP KUMAR GHOSH

10/08/1986

Permanent Account Number

AOHPA8858H

Kumar Aniket

Signature



Fwd: Health Check up Booking Confirmed Request(bobS9987),Package Code-
PKG10000366, Beneficiary Code-297682

Kumar Aniket <aniket.1753@gmail.com>

Sat 09-03-2024 11:07

To: Sarjapur Apolloclinic <sarjapur@apolloclinic.com>

----- Forwarded message -----

From: **Ankita Sinha** <ankitalife.sinha@gmail.com>

Date: Sat, 9 Mar 2024, 11:06

Subject: Fwd: Health Check up Booking Confirmed Request(bobS9987),Package Code-
PKG10000366, Beneficiary Code-297682

To: Kumar Aniket <aniket.1753@gmail.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Sun, 3 Mar 2024 at 4:36 PM

Subject: Health Check up Booking Confirmed Request(bobS9987),Package Code-PKG10000366,
Beneficiary Code-297682

To: <ankitalife.sinha@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **Ankita sinha** ,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name	: Mediwheel Full Body Annual Plus
Patient Package Name	: Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital	: Apollo Clinic - Sarjapur Road
Address of Diagnostic/Hospital-	: Apollo Clinic, #769, GYR Chambers, Opp South Indian Bank, Kaikondanahalli, Sarjapur Road -560034
City	: Bangalore
State	:
Pincode	: 560034



Patient Name	: Mr. Kumar Aniket	Age/Gender	: 37 Y/M
UHID/MR No.	: CSAR.0000139091	OP Visit No	: CSAROPV331869
Sample Collected on	:	Reported on	: 09-03-2024 17:32
LRN#	: RAD2262264	Specimen	:
Ref Doctor	: Dr yamuna		
Emp/Auth/TPA ID	: bobS9987		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

- 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.

DR. RAMESH G
CONSULTANT RADIOLOGIST

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

Dr. RAMESH G
MBBS DMRD
RADIOLOGY