





: Mr.JAGANATHAN N

Age/Gender

: 54 Y 5 M 25 D/M

UHID/MR No

: CMAR.0000341444

Visit ID

: CMAROPV778996

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 158067 d

Collected

: 24/Feb/2024 09:21AM

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: 24/Feb/2024 12:15PM

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: 24/Feb/2024 03:13PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	46.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.19	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.8	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,090	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)	- 10		
NEUTROPHILS	49.2	%	40-80	Electrical Impedance
LYMPHOCYTES	40.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT			×	
NEUTROPHILS	3488.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2885.63	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	233.97	Cells/cu.mm	20-500	Calculated
MONOCYTES	460.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.27	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.21		0.78- 3.53	Calculated
PLATELET COUNT	249000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	34	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 15

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:BED240048154

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

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RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 15

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR	R , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

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

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

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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	100	mg/dL	70-100	HEXOKINASE
G				

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	176	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), W	HOLE BLOOD EDTA			

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

SIN No:EDT240021586

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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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









Patient Name : Mr.JAGANATHAN N

Age/Gender : 54 Y 5 M 25 D/M

UHID/MR No : CMAR.0000341444 Visit ID

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DEPARTMENT OF BIOCHEMISTRY

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

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.

- 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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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				
LIPID PROFILE , SERUM								
TOTAL CHOLESTEROL	268	mg/dL	<200	CHO-POD				
TRIGLYCERIDES	179	mg/dL	<150	GPO-POD				
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition				
NON-HDL CHOLESTEROL	212	mg/dL	<130	Calculated				
LDL CHOLESTEROL	176.4	mg/dL	<100	Calculated				
VLDL CHOLESTEROL	35.8	mg/dL	<30	Calculated				
CHOL / HDL RATIO	4.79		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.

Page 6 of 15



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

SIN No:SE04640026

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DEPARTMENT OF BIOCHEMISTRY

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

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	45.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.51	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- \bullet Bilirubin may be elevated. \bullet 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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Test Name	Result	Unit	Bio. Ref. Range	Method			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM							
CREATININE	0.92	mg/dL	0.67-1.17	Jaffe's, Method			
UREA	26.20	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	7.21	mg/dL	3.5–7.2	Uricase PAP			
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	3.87	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	137	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)			

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL	73.00	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

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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)	0.76	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	5.75	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.397	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

- 1. 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.
- 2. 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.
- 3. 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.
- 4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	IN	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

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

SIN No:SPL24031708

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: 54 Y 5 M 25 D/M

UHID/MR No

: CMAR.0000341444

Visit ID

: CMAROPV778996

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 158067 d Collected

: 24/Feb/2024 09:21AM

Received

: 24/Feb/2024 12:24PM : 24/Feb/2024 01:18PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 12 of 15



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

SIN No:SPL24031708

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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









: Mr.JAGANATHAN N

Age/Gender

: 54 Y 5 M 25 D/M

UHID/MR No

: CMAR.0000341444

Visit ID

: CMAROPV778996

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 158067 d Collected

: 24/Feb/2024 09:21AM

Received

: 24/Feb/2024 12:24PM

Reported

: 24/Feb/2024 01:08PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.490	ng/mL	0-4	CLIA

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.

Manufacturer: BECKMAN COULTER

Page 13 of 15



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

SIN No:SPL24031708

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APOLLO CLINICS NETWORK









: Mr.JAGANATHAN N

Age/Gender

: 54 Y 5 M 25 D/M

UHID/MR No

: CMAR.0000341444

Visit ID

: CMAROPV778996

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 158067 d

Collected

: 24/Feb/2024 09:21AM

Received

: 24/Feb/2024 01:04PM : 24/Feb/2024 01:53PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
COMPLETE URINE EXAMINATION (CUE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	′		
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 15

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:UR2290269

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









: Mr.JAGANATHAN N

Age/Gender

: 54 Y 5 M 25 D/M

UHID/MR No

: CMAR.0000341444

Visit ID

: CMAROPV778996

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 158067 d Collected

: 24/Feb/2024 09:21AM

Received Reported : 24/Feb/2024 01:04PM : 24/Feb/2024 03:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 15 of 15

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:UF010730

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE



Patient Name : Mr. Jaganathan N Age : 54 Y/M

UHID : CMAR.0000341444 OP Visit No : CMAROPV778996 Conducted By: : Conducted Date : 24-02-2024 19:02

Referred By : SELF

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	36mm	25 - 37 mm	IVS(ed)	10mm	06 - 11 mm
LA(es)	43mm	19 - 40 mm	LVPW(ed)	10mm	06 - 11 mm
RVID(ed)	12mm	07 - 21 mm	EF	60 %	(50 – 70 %)
LVID(ed)	42mm	35 - 55 mm	%FD	30%	(25 – 40%)
LVID(es)	26mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Mildly dilated

Patient Name : Mr. Jaganathan N Age : 54 Y/M

UHID : CMAR.0000341444 OP Visit No : CMAROPV778996 Conducted By: : Conducted Date : 24-02-2024 19:02

Referred By : SELF

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Mildly dilated left atrium. Other cardiac
	chambers normal
	Normal valves
	Normal LV Systolic function
	No pulmonary hypertension
	No RWMA at rest
	Normal pericardium,
	No intracardiac masses / thrombi

Dr. Kapil Rangan Consultant Cardiologist KMC No. 88625





இந்திய அரசாங்கம் Government of India

இந்திய தனித்துவ அடையாள ஆணையம் Unique Identification Authority of India

பதிவேட்டு எண் / Enrollment No.: 0000/00628/27479

To

ஜெகநாதன் நா

Jaganathan N

C/O Late RC Narayana samy,

A206 2nd Floor AKUL Residency, Krupanidhi College

Road,

Gunjur,

VTC: Gunjur,

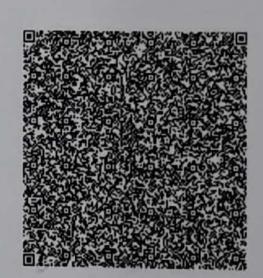
PO: Gunjur,

District: Bengaluru,

State: Karnataka,

PIN Code: 560087, Mobile: 7406194154

MF133010476FI

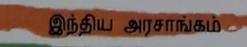


உங்கள் ஆதார் எண் / Your Aadhaar No. :

2058 4945 4890

எனது ஆதார், எனது அடையாளம்





Government of India





ஜெகநாதன் நா Jaganathan N பிறந்த நாள் / DOB : 30/08/1969 ஆண்பால் / Male

2058 4945 4890

எனது ஆதார், எனது அடையாளம்



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited) हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	स्वास्थ्य जांच लाभार्थी केविवरण	
नाम	JAGANATHAN NARAYANASAMY	
जन्म की तारीख	30-08-1969	
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	24-02-2024	
बुकिंग संदर्भ सं.	23M158067100092966S	
	पत्नी/पति केविवरण	
कर्मचारी का नाम	MS. NAKANNA SRILATA	
कर्मचारी की क.कू.संख्या	158067	
कर्मचारी का पद	HEAD CASHIER "E"_II	
कर्मचारी के कार्य का स्थान	NERIGA	
कर्मचारी के जन्म की तारीख	30-06-1978	

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत िक्या जाएगा। यह अनुमोदन पत्र दिनांक 21-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ िकए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें िक उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं िक आप हमारे कर्मचारी के पत्नी/पित की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुिकंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवाइस में िकया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बडौदा नित वैन्द्र आहा बहोदा / For Bank Of Bank आखा प्रबंधका / B Och Managa नेरिया शाखा, बेग क्र - 562125 Neriga Branch, Bengaluru - 562125

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE		
CBC	CBC		
ESR	ESR		
Blood Group & RH Factor	Blood Group & RH Factor		
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting		
Blood and Urine Sugar PP	Blood and Urine Sugar PP		
Stool Routine	Stool Routine		
Lipid Profile	Lipid Profile		
Total Cholesterol	Total Cholesterol		
HDL	HDL		
LDL	LDL		
VLDL	VLDL		
Triglycerides	Triglycerides		
HDL / LDL ratio	HDL / LDL ratio		
Liver Profile	Liver Profile		
AST	AST		
ALT	ALT		
GGT	GGT		
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)		
ALP	ALP		
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)		
Kidney Profile	Kidney Profile		
Serum creatinine	Serum creatinine		
Blood Urea Nitrogen	Blood Urea Nitrogen		
Uric Acid	Uric Acid		
HBA1C	HBA1C		
Routine urine analysis	Routine urine analysis		
USG Whole Abdomen	USG Whole Abdomen		
General Tests	General Tests		
X Ray Chest	X Ray Chest		
ECG	ECG		
2D/3D ECHO / TMT	2D/3D ECHO / TMT		
Stress Test	Thyroid Profile (T3, T4, TSH)		
PSA Male (above 40 years)	Mammography (above 40 years)		
. S. (Maio (above 40 yours)	and Pap Smear (above 30 years)		
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation		
Dental Check-up consultation	Physician Consultation		
Physician Consultation	Eye Check-up consultation		
Eye Check-up consultation	Skin/ENT consultation		
Skin/ENT consultation	Gynaec Consultation		





Patient Name : Mr. Jaganathan N Age/Gender : 54 Y/M

Sample Collected on : 24-02-2024 12:52

Ref Doctor : SELF **Emp/Auth/TPA ID** : 158067 d

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears enlarged in size (17.0cm), and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Gall bladder distended and shows multiple calculi, largest measuring 10.3mm. No obvious wall thickening. No obvious peri GB collection/fat stranding appreciated.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 11.5cm and parenchymal thickness measures 1.5cm.

Left kidney measures 12.3cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: minimally distended and appears grossly normal. Patient unable to wait for full bladder.

PROSTATE: Prostate is normal in size and echo-pattern. It measures 3.8x3.6x3.2cm.vol - 23.9cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

HEPATOMEGALY WITH GRADE I FATTY INFILTRATION CHOLELITHIASIS WITH NO EVIDENCE OF CHOLECYSTITIS.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer:

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
- 2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4. Printing mistakes should immediately be brought to notice for correction.
- 5. This is USG Abdomen screening.

Namen, 10

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB)

Radiology



Patient Name : Mr. Jaganathan N Age/Gender : 54 Y/M

UHID/MR No.
Sample Collected on

: CMAR.0000341444

. .

LRN#

: RAD2246811

Ref Doctor : SELF **Emp/Auth/TPA ID** : 158067 d OP Visit No Reported on : CMAROPV778996 : 24-02-2024 19:46

Specimen

. 24-02-2024 1).

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Mild bilateral prominent hila.

Rest of the visualized lung fields are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

Sugg clinical correlation and further evaluation if indicated

Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Namen, 12



Apollo Medical

Lev.)

Date

24-02-2024

Department

: GENERAL

MR NO

CMAR.0000341444

Doctor

Name

Mr. Jaganathan N

Registration No

Qualification

Age/ Gender

54 Y / Male

Consultation Timing: 09:10

Weight: 941 Height: 170 m BMI: Waist Circum: Resp: Pulse: B.P: 1 Temp:

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

ble FAC Jon @
The Muen ? @

Follow up date:

Doctor Signature

24.Feb. 2024 10:56:28 AM 25mm/s 10mm/mil ADS 50Hz 0.08 20Hz 6 F1 P Autometic UK2 M121 (1)





: Mr. Jaganathan N

: 54 Y M

UHID

: CMAR.0000341444

OP Visit No

: CMAROPV778996

Reported on

: 24-02-2024 12:48

Printed on

: 24-02-2024 12:52

Adm/Consult Doctor

Ref Doctor

Age

: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears enlarged in size (17.0cm), and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Gall bladder distended and shows multiple calculi, largest measuring 10.3mm. No obvious wall thickening. No obvious peri GB collection/fat stranding appreciated.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 11.5cm and parenchymal thickness measures 1.5cm.

Left kidney measures 12.3cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: minimally distended and appears grossly normal. Patient unable to wait for full bladder.

PROSTATE: Prostate is normal in size and echo-pattern. It measures 3.8x3.6x3.2cm.vol - 23.9cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

HEPATOMEGALY WITH GRADE I FATTY INFILTRATION CHOLELITHIASIS WITH NO EVIDENCE OF CHOLECYSTITIS.

Suggested clinical correlation and further evaluation if needed.





: Mr. Jaganathan N

Age

: 54 Y M

UHID

: CMAR.0000341444

OP Visit No

: CMAROPV778996

Reported on

: 24-02-2024 12:48

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Adm/Consult Doctor

Ref Doctor

: SELF

Report disclaimer:

1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.

- 2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT
- 4. Printing mistakes should immediately be brought to notice for correction.

5. This is USG Abdomen screening.

Printed on:24-02-2024 12:48

---End of the Report---

ballen, ic

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of Jayanathan W on 24 2 4	
After reviewing the medical history and on clinical examination it has been found that he/she is	
Medically Fit	Tic
Fit with restrictions/recommendations	C
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1	
2	ľ
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit.	
Review afterrecommend	
Unfit	ed
Dr. 4	
Medical Officer	

This certificate is not meant for medico-legal purposes

Customer Pending Tests opthal