

Patient Name : Mr.SATHYA NARAYANAN S	Collected : 25/Nov/2023 09:08AM
Age/Gender : 34 Y 1 M 16 D/M	Received : 25/Nov/2023 02:22PM
UHID/MR No : CANN.0000229734	Reported : 25/Nov/2023 05:46PM
Visit ID : CANNOPV380085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE48670	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
IMPRESSION	: Normocytic Normochromic blood picture
NOTE/ COMMENT	: Please correlate clinically.



SIN No: BED230289480

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Address:
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044.26224504 / 05



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)

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	40.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.79	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.6	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	58.7	%	40-80	Electrical Impedance
LYMPHOCYTES	31.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4285.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2292.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	175.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	496.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.1	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	199000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

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IMPRESSION	: Normocytic Normochromic blood picture
NOTE/ COMMENT	: Please correlate clinically.



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APOLLO CLINICS NETWORK

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Visit ID : CANNOPV380085	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			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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UHID/MR No : CANN.0000229734	Reported : 25/Nov/2023 03:18PM
Visit ID : CANNOPV380085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	HEXOKINASE
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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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



SIN No:PLF02059484

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Patient Name	: Mr.SATHYA NARAYANAN S	Collected	: 25/Nov/2023 12:32PM
Age/Gender	: 34 Y 1 M 16 D/M	Received	: 25/Nov/2023 04:53PM
UHID/MR No	: CANN.0000229734	Reported	: 25/Nov/2023 05:38PM
Visit ID	: CANNOPV380085	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	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.



SIN No:PLP1390414

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	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)



SIN No:EDT230106041

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Patient Name : Mr.SATHYA NARAYANAN S	Collected : 25/Nov/2023 09:08AM
Age/Gender : 34 Y 1 M 16 D/M	Received : 25/Nov/2023 02:51PM
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Visit ID : CANNOPV380085	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	149	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	113	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.14		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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'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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.78	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



SIN No:SE04550053

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

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

Address:
D No.30, F – Block, 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044.26224504 / 05



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.SATHYA NARAYANAN S	Collected	: 25/Nov/2023 09:08AM
Age/Gender	: 34 Y 1 M 16 D/M	Received	: 25/Nov/2023 02:51PM
UHID/MR No	: CANN.0000229734	Reported	: 25/Nov/2023 04:11PM
Visit ID	: CANNOPV380085	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE48670		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<55	IFCC



SIN No:SE04550053

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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D No.30, F - Block, 2nd Avenue, Anna Nagar East, Chennai.600 102,
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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.SATHYA NARAYANAN S	Collected : 25/Nov/2023 09:08AM
Age/Gender : 34 Y 1 M 16 D/M	Received : 25/Nov/2023 02:42PM
UHID/MR No : CANN.0000229734	Reported : 25/Nov/2023 03:41PM
Visit ID : CANNOPV380085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE48670	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.80	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.620	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



Patient Name : Mr.SATHYA NARAYANAN S	Collected : 25/Nov/2023 09:08AM
Age/Gender : 34 Y 1 M 16 D/M	Received : 25/Nov/2023 04:51PM
UHID/MR No : CANN.0000229734	Reported : 25/Nov/2023 06:15PM
Visit ID : CANNOPV380085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE48670	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	6.5		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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name	: Mr.SATHYA NARAYANAN S	Collected	: 25/Nov/2023 09:08AM
Age/Gender	: 34 Y 1 M 16 D/M	Received	: 25/Nov/2023 01:52PM
UHID/MR No	: CANN.0000229734	Reported	: 25/Nov/2023 02:39PM
Visit ID	: CANNOPV380085	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE48670		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

*** End Of Report ***



Dr.MARQUESS RAJ
M.D,DipRCPATH,D.N.B(PATH)
Consultant Pathologist



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



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



Patient Name	: Mr. SATHYA NARAYANAN S	Age	: 34 Y/M
UHID	: CANN.0000229734	OP Visit No	: CANNOPV380085
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 26-11-2023 13:16
Referred By	: SELF		

ECG REPORT

Observation :-

1. Heart rate is 76beats per minutes.

Impression:

SINUS ARRHYTHMIA.

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

Dr. ARULNITHI AYYANATHAN

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

25.11.2023 10:51:19 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

ARROW CC

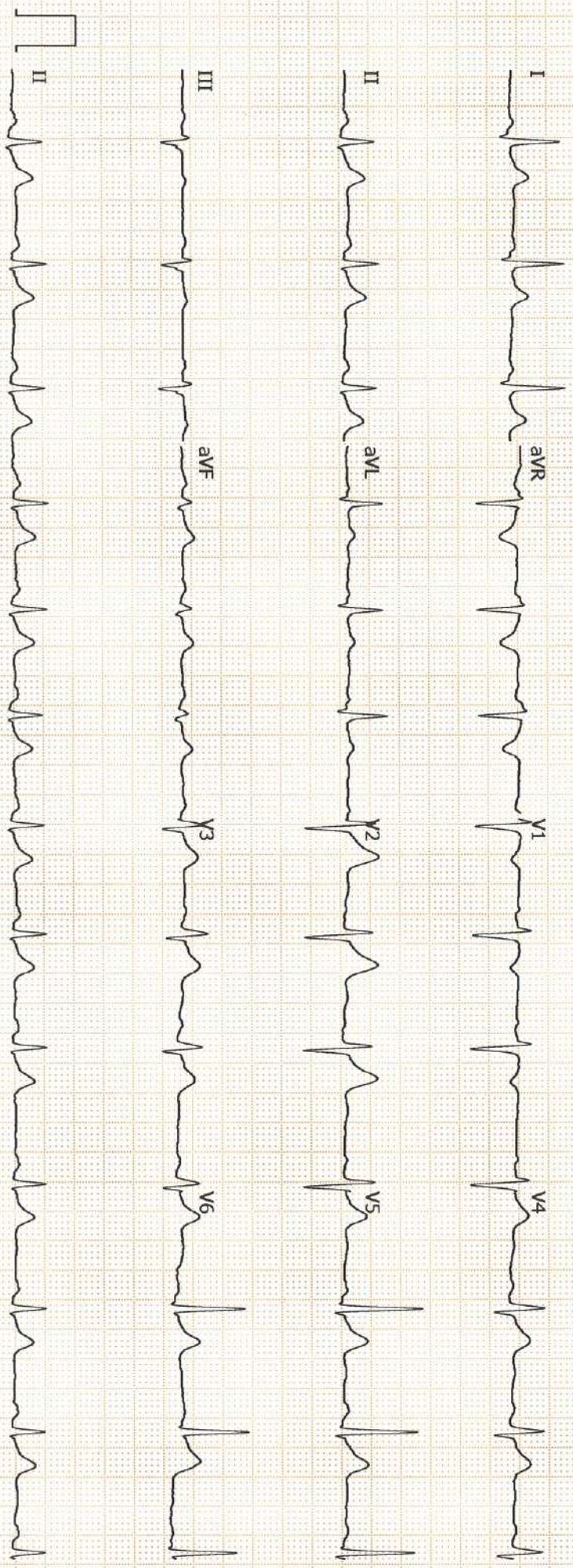
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

76 bpm
--- / --- mmHg
39

QRS : 86 ms
QT / QTcBaz : 366 / 411 ms
PR : 150 ms
P : 118 ms
RR / PP : 786 / 789 ms
P / QRS / T : 47 / 11 / 41 degrees

SA
R



CANN- 229734

OCR- 97304

 बैंक ऑफ बरोडा
Bank of Baroda

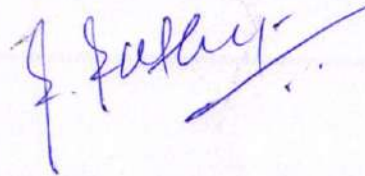


नाम एस सत्य नारायण
Name S SATHYA NARAYANAN

E.C.NO. 127337



जारीकर्ता प्राधिकारी जारीकर्ता प्राधिकारी
Issuing Authority Signature of Holder



Mr. Sathyanarayanan

39/M

25/11/23

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

General Examination / Allergies
History

Rx
Patient advised scaling,
restorations, & extraction of
8/8.

Follow up date:

Doctor Signature & Stamp

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

Name: Sathya narayanan. S
 Occupation:
 Age: 34 Sex: Male Female
 Address:
Ph:

Date: 25/6/23 Reg. No.: 2297321
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass use past 18 years.

Present Complaint: Comfortable with present glass.
with glass BE 6/6

ON EXAMINATION:

	RE	LE
Ocular Movements :		
Anterior Segment :	Eu	Eu
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	N	N
With Glass :		6/12
N.V. :	6/12	
Visual Fields :		N6
Fundus :	N6	
Impression :	Eu	Eu
Advice :		N
Colour Vision :	N	

OPHTHALMOLOGY / OPTOMETRIST

Sanku

Apollo Clinic

CONSENT FORM

Patient Name: Sathya Age: 34/M
 UHID Number: 229734 Company Name: Arco Peni

I Mr/Mrs/Ms Sathya Employee of Arco Peni
 (Company) Want to inform you that I ~~am~~ am not interested in getting Exp on liver

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

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 25/11/23

 **Apollo Medical Centre**
 No. 30, F-Block, 2nd Avenue,
 Anna Nagar East, Chennai-600 102
 Tel: 044-26224505, Mobile: 7358392880
 Toll No. 1860 500 7788

MR SATHYA NARAYANAN S,
 Patient ID 229734 RMC
 25.11.2023 Male
 34yrs Indian
 1:16:37pm Meds:

BRUCE: Total Exercise Time 12:05
 Max HR: 184 bpm 98% of max predicted 186 bpm HR at rest: 75
 Max BP: 150/90 mmHg BP at rest: 120/80 Max RPP: 25060 mmHg*bpm
 Maximum Workload: 11.90 METS

Max. ST: -0.60 mm, 0.00 mV/s in III; EXERCISE STAGE 4 11:59
 Arrhythmia: A:187, PVC:6, PSVC:12, ESC:2

Reasons for Termination: Leg discomfort

Conclusion: FINAL IMPRESSION: TMT IS NEGATIVE / POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHEMIA

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:



Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:05	0.00	0.00	1.0	75			0	-	
	STANDING	00:01	0.00	0.00	1.0	75			0	-	
	WARM-UP	00:45	1.00	0.00	1.5	74	120/80	8880	0	0.60	
EXERCISE	STAGE 1	03:00	1.70	7.00	3.9	110	120/80	13200	0	0.65	
	STAGE 2	03:00	2.50	9.00	6.0	122	120/80	14640	0	0.55	
	STAGE 3	03:00	3.40	11.00	8.7	153	130/80	19890	0	-0.10	
	STAGE 4	03:00	4.20	13.00	11.7	184	140/90	25760	3	-0.30	
	STAGE 5	00:05	5.00	15.00	11.9	184	130/80	12740	1	0.00	
RECOVERY		04:26	0.00	0.00	1.0	98			0	0.45	

Handwritten signature in blue ink

MR SATHYA NARAYANAN S,

Patient ID 229734 RMC

25.11.2023

1:16:37pm

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 76 bpm 120/80 mmHg	11:59 184 bpm 140/90 mmHg	12:05 184 bpm 140/90 mmHg	4:24 98 bpm	0:00 76 bpm 120/80 mmHg	11:59 184 bpm 140/90 mmHg	12:05 184 bpm 140/90 mmHg	4:24 98 bpm
I 0.75 mm 0.84 mV/s	I 1.10 1.40	I 1.05 2.69	I 0.60 0.72	V1 0.10 -1.05	V1 0.00 -1.14	V1 0.15 -1.14	V1 0.10 -0.71
II 1.30 0.94	II 0.35 2.12	II 0.70 4.05	II 1.05 1.34	V2 1.75 1.44	V2 2.60 3.94	V2 3.20 7.08	V2 1.60 1.02
III 0.55 -0.80	III -0.60 1.23	III 0.00 1.10	III 0.45 0.52	V3 1.45 0.71	V3 1.40 3.04	V3 2.00 4.75	V3 1.05 1.02
aVR -1.00 -1.58	aVR -0.80 -1.94	aVR -0.90 -3.81	aVR -0.80 -1.78	V4 1.55 0.92	V4 0.90 3.59	V4 1.75 5.71	V4 1.00 1.19
aVL 0.05 0.32	aVL 0.85 0.05	aVL 0.50 0.82	aVL 0.05 -0.03	V5 1.35 0.94	V5 0.20 2.42	V5 1.10 4.47	V5 0.90 1.12
aVF 0.90 0.04	aVF -0.15 1.35	aVF 0.30 2.40	aVF 0.75 0.97	V6 1.00 0.63	V6 -0.20 2.15	V6 0.05 2.94	V6 0.70 0.99

[Handwritten signature]

Unconfirmed

GE CardioSoft V6.73 (2)
10mm/mV 50Hz 0.01-20Hz S+ HEART V5.4

Attending MD:

Patient Name : Mr. SATHYA NARAYANAN S Age : 34 Y/M
UHID : CANN.0000229734 OP Visit No : CANNOPV380085
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 25-11-2023 16:37
Referred By : SELF

CARDIOLOGY
CARDIAC STRESS TEST – (TMT)

Angina Pectoria:

NO

Previous MI:

NO

PTCA:

NO

CABG:

NO

HTN:

NO

DM:

NO

Smoking:

NO

Obesity:

NO

Lipidemia:

NO

Resting ECG Supine:

-

Standing:

-

Protocol Used:

Patient Name : Mr. SATHYA NARAYANAN S Age : 34 Y/M
UHID : CANN.0000229734 OP Visit No : CANNOPV380085
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 25-11-2023 16:37
Referred By : SELF

BRUCE

Monitoring Leads:

12 LEADS

Grade Achieved:

15

% HR / METS:

11.90

Reason for Terminating Test:

LEG DISCOMFORT

Total Exercise Time:

12.05

Symptoms and ECG Changes during Exercise:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:

NORMAL

S.T. Segment :

NORMAL

III Blood Pressure Response :

Patient Name : Mr. SATHYA NARAYANAN S Age : 34 Y/M
UHID : CANN.0000229734 OP Visit No : CANNOPV380085
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 25-11-2023 16:37
Referred By : SELF

NORMAL

**IV Fitness Response :
GOOD**

**Impression:
Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia**

**DR. ARULNITHI
CARDIOLOGIST**

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