





Patient Name : Mr.AMBARISH S NAIR

Age/Gender UHID/MR No : 32 Y 10 M 28 D/M : CTNA.0000149468

Visit ID

: CANNOPV381799

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : bobE50960 Collected : 09/Dec/2023 09:11AM

Received : 09/Dec/2023 04:23PM

Reported : 09/Dec/2023 07:23PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

# **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.

Page 1 of 14





SIN No:BED230303813
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, Telang







: Mr.AMBARISH S NAIR

Age/Gender

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: 09/Dec/2023 04:23PM : 09/Dec/2023 07:23PM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 Unit Method Result Bio. Ref. Range

PCV RBC COUNT MCV MCH	44.40 4.95 89.7	% Million/cu.mm	40-50 4.5-5.5	Electronic pulse & Calculation
MCV		Million/cu.mm	1555	Calculation
	89.7		4.5-5.5	Electrical Impedence
1CH		fL	83-101	Calculated
	30	pg	27-32	Calculated
/ICHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
OTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
IEUTROPHILS	51.2	%	40-80	Electrical Impedance
YMPHOCYTES	36.7	%	20-40	Electrical Impedance
OSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
IEUTROPHILS	2662.4	Cells/cu.mm	2000-7000	Calculated
YMPHOCYTES	1908.4	Cells/cu.mm	1000-3000	Calculated
OSINOPHILS	166.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	421.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.6	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	172000	cells/cu.mm	150000-410000	Electrical impedence
RYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergrer

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PARASITES

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Page 2 of 14

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Patient Name : Mr

: Mr.AMBARISH S NAIR

Age/Gender UHID/MR No : 32 Y 10 M 28 D/M : CTNA.0000149468

Visit ID

: CANNOPV381799

Ref Doctor Emp/Auth/TPA ID CANNOF V301798

**ARCOFEMI - MEDIWHEEL** 

: Dr.SELF : bobE50960

**Test Name** 

Collected

: 09/Dec/2023 09:11AM

Bio. Ref. Range

Received

: 09/Dec/2023 04:23PM

Reported Status

: 09/Dec/2023 07:23PM : Final Report

Sponsor Name

Unit

: ARCOFEMI HEALTHCARE LIMITED

Method

DEPARTMENT OF HAEMATOLOGY	
FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324	

: Normocytic normochromic blood picture.

Result

NOTE/ COMMENT

**IMPRESSION** 

: Please correlate clinically.

Page 3 of 14





Address: D No.30, F — Block 2nd Avenue, Anna Nagar East, Phone - 044-26224504/05







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: 09/Dec/2023 09:11AM

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: 09/Dec/2023 04:23PM : 09/Dec/2023 08:43PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY						
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

BLOOD GROUP ABO AND RH FACT	<b>OR</b> , WHOLE BLOOD EDTA	
BLOOD GROUP TYPE	В	Microplate Hemagglutination
Rh TYPE	Positive	Microplate Hemagglutination

Page 4 of 14





SIN No:BED230303813
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Visit ID

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

: bobE50960

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: 09/Dec/2023 09:11AM

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: 09/Dec/2023 03:41PM

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: 09/Dec/2023 04:31PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

GLUCOSE, FASTING, NAF PLASMA	89	mg/dL	70-100	HEXOKINASE
, ,		•		

#### **Comment:**

As per American Diabetes Guidelines, 2023

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

#### Note:

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

Page 5 of 14

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SIN No:PLF02068147
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Visit ID

: CANNOPV381799

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : bobE50960 Collected

: 09/Dec/2023 03:22PM

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: 09/Dec/2023 05:13PM

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: 09/Dec/2023 05:55PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# **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	88	mg/dL	70-140	HEXOKINASE
HOURS , SODIUM FLUORIDE PLASMA (2				
HR)				

## **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.

Page 6 of 14









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: 09/Dec/2023 04:23PM : 09/Dec/2023 04:57PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL	- FULL BODY ANNU	AL PLUS MALE	E - TMT - PAN	INDIA - FY232	4

Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN,	5.5	%	HPLC
WHOLE BLOOD EDTA			
ESTIMATED AVERAGE GLUCOSE (eAG),	111	mg/dL	Calculated
WHOLE BLOOD EDTA			

### **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)

Page 7 of 14



SIN No:EDT230111750
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Patient Name : Mr.AMBARISH S NAIR

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**Test Name** 

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Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobE50960 Collected : 09/Dec/2023 09:11AM

Received : 09/Dec/2023 03:39PM Reported : 09/Dec/2023 05:10PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF BIOCHEMISTRY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 Unit Result Bio. Ref. Range Method

LIPID PROFILE , SERUM				714
TOTAL CHOLESTEROL	194	mg/dL	<200	CHO-POD
TRIGLYCERIDES	144	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	153	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.73		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Page 8 of 14

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

ř				
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	61	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71	V	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.
- 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.

Page 9 of 14



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#### **DEPARTMENT OF BIOCHEMISTRY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 Unit Result Bio. Ref. Range Method

ENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	1.00	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	25.00	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	8.20	mg/dL	3.5-7.2	Uricase PAP	
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	139	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)	

Page 10 of 14









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: Dr.SELF : bobE50960 Collected

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# **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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GAMMA GLUTAMYL TRANSPEPTIDASE	19.00	U/L	<55	IFCC
(GGT) , SERUM				

Page 11 of 14



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SIN No:SE04564270
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, Telanga www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744







Patient Name : Mr.AMBARISH S NAIR

Age/Gender

: 32 Y 10 M 28 D/M

UHID/MR No

: CTNA.0000149468

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: 09/Dec/2023 04:48PM

DEPARTMENT OF IMMUNOLOGY						
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	9.71	μg/dL	5.48-14.28	CLIA	
THYROID STIMULATING HORMONE (TSH)	2.120	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	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.			
N/Low	Low	Low	Low	ondary and Tertiary Hypothyroidism			
Low	High	High	High	rimary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy			
Low	N	N	N	bclinical Hyperthyroidism			
Low	Low	Low	Low	ntral Hypothyroidism, Treatment with Hyperthyroidism			
Low	N	High	High	yroiditis, Interfering Antibodies			
N/Low	High	N	N	Thyrotoxicosis, Non thyroidal causes			
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma			

Page 12 of 14













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Test Name

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: 09/Dec/2023 09:11AM

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: 09/Dec/2023 06:40PM : 09/Dec/2023 07:13PM

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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 Unit Result Bio. Ref. Range Method

COMPLETE URINE EXAMINATION (CI	<b>UE)</b> , URINE			- 1 = 1
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	v	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 MO	UNT 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

Page 13 of 14





SIN No: UR2237414
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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN II

ARCOFEMI - MEDIWHEEL	OFEMI - 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.R.SRIVATSAN M.D.(Biochemistry)

Dr THILAGA

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

Page 14 of 14





APOLLO MEDICAL CENTRE 88 bpm HR at rest: 102 Max RPP: 26180 mmHg*bpm	STAGE 2 05:50	7	NEGATIVE / POSHTVE FOR		June 1	?						Large Strat	
BRUCE: Total Exercise Time 07:37  Max HR: 190 bpm 101% of max predicted 188 bpm  Max BP: 140/90 mmHg BP at rest: 120/80 Max RI  Maximum Workload: 8.70 METS	S S	eg discomfort	SION: TMT IS NEGA		ST Level Comment (II mm)		1	0.45 0.55	0.30	0.65			
BRUCE: Total Exercise Time 07:37 Max HR: 190 bpm 101% of max pro Max BP: 140/90 mmHg BP at rest: Maximum Workload: 8.70 METS	0.40 mm, 0.00 mV i: PSVC:1	Reasons for Termination: Leg discomfort	Conclusion: FINAL IMPRESSION: TMT I NDHCIBLE MYOCARDIAL ISCHEMIA		RPP VE (mmHg*bpm (/min)			15960 0		26180 0			
BRUCE: T Max HR: 1 Max BP: 1- Maximum	Arrhythmia: PSVC:	Reasons fo	Conclusion		HR BP (bpm) (mmHg) (i			33 120/80					
					Workload H (METS) (bp			3.9					
					Grade (%)		0.00	7.00	9.00	11.00			
					Speed (mph)	000	00.0	1.70	2.50	3.40			
<u></u>	ory:		Ordering MD: Test Type:		Time in Stage	60.00	20.00	03:00	03:00	01:38			
9468RMC Male 32yrs Indian Meds:	Medical History:		Ket. MD: ( Technician:	Comment:	Stage Name	- Libraria	STANDING	STAGE 1	STAGE 2	STAGE 3			
atient ID 149468RMC 9.12.2023 Male 8:45:46pm 32yrs Ind Meds:					hase Name	ретест	1631	XERCISE		VOZVOJE			

Patient Name : Mr. AMBARISH S NAIR Age : 32 Y/M

UHID : CTNA.0000149468 OP Visit No : CANNOPV381799
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 10-12-2023 09:57

Referred By : SELF

# **CARDIOLOGY**

# CARDIAC STRESS TEST – (TMT)

	(11.11)	
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: BRUCE		
Monitoring Leads:		

Patient Name : Mr. AMBARISH S NAIR Age : 32 Y/M UHID : CTNA.0000149468 OP Visit No : CANNOPV381799 Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 10-12-2023 09:57 Referred By : SELF 12 LEADS Grade Achieved: 11 % % HR / METS: 8.70 Reason for Terminating Test: LEG DISCOMFORT Total Exercise Time: 7.37 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: **NORMAL** 

Patient Name : Mr. AMBARISH S NAIR Age : 32 Y/M

UHID : CTNA.0000149468 OP Visit No : CANNOPV381799
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 10-12-2023 09:57

Referred By : SELF

IV Fitness Response:

GOOD

# **Impression:**

 $Cardiac\ stress\ analysis\ is\ \textbf{NEGATIVE}\ for\ inducible\ myocardial\ is chaemia.$ 

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

Dr. ARULNITHI AYYANATHAN



: CANNOPV381799

Patient Name : Mr. AMBARISH S NAIR Age/Gender : 32 Y/M

UHID/MR No. : CTNA.0000149468

Sample Collected on : Reported on : 09-12-2023 17:49

**OP Visit No** 

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : bobE50960

## 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 9.6 x 3.6 cms.

Left kidney measures 10.3 x 4.9 cms.

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

Prostate measures 3.2 x 3.6 x 3.1 cms volume 19 cc and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour.

**IMPRESSION:** 



Patient Name : Mr. AMBARISH S NAIR Age/Gender

: 32 Y/M

\* FATTY LIVER - GRADE - I

Dr. PRAVEENA SHEKAR T

MBBS, DMRD, FAGE

Radiology



Patient Name : Mr. AMBARISH S NAIR Age/Gender : 32 Y/M

UHID/MR No.

: CTNA.0000149468

OP Visit No

: CANNOPV381799

Sample Collected on :

: RAD2173390

Reported on Specimen

: 09-12-2023 15:10

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF

: bobE50960

## DEPARTMENT OF RADIOLOGY

## X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

# **IMPRESSION:**

\*NO SIGNIFICANT ABNORMALITY DETECTED.

Dr. PRAVEENA SHEKAR T MBBS, DMRD, FAGE

Radiology

# Your Apollo order has been confirmed

# noreply@apolloclinics.info <noreply@apolloclinics.info>

Tue 11/21/2023 4:10 PM

To:customercare@urlife.co.in < customercare@urlife.co.in >

Cc:Annanagar Apolloclinic <annanagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



### Dear Ambarish S Nair,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **ANNA NAGAR** clinic on 2023-12-09 at 08:45-09:00.

Payment Mode	Credit
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

## Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

## For Women:

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test
- 2. It is advisable not to undergo any Health Check during menstrual cycle.

For further assistance please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO MEDICAL CENTRE, NO-30, F- BLOCK, 2ND AVENUE, ANNANAGAR EAST, CHENNAI - 600102.

Contact No: 7358392880/7305702537.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Team

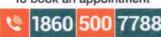


# **OPHTHALMOLOGY**



Name: Ambonio Occupation: Age: 324 Sex: M Address: Ph:	lale	Ref. Physician:	23 Reg. No.: 149468.
	REPORT ON OPI	THALMIC EXAMINAT	TON
History: Existe	ig slows	ver part	15 years
Present Complaint:	mfortable	with	present flows.
ON EXAMINATION:	Cofth	glass B	E 6/8
Ocular Movements : Anterior Segment :		Tues	Pau.
Intra-Ocular-Pressure : Visual Acuity: D.V. :		N	. N
Without Glass : With Glass :		6/12	6/12
N.V. : Visual Fields : Fundus :		Me	Ns
Impression : Advice :		Free	PUI)
Colour Vision :		1/2	ORHTHALMOLOGY / OPTOMETRIST













Mr. Ambanish S. Nair.

9/12/23

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

General Examination / Allergies History

Come for MHC Check.

Up.

to major issues.

Adv: Chinically Ent

M.B.B.S., M.S(ENT), DNB(ENT), MRCSed (ENT) (UK)
CONSULTANT
CONSULTANT
CONSULTANT
Reg No. 121266

Follow up date:

Doctor Signature & Stamp

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





Amhailh .s. Nour

32 / M

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

General Examination / Allergies History

Nebulcala - Duolin

Jul

Follow up date:

Doctor Signature & Stamp

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







09/12/23

1	Mr.	Amhari &	h. 3 Nair	32 M
_	. 0.	PHOUNTS	no ruu	011

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

General Examination / Allergies History

Adv Scaling & Polishing

Follow up date:

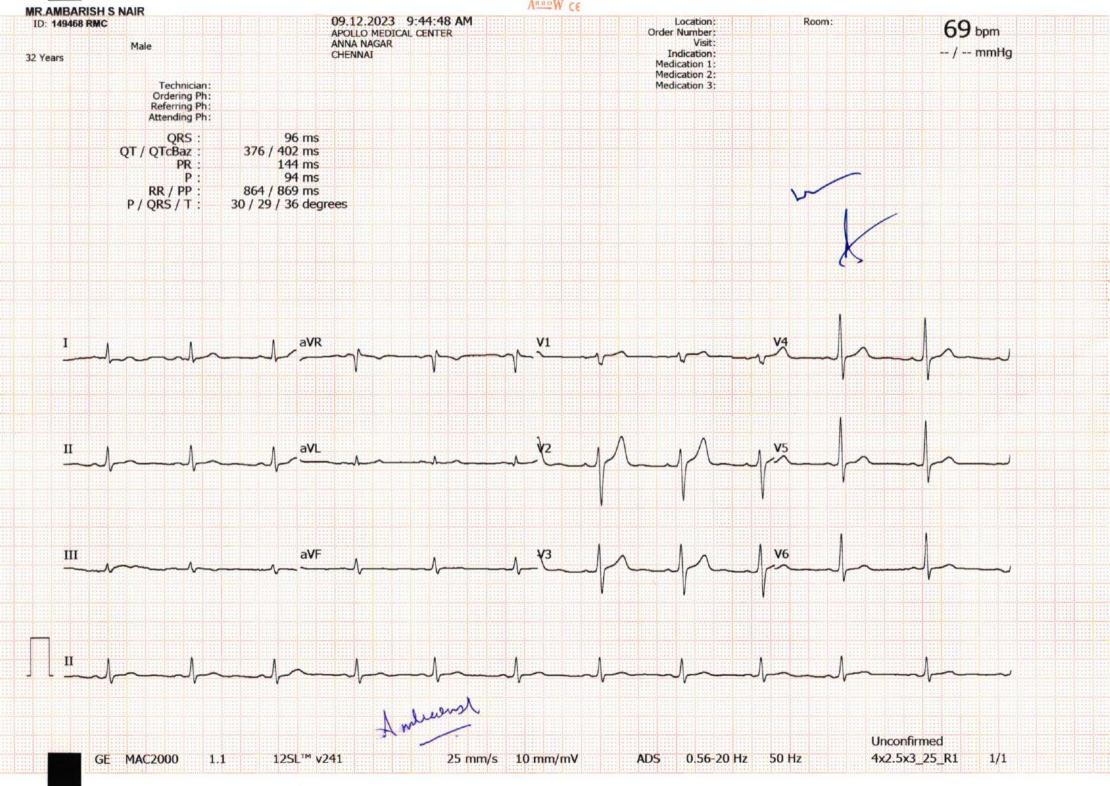
**Doctor Signature & Stamp** 

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



Dulub

CTNA-149468 OCR- 97624



Patient Name : Mr. AMBARISH S NAIR Age : 32 Y/M

UHID : CTNA.0000149468 OP Visit No : CANNOPV381799
Reported By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 09-12-2023 16:05

Referred By : SELF

# **ECG REPORT**

# **Observation:**-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 69 beats per minutes.

# **Impression:**

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN