

Patient Name : Mr.NAIR RADHAKRISHNAN K	Collected : 28/Sep/2024 08:39AM
Age/Gender : 58 Y 8 M 23 D/M	Received : 28/Sep/2024 01:15PM
UHID/MR No : CJPN.0000098069	Reported : 28/Sep/2024 03:15PM
Visit ID : CJPNOPV208316	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32712	

DEPARTMENT OF HAEMATOLOGY

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

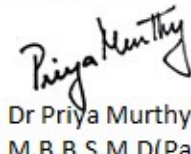
Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	42.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.79	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89.5	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,840	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.3	%	40-80	Electrical Impedence
LYMPHOCYTES	37.5	%	20-40	Electrical Impedence
EOSINOPHILS	3.6	%	1-6	Electrical Impedence
MONOCYTES	8.8	%	2-10	Electrical Impedence
BASOPHILS	0.8	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2879.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2190	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	210.24	Cells/cu.mm	20-500	Calculated
MONOCYTES	513.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.31		0.78- 3.53	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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



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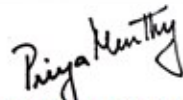
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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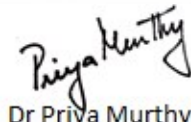
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	129	mg/dL	70-100	HEXOKINASE


Comment:

As per American Diabetes Guidelines, 2023

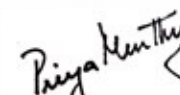
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

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.



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SIN No:JPR240902955

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Age/Gender : 58 Y 8 M 23 D/M	Received : 28/Sep/2024 05:13PM
UHID/MR No : CJPN.000098069	Reported : 28/Sep/2024 05:54PM
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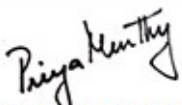
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	150	mg/dL	70-140	HEXOKINASE

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.



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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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	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 glycaemic 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

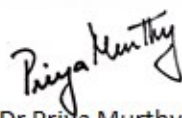
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	257	mg/dL	<200	CHO-POD
TRIGLYCERIDES	201	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	60	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	197	mg/dL	<130	Calculated
LDL CHOLESTEROL	156.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.28		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.17		<0.11	Calculated


Comment:

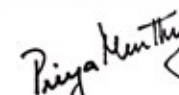
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	113.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.86	g/dL	6.6-8.3	Biuret
ALBUMIN	4.66	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

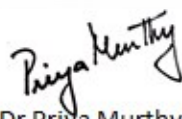
3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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SIN No: JPR240902953

Apollo Health and Lifestyle Limited

(CIN - U061107C2800PH6115819)

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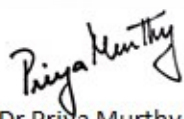
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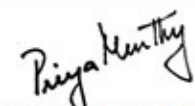
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	17.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.21	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.86	g/dL	6.6-8.3	Biuret
ALBUMIN	4.66	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated


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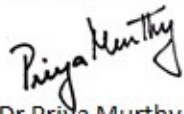
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	176.00	U/L	<55	IFCC



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No: JPR240902953

Apollo Health and Lifestyle Limited

(CIN - U06110TC2000PHG115819)
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
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:
32-1/100/125, Doddabangla Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

Patient Name : Mr.NAIR RADHAKRISHNAN K	Collected : 28/Sep/2024 08:39AM
Age/Gender : 58 Y 8 M 23 D/M	Received : 28/Sep/2024 01:18PM
UHID/MR No : CJPN.000098069	Reported : 28/Sep/2024 03:06PM
Visit ID : CJPNOPV208316	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32712	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.485	µIU/mL	0.34-5.60	CLIA

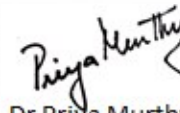
Comment:

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


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: JPR240902950

Apollo Health and Lifestyle Limited (CIN - U061107C2800PH6115849)
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
 5th Floor, Deekshabangla, Vijiage, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034



 1860 500 7788
 www.apolloclinic.com

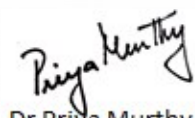
Patient Name : Mr.NAIR RADHAKRISHNAN K	Collected : 28/Sep/2024 08:39AM
Age/Gender : 58 Y 8 M 23 D/M	Received : 28/Sep/2024 01:18PM
UHID/MR No : CJPN.0000098069	Reported : 28/Sep/2024 03:06PM
Visit ID : CJPNOPV208316	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32712	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr. Govinda Raju N L
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 Consultant Pathologist



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 SIN No: JPR240902950

Apollo Health and Lifestyle Limited (CIN - U061107C2000PHG115819)
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 Karnataka - 560034


1860 500 7788
 www.apolloclinic.com

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.NAIR RADHAKRISHNAN K	Collected : 28/Sep/2024 08:39AM
Age/Gender : 58 Y 8 M 23 D/M	Received : 28/Sep/2024 01:18PM
UHID/MR No : CJPN.0000098069	Reported : 28/Sep/2024 02:16PM
Visit ID : CJPNOPV208316	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32712	

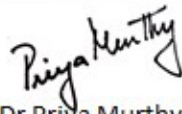
DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.440	ng/mL	0-4	CLIA



Dr.Govinda Raju N L
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Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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SIN No:JPR240902950

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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.NAIR RADHAKRISHNAN K	Collected : 28/Sep/2024 08:39AM
Age/Gender : 58 Y 8 M 23 D/M	Received : 28/Sep/2024 01:32PM
UHID/MR No : CJPN.000098069	Reported : 28/Sep/2024 02:07PM
Visit ID : CJPNOPV208316	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32712	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	1	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

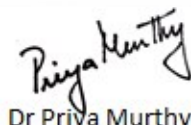
Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mr.NAIR RADHAKRISHNAN K	Collected : 28/Sep/2024 11:21AM
Age/Gender : 58 Y 8 M 23 D/M	Received : 28/Sep/2024 06:36PM
UHID/MR No : CJPN.0000098069	Reported : 28/Sep/2024 07:27PM
Visit ID : CJPNOPV208316	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32712	

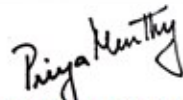
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr. Vidya Aniket Gore
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AND LIFESTYLE LIMITED- RRL BANGALORE



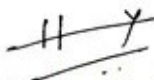
Patient Name : Mr.NAIR RADHAKRISHNAN K	Collected : 28/Sep/2024 08:39AM
Age/Gender : 58 Y 8 M 23 D/M	Received : 28/Sep/2024 01:32PM
UHID/MR No : CJPN.0000098069	Reported : 28/Sep/2024 02:58PM
Visit ID : CJPNOPV208316	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32712	

DEPARTMENT OF CLINICAL PATHOLOGY

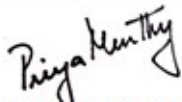
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***



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



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



Patient Name : Mr.NAIR RADHAKRISHNAN K
Age/Gender : 58 Y 8 M 23 D/M
UHID/MR No : CJPN.0000098069
Visit ID : CJPNOPV208316
Ref Doctor : Self
Emp/Auth/TPA ID : 22E32712

Collected : 28/Sep/2024 08:39AM
Received : 28/Sep/2024 01:32PM
Reported : 28/Sep/2024 02:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

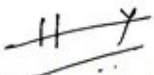
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

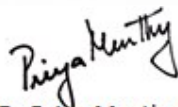
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



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



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

SIN No: JPR240902954

Apollo Health and Lifestyle Limited, Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Patient Name	: Mr. NAIR RADHAKRISHNAN K	Age	: 58Yrs 8Mths 24Days
UHID	: C.JPN.0000098069	OP Visit No.	: CJPNOPV208316
Printed On	: 28-09-2024 09:44 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E32712		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

LIVER : Mildly enlarged in size (16.5 cm) and increased in echotexture. No focal lesion seen. No intra hepatic biliary / venous radicular dilation. CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size (8.4 cm) and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 9.4 x 1.2cm.

Left kidney measures :9.5 x 1.2 cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.

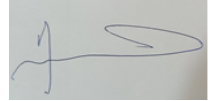
Volume-21.6 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION : MILD HEPATOMEGALY WITH GRADE I FATTY LIVER .

Please Note :No preparation done before scanning.

---End Of The Report---



Dr. ABID HUSSAIN GULLENPET
MBBS, DMRD, FRCR
26066
Radiology

Patient Name	: Mr. NAIR RADHAKRISHNAN K	Age	: 58Yrs 8Mths 24Days
UHID	: C-JPN.0000098069	OP Visit No.	: CJPNOPV208316
Printed On	: 28-09-2024 09:20 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E32712		

DEPARTMENT OF CARDIOLOGY

2D ECHO WITH COLOR DOPPLER

DIMENSIONS:

AO (ed) 3.3CM
LA (es) 3.4 CM
LVID (ed) 1.2CM
LVID (es) 1.1 CM
IVS (Ed) 5.3CM
IVS (Es) 3.8CM
LVPWd 1.1 CM
LVPWs 1.3CM
EF 53%
FD 27%
RVIDd 0.9CM

2DVALVES

MITRAL VALVE -----: NORMAL
TRICUSPID VALVE-----: NORMAL
AORTIC VALVE-----: NORMAL
PULMONARY VALVE-----: NORMAL

CHAMBERS

LEFT ATRIUM-----: NORMAL.
RIGHT ATRIUM-----: NORMAL
LEFT VENTRICULAR-----: NORMAL

RIGHT VENTRICULAR---: NORMAL

DOPPLER

MV E Vel 0.7M/S

MV A Vel 0.7M/S

TRICUSPID VALVE-----: NORMAL

PERICARDIUM-----: NORMAL

CLOT/VEGETATION-----: NIL

IMPRESSION

NORMAL VALVES AND CHAMBERS

NORMAL LV SYSTOLIC FUNCTION

NO CLOT /VEGETATION/EFFUSION/PAH

NO REGIONAL WALL MOTION ABNORMALITIES

---End Of The Report---



Dr. SHILPA JAYAPRAKASH

MBBS MD DM

77342

Cardiology

Patient Name	: Mr. NAIR RADHAKRISHNAN K	Age	: 58Yrs 8Mths 25Days
UHID	: C.JPN.0000098069	OP Visit No.	: C.JPNOPV208316
Printed On	: 29-09-2024 03:43 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E32712		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

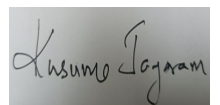
Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED.

---End Of The Report---



Dr. KUSUMA JAYARAM
MBBS,DMRD

--
Radiology