

Fw: Health Check up Booking Confirmed Request(bobS5946),Package Code-PKG10000366, Beneficiary Code-304722

1 message

Manjunath Shivanand Achanur <manjunath.achanur@bankofbaroda.com>
To: "anmolsty999@gmail.com" <anmolsty999@gmail.com>

Mon, Jan 22, 2024 at 8:17 PM

From: Mediwheel <wellness@mediwheel.in>
Sent: Saturday, January 20, 2024 2:37 PM
To: Manjunath Shivanand Achanur <manjunath.achanur@bankofbaroda.com>
Cc: customercare@mediwheel.in <customercare@mediwheel.in>
Subject: Health Check up Booking Confirmed Request(bobS5946),Package Code-PKG10000366, Beneficiary Code-304722

You don't often get email from wellness@mediwheel.in. Learn why this is important

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.



Mediwheel
...Your wellness partner

011-41195959

Dear **MR. ACHANUR MANJUNATH SHIVANAND,**

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


Booking Date : 19-01-2024
Hospital Package Name : Mediwheel Full Body Annual Plus
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Apollo Medical Centre
Address of Diagnostic/Hospital- : Apollo Medical centre, Plot 51, 5th Block, Opp. Jyothi Nivas College, Koramangala - 560095
City : Bangalore
State :
Pincode : 560095
Appointment Date : 23-01-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender

(S) x (a)

Name : Mr. ACHANUR MANJUNATH
Age: 37 Y
Sex: M
Address : KMG
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

UHID:CKOR.0000250368

OP Number:CKOROPV396727
Bill No :CKOR-OCR-80454
Date : 23.01.2024 08:52

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	10
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG <i>(W lead)</i>	14
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	15
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA * <i>Not performed</i>	17
17	DENT CONSULTATION	23
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	OPP-11
23	ULTRASOUND - WHOLE ABDOMEN	18
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physio - 17

BF - 9.30

Audio - 19

PP - 11.30

Wt - 79.8 kg

Ht - 176 cm

Pulse - 89 bts/mts

Bp - 113/60 mm of Hg

Apollo Clinic

Consent Form

Patient Name: Manjunath S. Acharya Age: 38

UHID Number: Company Name: Banks of Broder

I ~~Mr/Mrs/Miss~~ Manjunath S. Acharya Employee of Banks of Broder

(Company) want to inform you that I am not getting the..... X RAY

Test which is a part of health check package.

Reason If any: on a medical emergency EMT/consultation

And I claim the above statement in my full consciousness

Patient Signature: [Signature] Date: 23/01/24

PATIENT NAME	MR. ACHANUR MANJUNATH	DATE	23/01/2024
AGE	37 YRS	SEX	MALE
REFERRED BY	APOLLO CLINIC KORAMANGALA	BILL NO:	1020581

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid. **CBD** is not dilated.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is normal in size; shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (measures 11.0 cm in length), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 10.5 cm in length), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – No significant lymphadenopathy.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate is normal in echopattern and size.

Fluid - There is no ascites.

IMPRESSION:

- **ESSENTIALLY NORMAL STUDY.**



DR. CHAATHURYA.R MD RD
Consultant Radiologist.

This is only a radiological impression and not a diagnosis. Like other investigations, radiological investigations also have limitations. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.

NAME: MR ACHANUR MANJUNATH

AGE: 37Y

SEX: MALE

DATE: 23/01/24

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO - 27 (20 – 35)mm	LIVD d – 37 (36-52)mm	IVS – 10 (06 - 11)mm
LA -27 (19- 40)mm	LVID s – 25 (23- 39)mm	PWD – 11 (06- 11)mm
EF – 60 (>50%)	RVID-24	

VALVES

Mitral Valve : Normal ,
 Aortic Valve : Normal ,
 Tricuspid Valve : Normal, Trivial TR, RVSP – 20 mm
 Pulmonary Valve : Normal,

CHAMBERS

Left Atrium : Normal
 Right Atrium : Normal
 Left Ventricle : Normal ,
 Right Ventricle : Normal

SEPTAE

IVS : Intact

GREAT ARTERIES

Aorta : Normal

Pulmonary Artery : Normal

DOPPLER DATA

Mitral : E > A , 0.8/ 0.59 m/s

Aortic : Normal , 1.0 m/s

Tricuspid : Normal , 0.4 / 0.6

Pulmonary : Normal, 1.10

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

FINAL DIAGNOSIS

NORMAL LV SYSTOLIC FUNCTION

NO RWMA AT REST, LV EF - 60 %

NORMAL DIASTOLIC FUNCTION

NO OBVIOUS CLOTS/ EFFUSION/ VEGETATION


DR. MOHAN MURALI
DNB(MED), DrNB(CARDIOLOGY)
CONSULTANT CARDIOLOGIST

OPHTHAL REPORT

NAME: Achanus manjunath
AGE: 37... GENDER: MALE/FEMALE

RIGHT EYE

	SPH	CYL	AXIS	VA
DV		<u>plano</u>		<u>6/6</u>
NV		<u>—————</u>		<u>NS</u>

LEFT EYE

	SPH	CYL	AXIS	VA
DV		<u>plano</u>		<u>6/6</u>
NV		<u>—————</u>		<u>NS</u>

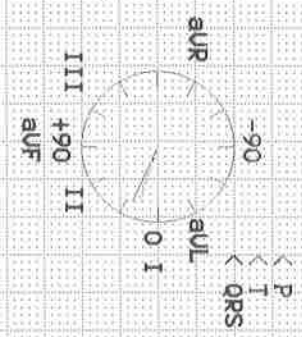
REMARK: blue black lens

DATE: 23/01/24

chas
OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

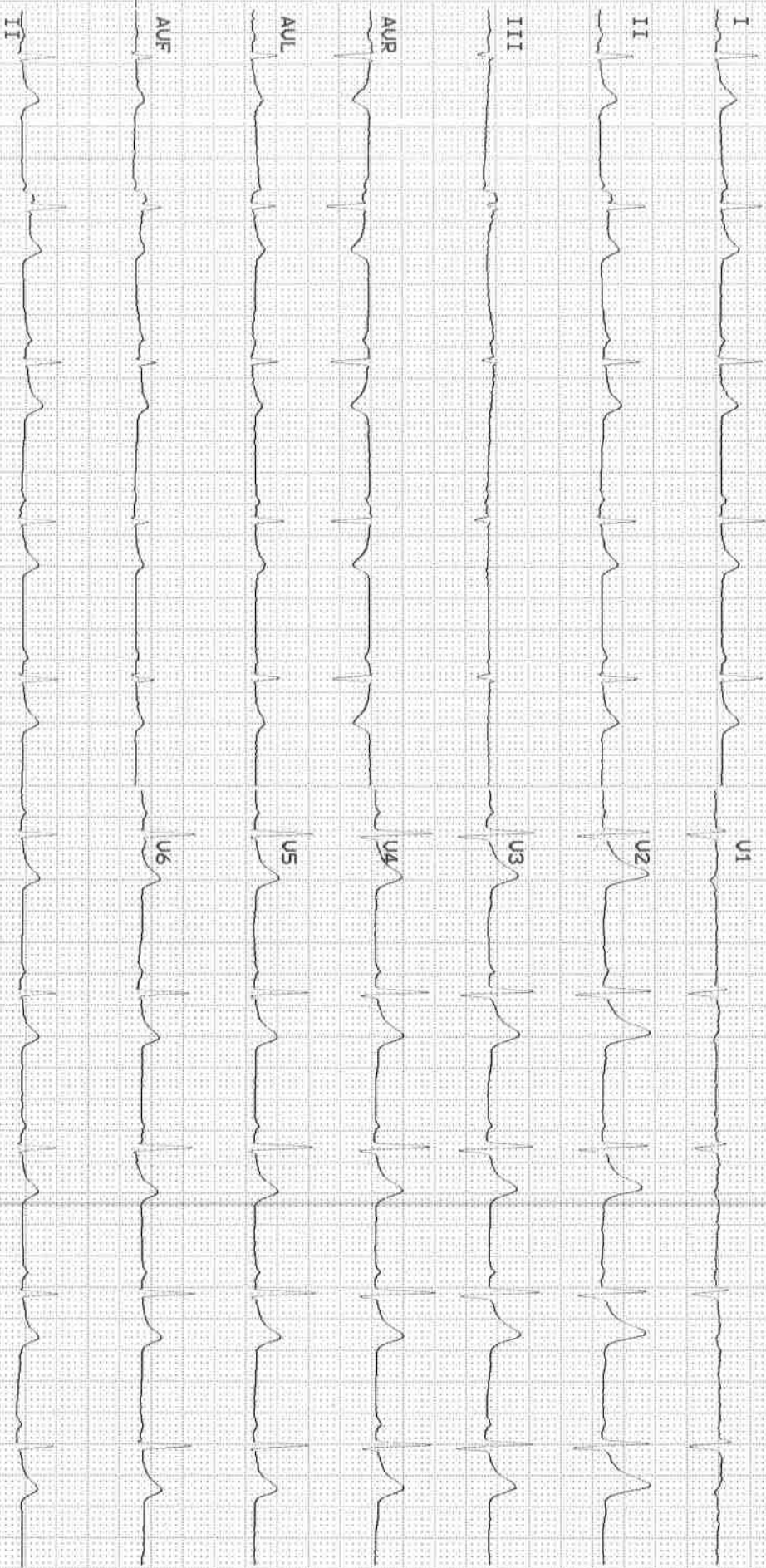
AGE: 37
 Measurement Results:
 QRS : 94 ms
 QT/QTcB : 412 / 414 ms
 PR : 144 ms
 P : 100 ms
 RR/PP : 990 / 990 ms
 P/QRS/T : 20 / 25 / 25 degrees
 QTd/QTcBd : 76 / 76 ms
 Sokolow NK : 1.3 mV
 NK : 8



Interpretation:

NSR ✓

Unconfirmed report.



Patient Name	: Mr. ACHANUR MANJUNATH	Age	: 37 Y/M
UHID	: CKOR.0000250368	OP Visit No	: CKOROPV396727
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 23-01-2024 11:59
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 60 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

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

Name: Mr. ACHANUR MANJUNATH
Age/Gender: 37 Y/M
Address: KMG
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000250368
Visit ID: CKOROPV396727
Visit Date: 23-01-2024 08:51
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. ACHANUR MANJUNATH
Age/Gender: 37 Y/M
Address: KMG
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000250368
Visit ID: CKOROPV396727
Visit Date: 23-01-2024 08:51
Discharge Date:
Referred By: SELF

Doctor's Signature

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Dr MOHAN MURALI
CARDIOLOGIST

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

Name: Mr. ACHANUR MANJUNATH
Age/Gender: 37 Y/M
Address: KMG
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000250368
Visit ID: CKOROPV396727
Visit Date: 23-01-2024 08:51
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For General Health Checkup,

SYSTEMIC REVIEW

**Weight

-->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Name: Mr. ACHANUR MANJUNATH
Age/Gender: 37 Y/M
Address: KMG
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RIDHIMA G

MR No: CKOR.0000250368
Visit ID: CKOROPV396727
Visit Date: 23-01-2024 08:51
Discharge Date:
Referred By: SELF

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COMPLAINTS:::: For General Health Checkup,

SYSTEMIC REVIEW

**Weight

--->: Stable,

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Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

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Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature



Patient Name	: Mr. ACHANUR MANJUNATH	Age/Gender	: 37 Y/M
UHID/MR No.	: CKOR.0000250368	OP Visit No	: CKOROPV396727
Sample Collected on	:	Reported on	: 23-01-2024 09:13
LRN#	: RAD2214555	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 333508		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

not requisition



Patient Name	: Mr. ACHANUR MANJUNATH	Age/Gender	: 37 Y/M
UHID/MR No.	: CKOR.0000250368	OP Visit No	: CKOROPV396727
Sample Collected on	:	Reported on	: 24-01-2024 11:55
LRN#	: RAD2214555	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 333508		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

SCAN DONE IN MAGNUS

Patient Name : Mr.ACHANUR MANJUNATH	Collected : 23/Jan/2024 09:07AM
Age/Gender : 37 Y 4 M 7 D/M	Received : 23/Jan/2024 10:50AM
UHID/MR No : CKOR.000250368	Reported : 23/Jan/2024 12:56PM
Visit ID : CKOROPV396727	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333508	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.6	g/dL	13-17	Spectrophotometer
PCV	36.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.78	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	64	fL	83-101	Calculated
MCH	20.1	pg	27-32	Calculated
MCHC	31.5	g/dL	31.5-34.5	Calculated
R.D.W	16.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	47.4	%	40-80	Electrical Impedance
LYMPHOCYTES	42.8	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2275.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2054.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	201.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	264	Cells/cu.mm	200-1000	Calculated
BASOPHILS	4.8	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	313000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: Show mild anisocytosis with microcytic hypochromic RBCs with few normocytic normochromic RBCs. Few target cells are also noted.

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



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



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



SIN No:BED240016373

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

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

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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.ACHANUR MANJUNATH	Collected : 23/Jan/2024 09:07AM
Age/Gender : 37 Y 4 M 7 D/M	Received : 23/Jan/2024 10:50AM
UHID/MR No : CKOR.0000250368	Reported : 23/Jan/2024 12:56PM
Visit ID : CKOROPV396727	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333508	

DEPARTMENT OF HAEMATOLOGY

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

PLATELETS: appear adequate.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for iron deficiency status.

Kindly correlate clinically.

Result Rechecked on smear examination



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



Dr. Shobha Emmanuel
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Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mr.ACHANUR MANJUNATH	Collected : 23/Jan/2024 09:07AM
Age/Gender : 37 Y 4 M 7 D/M	Received : 23/Jan/2024 10:50AM
UHID/MR No : CKOR.0000250368	Reported : 23/Jan/2024 02:10PM
Visit ID : CKOROPV396727	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333508	

DEPARTMENT OF HAEMATOLOGY

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

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



Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
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Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.ACHANUR MANJUNATH	Collected : 23/Jan/2024 09:07AM
Age/Gender : 37 Y 4 M 7 D/M	Received : 23/Jan/2024 11:29AM
UHID/MR No : CKOR.0000250368	Reported : 23/Jan/2024 01:28PM
Visit ID : CKOROPV396727	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333508	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC




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SIN No:EDT240006893

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

Patient Name : Mr.ACHANUR MANJUNATH	Collected : 23/Jan/2024 09:07AM
Age/Gender : 37 Y 4 M 7 D/M	Received : 23/Jan/2024 11:29AM
UHID/MR No : CKOR.0000250368	Reported : 23/Jan/2024 01:28PM
Visit ID : CKOROPV396727	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333508	

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL	Calculated
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Comment:

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

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	154	mg/dL	<200	CHO-POD
TRIGLYCERIDES	284	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	30	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	66.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	56.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.12		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.85	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.73	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.56	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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 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:




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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.87	mg/dL	0.67-1.17	Jaffe's, Method
UREA	11.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.03	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.33	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	107	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<55	IFCC




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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.40	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.954	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



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DEPARTMENT OF IMMUNOLOGY

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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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
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Patient Name : Mr.ACHANUR MANJUNATH	Collected : 23/Jan/2024 09:06AM
Age/Gender : 37 Y 4 M 7 D/M	Received : 23/Jan/2024 11:27AM
UHID/MR No : CKOR.000250368	Reported : 23/Jan/2024 12:46PM
Visit ID : CKOROPV396727	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333508	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No: UR2266884

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

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

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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APOLLO CLINICS NETWORK

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Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.ACHANUR MANJUNATH	Collected : 23/Jan/2024 09:06AM
Age/Gender : 37 Y 4 M 7 D/M	Received : 23/Jan/2024 11:27AM
UHID/MR No : CKOR.0000250368	Reported : 23/Jan/2024 12:54PM
Visit ID : CKOROPV396727	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333508	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



SIN No:UF010260

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

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