

Certificate No: MC-2433

Patient Name	: Mr.KARTHIK BALAJI V	Collected	: 27/Jan/2024 08:46AM
Age/Gender	: 31 Y 2 M 2 D/M	Received	: 27/Jan/2024 01:30PM
UHID/MR No	: CANN.0000106105	Reported	: 27/Jan/2024 03:39PM
Visit ID	: CANNOPV388909	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE5410		

DEPARTMENT OF HAEMATOLOGY

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.



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

SIN No: BED240019371

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



Certificate No: MC-2435

Patient Name : Mr.KARTHIK BALAJI V	Collected : 27/Jan/2024 08:46AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.5	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.24	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.3	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.7	%	40-80	Electrical Impedance
LYMPHOCYTES	27.1	%	20-40	Electrical Impedance
EOSINOPHILS	5.5	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3577.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1680.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	341	Cells/cu.mm	20-500	Calculated
MONOCYTES	564.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	257000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 14



Dr. MARQUESS RAJ
M.D, DipRCPATH, D.N.B (PATH)
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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 FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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

SIN No:BED240019371

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

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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.KARTHIK BALAJI V	Collected : 27/Jan/2024 12:31PM
Age/Gender : 31 Y 2 M 2 D/M	Received : 27/Jan/2024 04:54PM
UHID/MR No : CANN.0000106105	Reported : 27/Jan/2024 05:54PM
Visit ID : CANNOPV388909	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, FASTING , NAF PLASMA	105	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)	125	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.



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



SIN No:PLP1412106

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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				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)



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SIN No:EDT240008186

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	274	mg/dL	<200	CHO-POD
TRIGLYCERIDES	115	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	229	mg/dL	<130	Calculated
LDL CHOLESTEROL	206	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.09		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 - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.92	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	55.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		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:

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	13.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



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



SIN No:SE04610420

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

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Patient Name	: Mr.KARTHIK BALAJI V	Collected	: 27/Jan/2024 08:46AM
Age/Gender	: 31 Y 2 M 2 D/M	Received	: 27/Jan/2024 04:17PM
UHID/MR No	: CANN.0000106105	Reported	: 27/Jan/2024 08:41PM
Visit ID	: CANNOPV388909	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE5410		

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	26.00	U/L	<55	IFCC



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



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Certificate No: MC-2435

Patient Name : Mr.KARTHIK BALAJI V	Collected : 27/Jan/2024 08:46AM
Age/Gender : 31 Y 2 M 2 D/M	Received : 27/Jan/2024 03:44PM
UHID/MR No : CANN.0000106105	Reported : 27/Jan/2024 06:18PM
Visit ID : CANNOPV388909	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE5410	

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)	1.87	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.17	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.985	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



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



SIN No: SPL24012683

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Certificate No: MC-2435

Patient Name : Mr.KARTHIK BALAJI V	Collected : 27/Jan/2024 08:46AM
Age/Gender : 31 Y 2 M 2 D/M	Received : 27/Jan/2024 01:41PM
UHID/MR No : CANN.0000106105	Reported : 27/Jan/2024 02:16PM
Visit ID : CANNOPV388909	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE5410	

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



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

SIN No:UR2268974

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Patient Name	: Mr.KARTHIK BALAJI V	Collected	: 27/Jan/2024 08:46AM
Age/Gender	: 31 Y 2 M 2 D/M	Received	: 27/Jan/2024 01:42PM
UHID/MR No	: CANN.0000106105	Reported	: 27/Jan/2024 02:33PM
Visit ID	: CANNOPV388909	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE5410		

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

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

*** End Of Report ***



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

SIN No:UF010334

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Patient Name	: Mr. KARTHIK BALAJI V	Age/Gender	: 31 Y/M
UHID/MR No.	: CANN.0000106105	OP Visit No	: CANNOPV388909
Sample Collected on	:	Reported on	: 29-01-2024 12:16
LRN#	: RAD2217767	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE5410		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows fatty changes (Grade -II)
Intra and extra hepatic biliary passages are not dilated.

Gall bladder -single focus of adenomyomatosis noted in fundus.Rest of wall normal
No evidence of cholelithiasis

Pancreas and spleen appear normal.Spleen measures 8.5 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 11.2 x 5.5 cms.
Left kidney measures 10.9 x 6.0 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.6 x 3.4 x 3.7cms volume24cc and shows normal echopattern.
Seminal vesicles appear normal.
Bladder is normal in contour.

IMPRESSION:

***GRADE -II FATTY LIVER.**

***FOCAL ADENOMYOMATOSIS OF GALL BLADDER**



Patient Name : Mr. KARTHIK BALAJI V

Age/Gender : 31 Y/M

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name : Mr. KARTHIK BALAJI V Age : 31 Y/M
UHID : CANN.0000106105 OP Visit No : CANNOPV388909
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 28-01-2024 07:54
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:

NORMAL

Standing:

NORMAL

Protocol Used:

BRUCE

Patient Name : Mr. KARTHIK BALAJI V Age : 31 Y/M
UHID : CANN.0000106105 OP Visit No : CANNOPV388909
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 28-01-2024 07:54
Referred By : SELF

Monitoring Leads:

12 LEADS

Grade Achieved:

16

% HR / METS:

11.0

Reason for Terminating Test:

FATIGUE

Total Exercise Time:

9.34

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

IV Fitness Response :

Patient Name : Mr. KARTHIK BALAJI V Age : 31 Y/M
UHID : CANN.0000106105 OP Visit No : CANNOPV388909
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 28-01-2024 07:54
Referred By : SELF

GOOD

Impression:

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

CARDIOLOGIST

Dr. ARULNITHI AYYANATHAN

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

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

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Patient Name	: Mr. KARTHIK BALAJI V	Age	: 31 Y/M
UHID	: CANN.0000106105	OP Visit No	: CANNOPV388909
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 28-01-2024 09:32
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 67 beats per minutes.

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN

Patient Name : Mr. KARTHIK BALAJI V

Age/Gender : 31 Y/M

UHID/MR No. : CANN.0000106105

OP Visit No : CANNOPV388909

Sample Collected on :

Reported on : 27-01-2024 14:15

LRN# : RAD2217767

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE5410

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

CASE RECORD

Name: <u>Mr. Karthik Balaji</u>	Date: <u>27/1/24</u>
Occupation: <u></u>	UHID No.: <u>106105</u>
Age: <u>31</u> Sex: <u>Male</u> Female	OP / Company: <u>Arcofemi Mediawheel</u>
Address: <u></u>	Ref. Physician: <u>Dr. Suma</u>
Tel No: <u></u>	

Consultant :

nil

History :

Chief Complaints : (If pain is present. please describe location, character, score etc.)

HC

- oblv
- Brdtms FBS
- Hb A1c 5-9
- ↑ cholel
- ↑ II F.L
- adenomyomatosis of G.B
- T.M.T.N

History of Present illness :

nil

adv

- Dietary change for sugar/cholel
- IF.L
- T. Rosuvastatin (0-0-1) AIF
- 3mn - hepide treatment / sugar
- med. gactet opinu
- Daily walk 1 hr
- Follow up on knee pain

M 109
108

Physical Examination

103.6

General :

Build

Height

179

Weight

Anaemia

Icterus

Cyanosis

Clubbing

Oedema

Glands

ENT :

CVS :

Heart Rate & Rhythm 74/min

B.P. : Supine 130/80 mm Hg Sitting

Standing

Chest Shape

Heart Sounds

Murmurs

Thrills

RS :

Rate & Type

Breath Sounds

Abdomen :

Appearance

Liver

Spleen

Tenderness

Bowel sounds

Fluid

Genitals :

(N)

CNS :

Cranial Nerves

Sensors SYstem

Motor System

Reflexes

Fundus

Skin :

Extremities :

*

CANN-106105
000-99392




கார்த்திக் பாலாஜி வெ
Karthik Balaji V
பிறந்த நாள் / DOB : 25/11/1992
ஆண்பால் / Male




6073 5777 1669

எனது ஆதார், எனது அடையாளம்

VIC

Name: Karthik Balaji
 Occupation:
 Age: 314 Sex: Male Female
 Address:
 Ph:

Date: 27/1/24 Reg. No: 106105
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History:

Nil

Present Complaint:

Nil

ON EXAMINATION:

Ocular Movements :

Anterior Segment :

Intra-Ocular-Pressure :

Visual Acuity: D.V. :

Without Glass :

With Glass :

N.V. :

Visual Fields :

Fundus :

Impression :

Advice :

Colour Vision :

RE

LE

Free

Free

N

N

6/6

6/6

N6

N6

Free

Free

N

N

27/1/24

Mr. KARTHIK BARAJI 31/M

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

General Examination / Allergies
History

No specific ENT complaints

H/E: EARS
NOSE | (NAD)
THROAT

IMPRESSION: NIL ENT
Clinically

Follow up date:

Doctor Signature & Stamp

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

Apollo Clinic

CONSENT FORM

Patient Name: Karthik Balaji V. Age: 31

UHID Number: 106105 Company Name:

I Mr/Mrs/Ms Karthik Balaji Employee of Bank of Baroda
(Company) Want to inform you that I am not interested in getting Dental

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: 28/1/2024

 **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



Health Check up Booking Confirmed Request(bobE5410),Package Code-PKG10000366, Beneficiary Code-304482

1 message

Mediwheel <wellness@mediwheel.in>
To: vbkarthik11@gmail.com
Cc: customercare@mediwheel.in

Sun, 21 Jan, 2024 at 1:07 pm



011-41195959

Dear **MR. V KARTHIK BALAJI**,
We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 15-01-2024
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 - Anna Nagar
Address of Diagnostic/Hospital- : Apollo Medical Centre, 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012
City : Chennai
State :
Pincode : 600012
Appointment Date : 27-01-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. V KARTHIK BALAJI	31 year	Male

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

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

For Women:

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

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

TABULAR SUMMARY REPORT

MR KARTHIK, BALAJI V
 ID: 106105RMC

31years

27-Jan-2024
 13:51:16

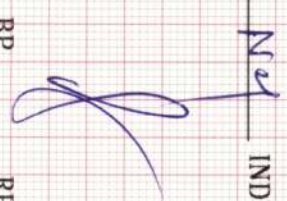
Male

BRUCE
 Max HR: 184bpm 97% of max predicted 189bpm
 Max BP: 140/90
 Reason for Termination: Patient fatigue
 Comments: FINAL IMPRESSION.: TMT IS N₂ INDUCIBLE
 MYOCARDIAL ISCHEMIA

Total Exercise time: 9:34
 Maximum workload: 11.0METS

25.0 mm/s
 10.0 mm/mV
 100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:18	**	**	1.0	91	120/80	109
	STANDING	1:18	0.8	0.0	1.3	85	120/80	102
	STAGE 1	3:00	1.7	10.0	4.6	120		
	STAGE 2	3:00	2.5	12.0	7.0	155	120/80	186
EXERCISE	STAGE 3	3:00	3.4	14.0	10.1	176	130/90	229
	STAGE 4	0:34	4.2	16.0	11.0	184	140/90	258
	Post	4:01	**	**	1.0	126	130/80	164
RECOVERY								




APOLLO MEDICAL CENTRE, ANNA NAGAR

Unconfirmed

MAC55 009D

GRADED EXERCISE SUMMARY

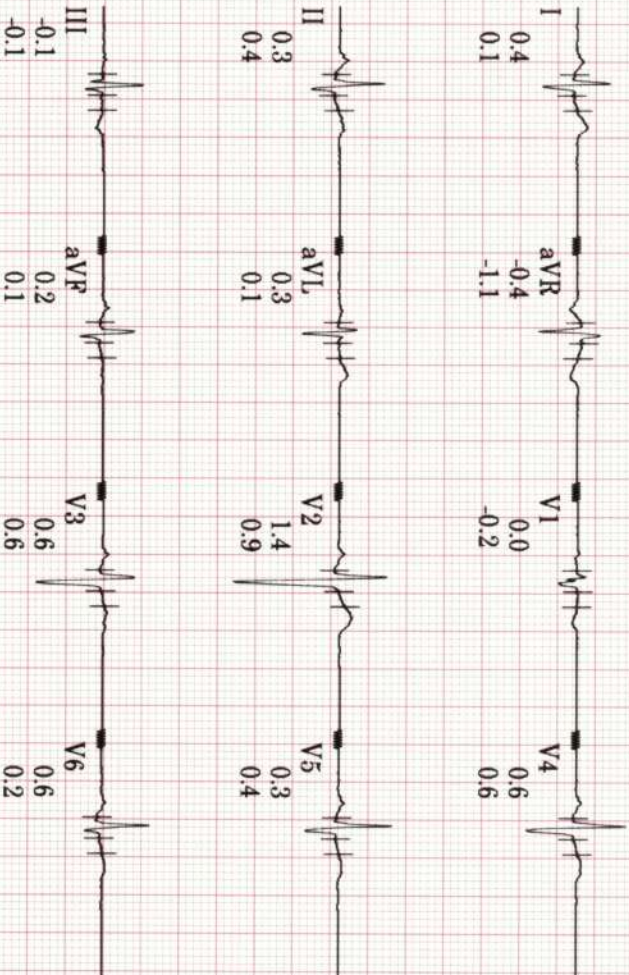
MR KARTHIK, BALAJI V
 ID: 106105RMC
 27-Jan-2024
 13:51:16
 31years
 Male

BRUCE
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 MYOCARDIAL ISCHEMIA.
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 Maximum workload: 11.0METS
 25.0 mm/s
 10.0 mm/mV
 100hz

BASELINE

EXERCISE STAGE 1
 0:00 1.3METS
 85bpm
 BP: 120/80
 ST @ 10mm/mV
 80ms postJ

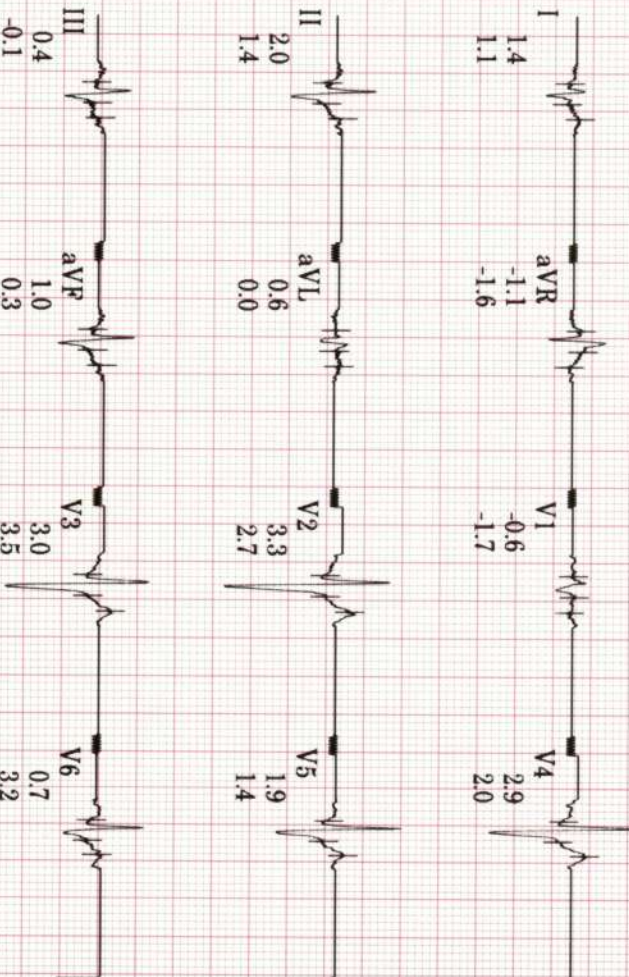
Lead
 ST(mm)
 Slope(mV/s)



PEAK

EXERCISE STAGE 4
 9:34 11.0METS
 184bpm
 BP: 140/90
 ST @ 10mm/mV
 80ms postJ

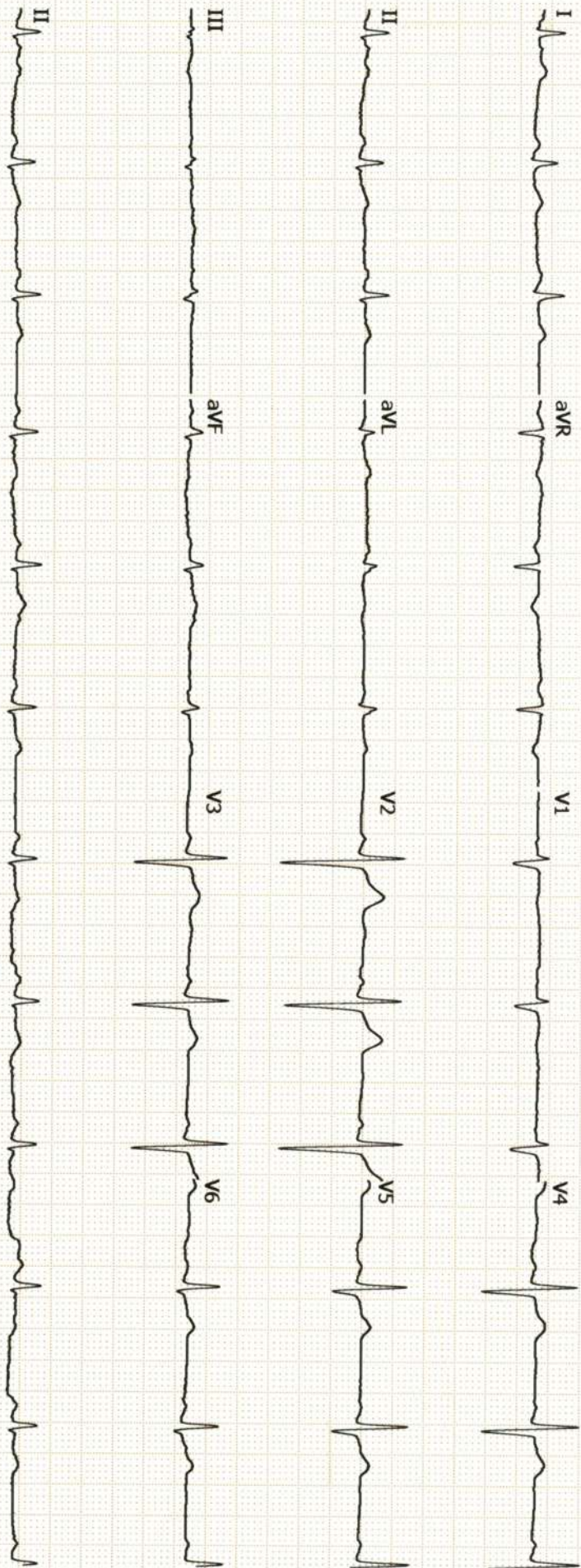
Lead
 ST(mm)
 Slope(mV/s)



VIC

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 384 / 405 ms
PR : 136 ms
P : 110 ms
RR / PP : 892 / 895 ms
P / QRS / T : 26 / 24 / 9 degrees



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1