

Patient Name : Mr.R. ANIL KUMAR	Collected : 20/Apr/2024 08:37AM
Age/Gender : 39 Y 6 M 0 D/M	Received : 20/Apr/2024 01:08PM
UHID/MR No : CBAS.0000092505	Reported : 20/Apr/2024 04:23PM
Visit ID : CBASOPV102252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E5201	

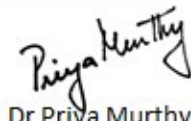
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.5	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.93	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.3	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.1	%	40-80	Electrical Impedence
LYMPHOCYTES	31.5	%	20-40	Electrical Impedence
EOSINOPHILS	3.1	%	1-6	Electrical Impedence
MONOCYTES	8.4	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2636.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1480.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	145.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	394.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.78		0.78- 3.53	Calculated
PLATELET COUNT	249000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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



SIN No:BED240106220

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI 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

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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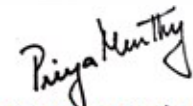
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



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### DEPARTMENT OF HAEMATOLOGY

### ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

RBCs: are normocytic normochromic

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

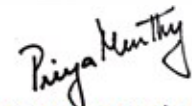
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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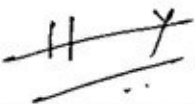
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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



  
**DR. Harshitha Y**  
**M.B.B.S.M.D(Pathology)**  
**Consultant Pathologist**

SIN No:BED240106220

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	97	mg/dL	70-140	HEXOKINASE


Comment:

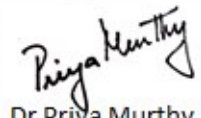
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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				

Page 5 of 15

  
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MSc, MPhil, (Phd)  
Consultant Biochemist

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



SIN No:EDT240048455

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HBA1C, GLYCATED HEMOGLOBIN	6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated

Comment:

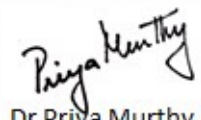
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHO-POD
TRIGLYCERIDES	73	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	139	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

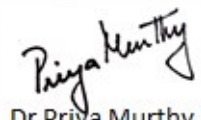
**Comment:**

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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
 M.B.B.S, M.D(Pathology)  
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SIN No:SE04700367

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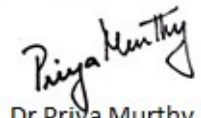
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention 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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

  
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 Consultant Biochemist

  
**Dr Priya Murthy**  
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SIN No:SE04700367

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Patient Name : Mr.R. ANIL KUMAR	Collected : 20/Apr/2024 08:37AM
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Visit ID : CBASOPV102252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E5201	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>85</b>	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>61.0</b>	U/L	<50	IFCC
ALKALINE PHOSPHATASE	103.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.72	g/dL	6.6-8.3	Biuret
ALBUMIN	3.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.76	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's diseases, Cirrhosis, but the increase is usually not >2.

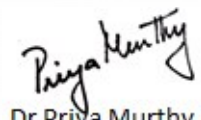
**2. Cholestatic Pattern:**

- 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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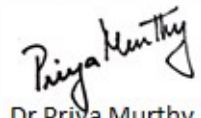
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.72	mg/dL	0.67-1.17	Jaffe's, 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	7.26	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.88	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.72	g/dL	6.6-8.3	Biuret
ALBUMIN	3.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
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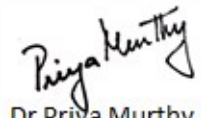
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	49.00	U/L	<55	IFCC

  
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Patient Name : Mr.R. ANIL KUMAR	Collected : 20/Apr/2024 08:37AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.24	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.834	µIU/mL	0.34-5.60	CLIA

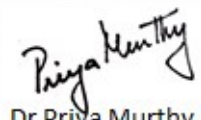
Comment:

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

  
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 Consultant Biochemist

  
**Dr Priya Murthy**  
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SIN No: SPL24071653

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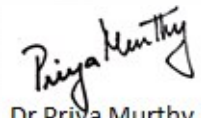
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

  
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DEPARTMENT OF CLINICAL PATHOLOGY

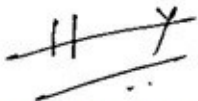
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

\*\*\* End Of Report \*\*\*

Result/s to Follow:

Page 14 of 15



**DR. Harshitha Y**  
**M.B.B.S.M.D(Pathology)**  
**Consultant Pathologist**

SIN No:UR2333965

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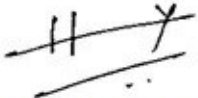
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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**DR. Harshitha Y**  
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**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. R. ANIL KUMAR

**Age/Gender** : 39 Y/M

**UHID/MR No.** : CBAS.0000092505

**OP Visit No** : CBASOPV102252

**Sample Collected on** :

**Reported on** : 20-04-2024 16:42

**LRN#** : RAD2305158

**Specimen** :

**Ref Doctor** : DR SANJANA

**Emp/Auth/TPA ID** : 35E5201

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology



Customer Pending Tests  
FITNESS BY GP IS PENDING



<b>Name</b> : Mr. R. ANIL KUMAR	<b>Age</b> : 39 Y	<b>UHID</b> :CBAS.000092505
<b>Address</b> :blr	<b>Sex</b> : M	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :CBASOPV102252
		<b>Bill No</b> :CBAS-OCR-61935
		<b>Date</b> : 20.04.2024 08:33

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	COMPLETE URINE EXAMINATION	
6	PERIPHERAL SMEAR	
7	EKG	
8	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
10	HbA1c, GLYCATED HEMOGLOBIN	
11	X-RAY CHEST PA	
12	FITNESS BY GENERAL PHYSICIAN	
13	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI)	
16	OPHTHAL BY GENERAL PHYSICIAN	
17	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

TMT  
 → Physio-⑥ {T, W, Y}

Ht- 160  
 wt- 76.1  
 BP- 112/69  
 PR- 64  
 wd- 97  
 HR- 98

||



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India  
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No 1189/10195/00291

To,

ಆರ್ ಅನಿಲ್ ಕುಮಾರ್

R Anil Kumar

S/O R Ramegowda

# 87/41

2nd Cross Raghavanagar

NTY Layout

Bangalore

Government Electric Factory Bangalore

Karnataka 560026

9880500613

Ref: 520 / 21F / 610242 / 611068 / P



UE603018599IN



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**4115 5851 8342**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

GOVERNMENT OF INDIA

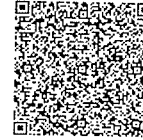


ಆರ್ ಅನಿಲ್ ಕುಮಾರ್

R Anil Kumar

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1984

ಪುರುಷ / Male



**4115 5851 8342**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - BANGALORE SOUTH  
Chandrakiran, 10-A, Kasturba Road, P.B.  
No. 5179, Bangalore, Karnataka, ,  
Bangalore- 80

To,

The Chief Medical Officer

M/S Mediwheel  
https://mediwheel.in/signup011-  
41195959(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 35-40 Male**

Shri/Smt./Kum. ANIL KUMAR,R.

P.F. No. 662081

Designation : DAFTARY

Checkup for Financial Year 2023-2024  
**Approved Charges Rs. 2200.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

*R. Anil Kumar*  
(Signature of the Employee)

Yours Faithfully,  
*A. Anand*  
BRANCH MANAGER/SENIOR MANAGER

PS: Status of the application- Sanctioned

View Worklist

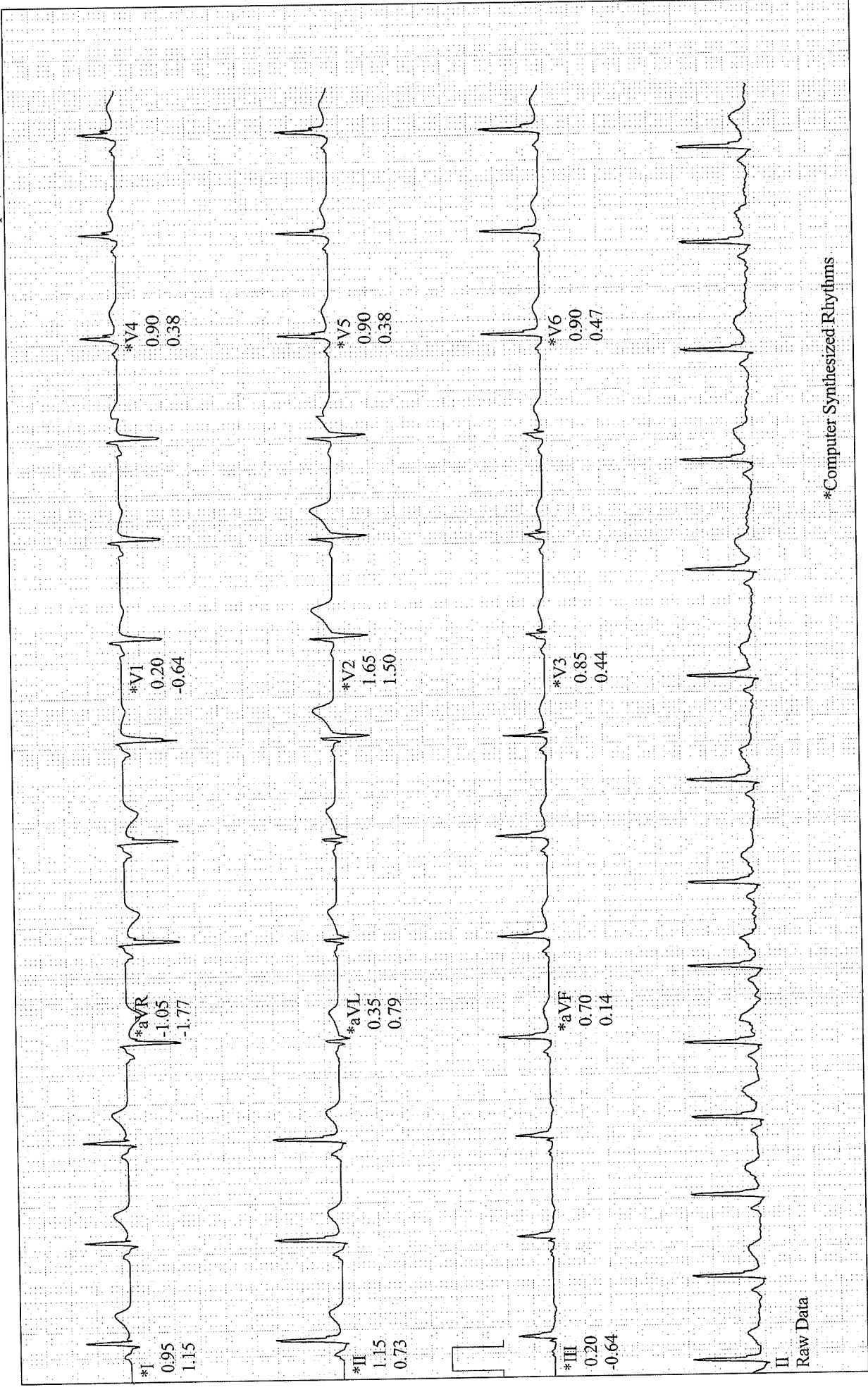
Previous in Worklist

Next in Worklist

MR ANIL KUMAR,  
Patient ID: 176  
20.04.2024 Male  
10:57:36am 39 yrs

83 bpm

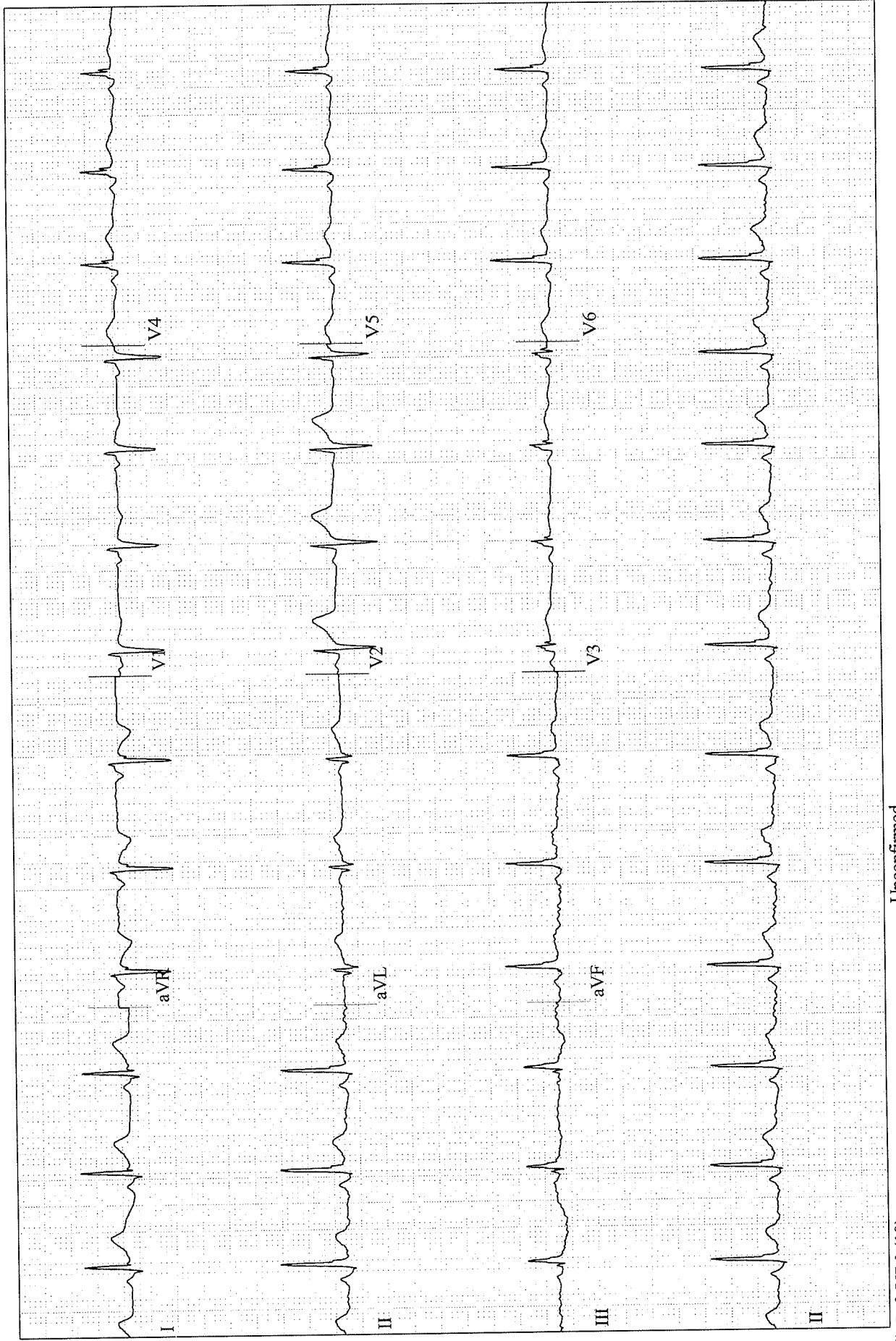
Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

MR ANIL KUMAR,  
Patient ID: 176  
20.04.2024 Male  
10:57:55am 39 yrs

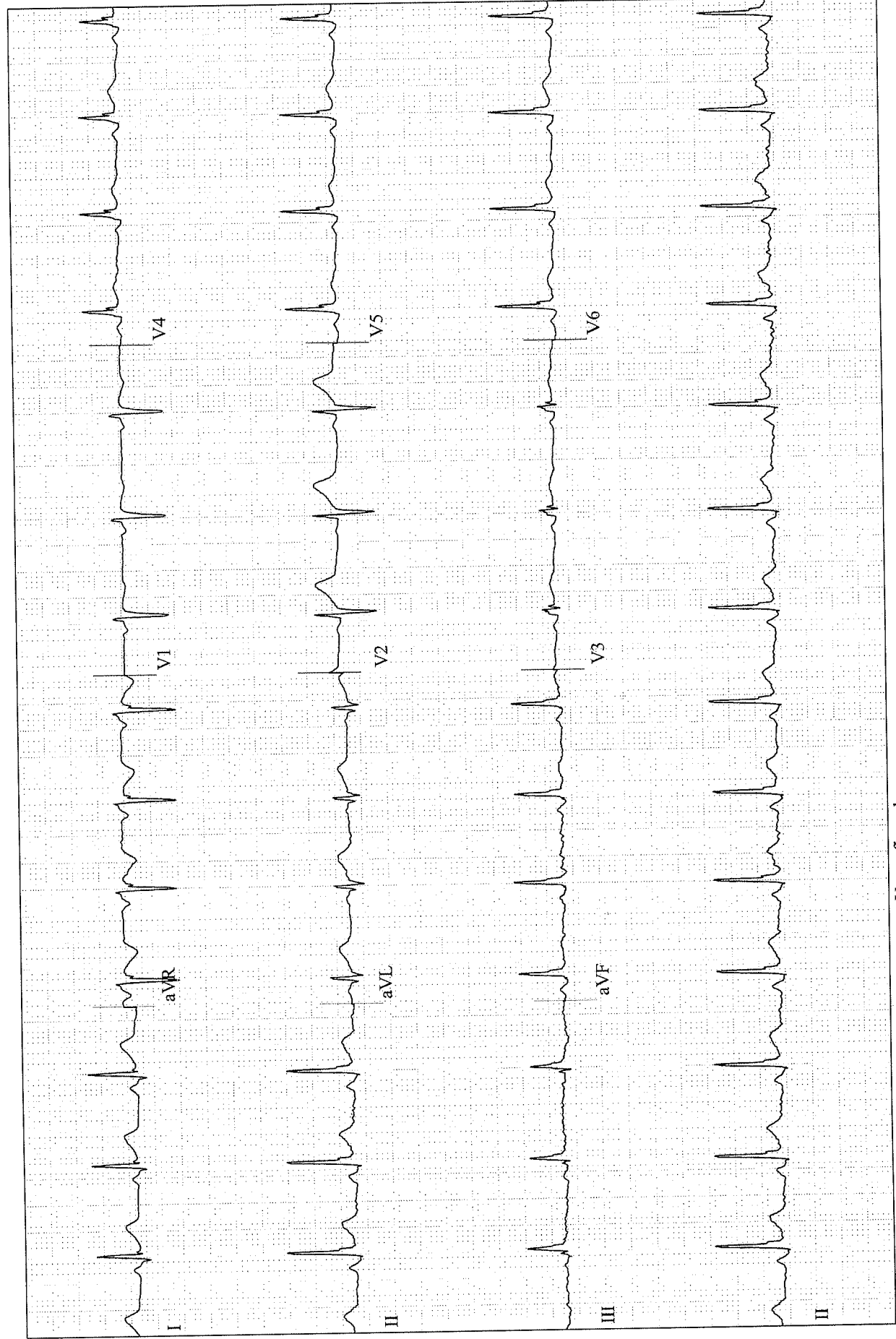


BRUCE  
0.0 mph  
0.0 %

PRETEST  
SUPINE  
0:22

Exercise Test / ECG Strips  
82 bpm

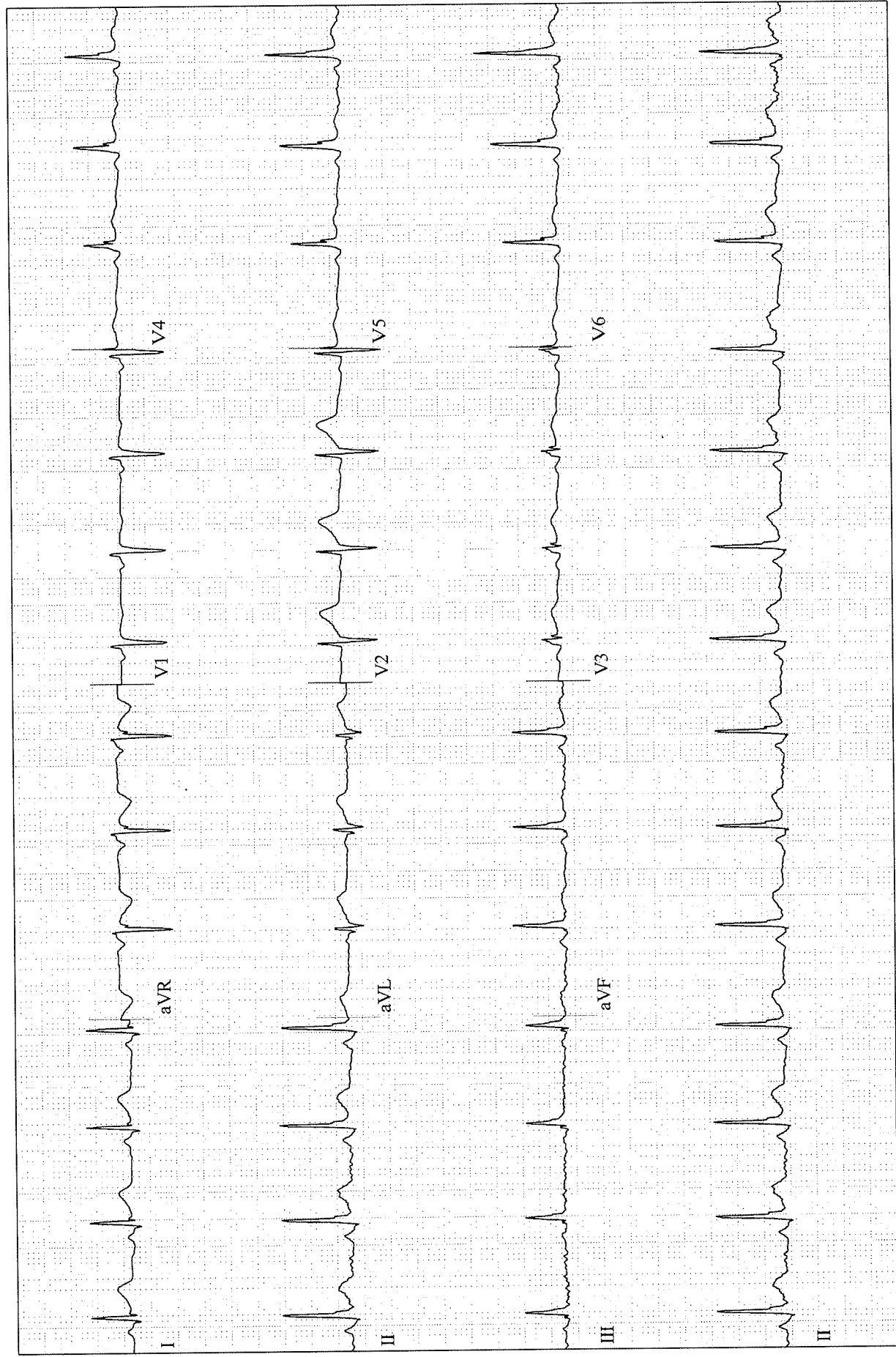
MR ANIL KUMAR,  
Patient ID: 176  
20.04.2024 Male  
10:58:01am 39 yrs



Exercise Test / ECG Strips  
83 bpm

PRETEST  
STANDING  
0:30  
BRUCE  
0.0 mph  
0.0 %

MR ANIL KUMAR,  
Patient ID: 176  
20.04.2024 Male  
10:58:10am 39 yrs







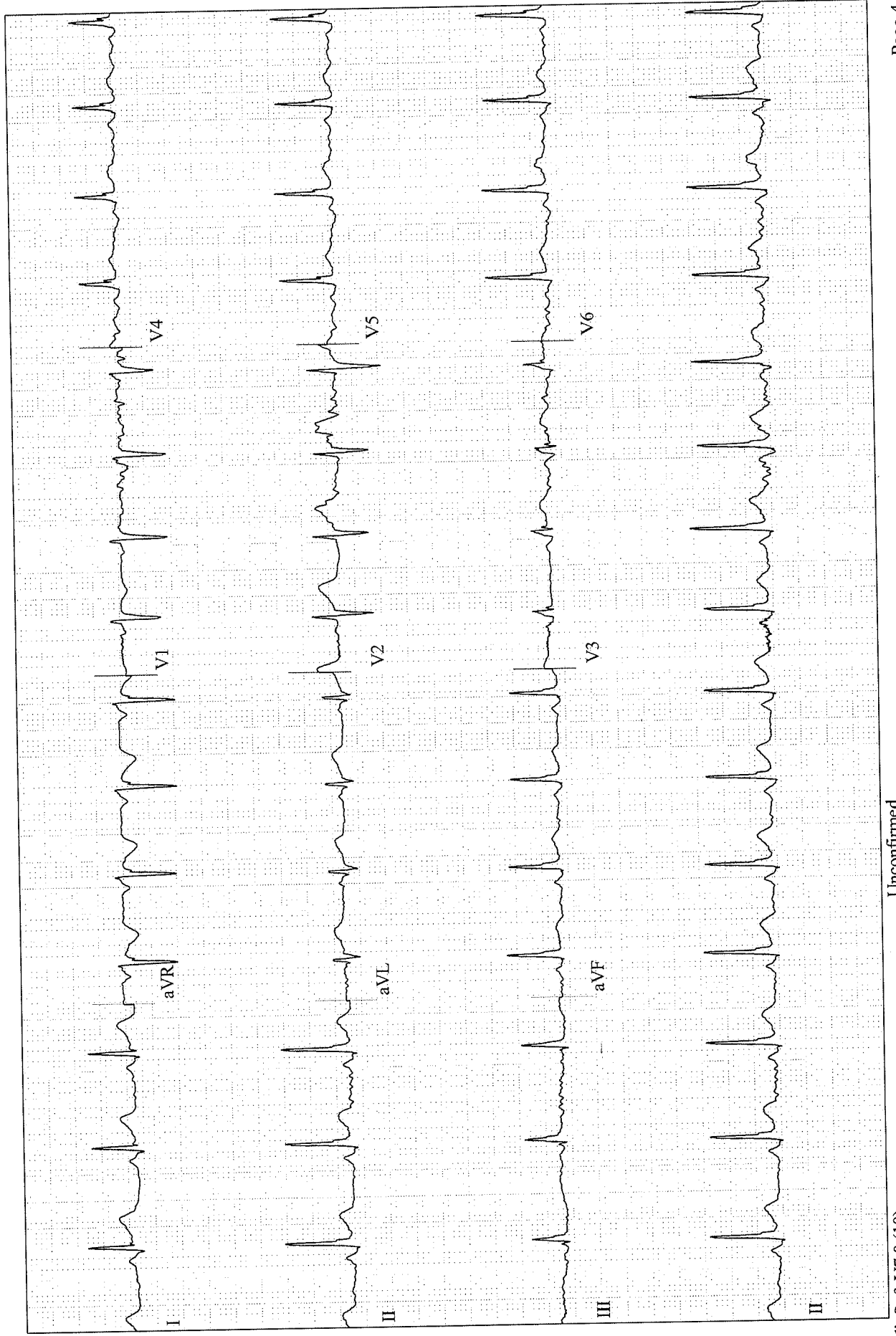
Exercise Test / ECG Strips

81 bpm

BRUCE  
0.0 mph  
0.0 %

PRETEST  
HYPERV.  
0:51

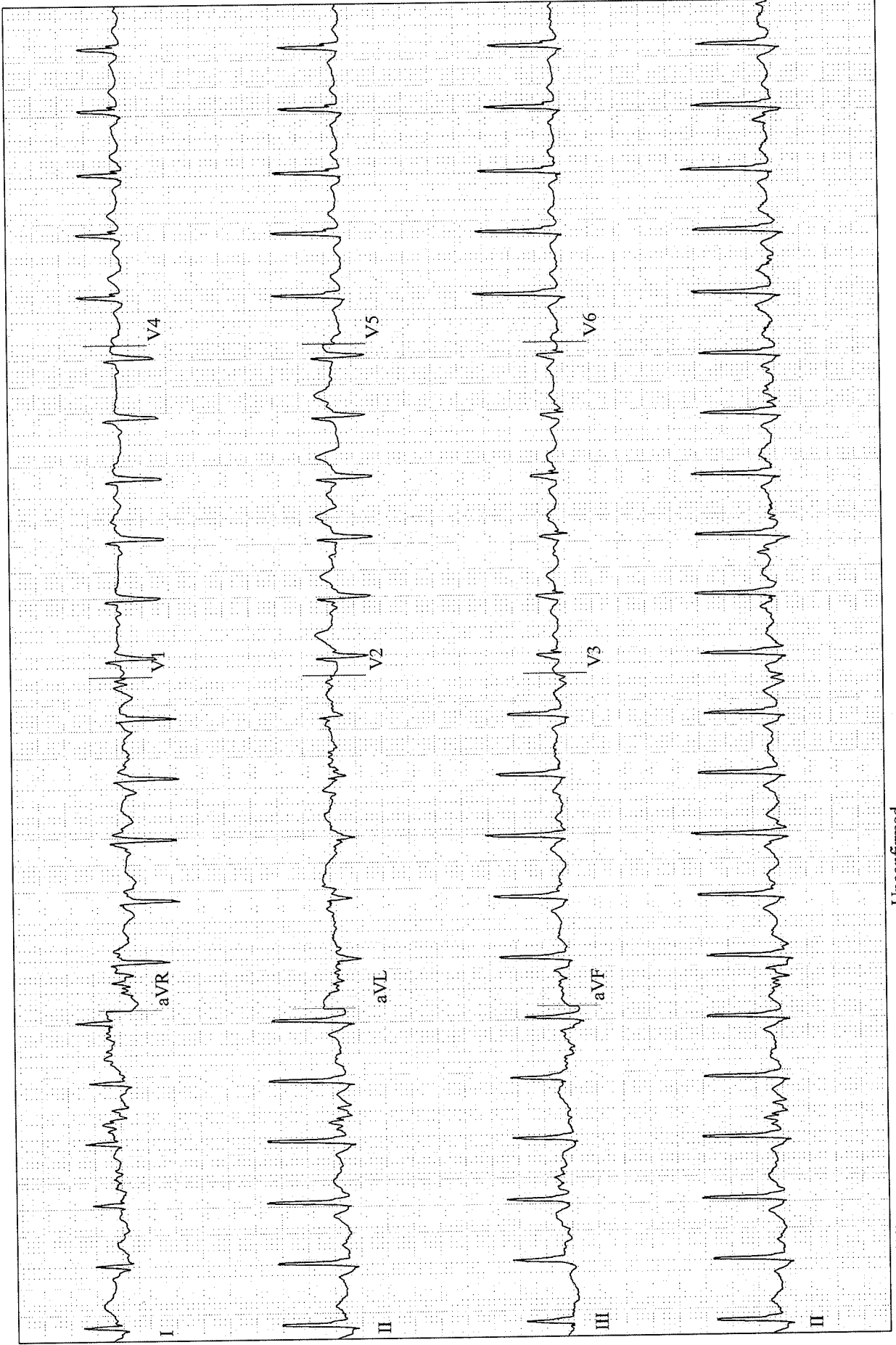
MR ANIL KUMAR,  
Patient ID: 176  
20.04.2024 Male  
10:58:30am 39 yrs



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(II,I)

Unconfirmed  
Attending MD:

MR ANIL KUMAR,  
Patient ID: 176  
20.04.2024 Male  
11:01:19am 39 yrs





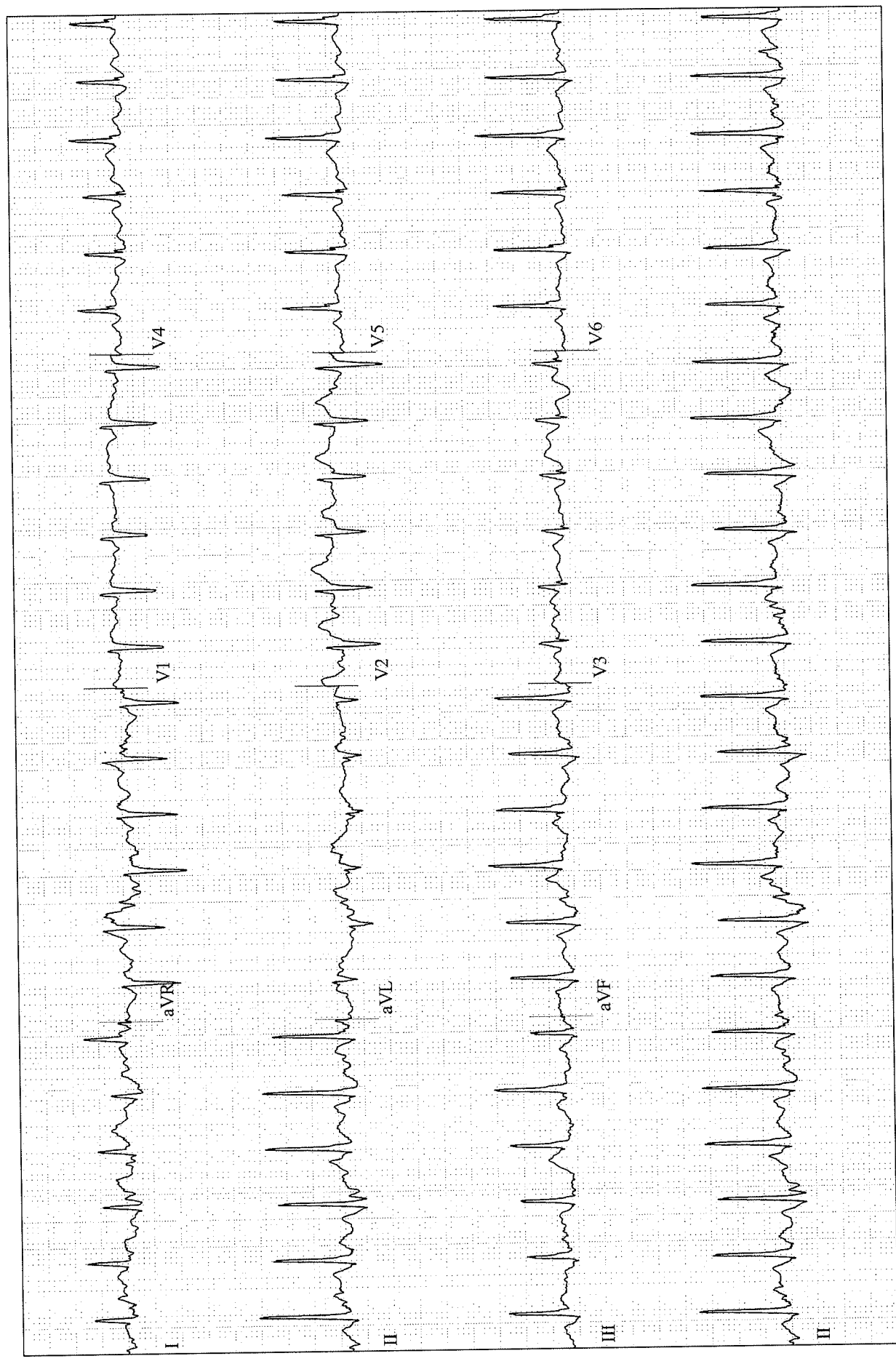
Exercise Test / ECG Strips  
 142 bpm  
 120/80 mmHg

EXERCISE  
 STAGE 2  
 5:50

MR ANIL KUMAR,  
 Patient ID: 176  
 20.04.2024  
 11:04:19am

Male  
 39 yrs

BRUCE  
 2.5 mph  
 12.0 %



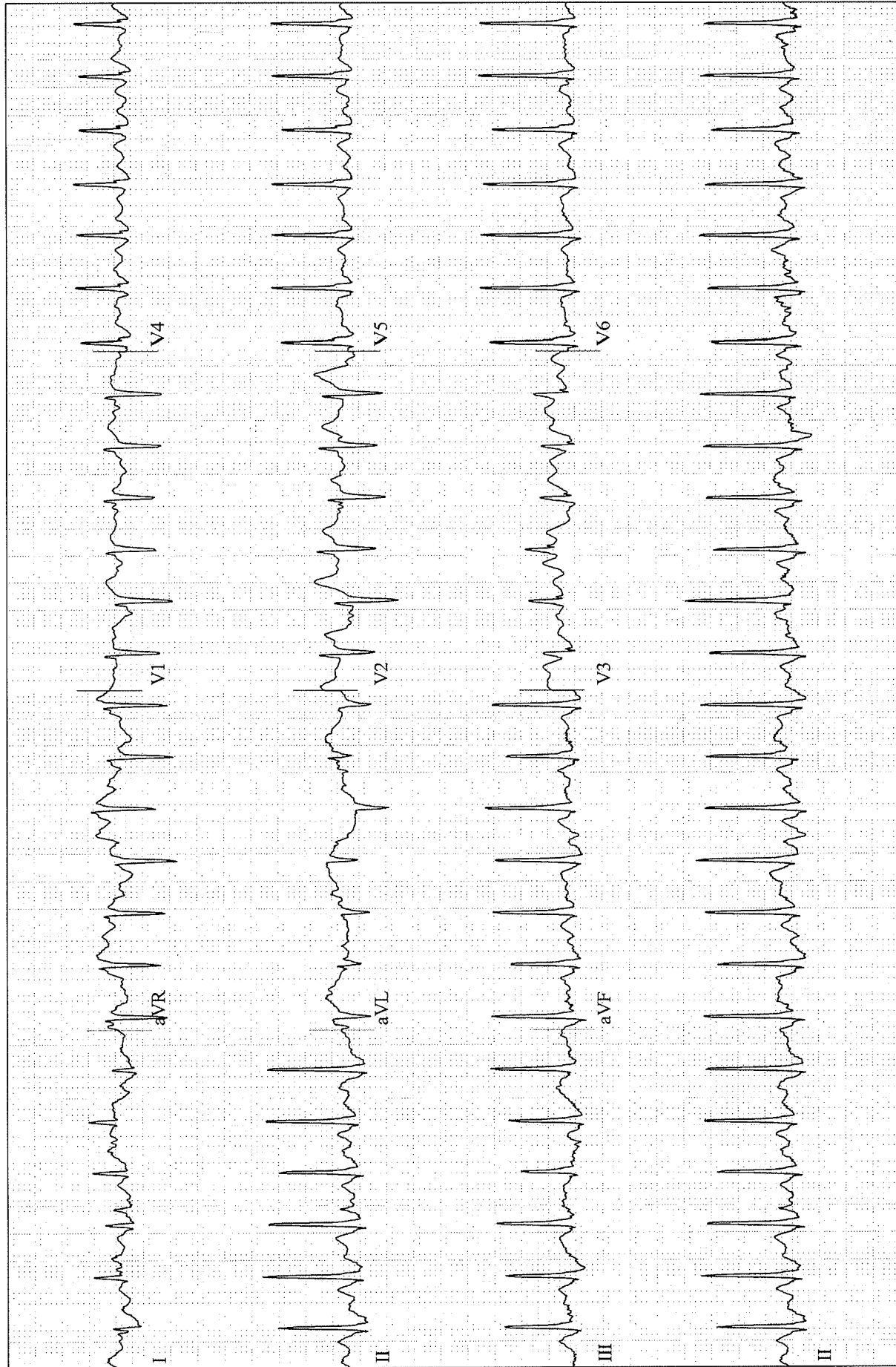
MR ANIL KUMAR,  
Patient ID: 176  
20.04.2024 Male  
11:07:19am 39 yrs

Exercise Test / ECG Strips  
157 bpm  
130/90 mmHg

EXERCISE  
STAGE 3  
8:50

BRUCE  
3.4 mph  
14.0 %

APOLLO CLINIC



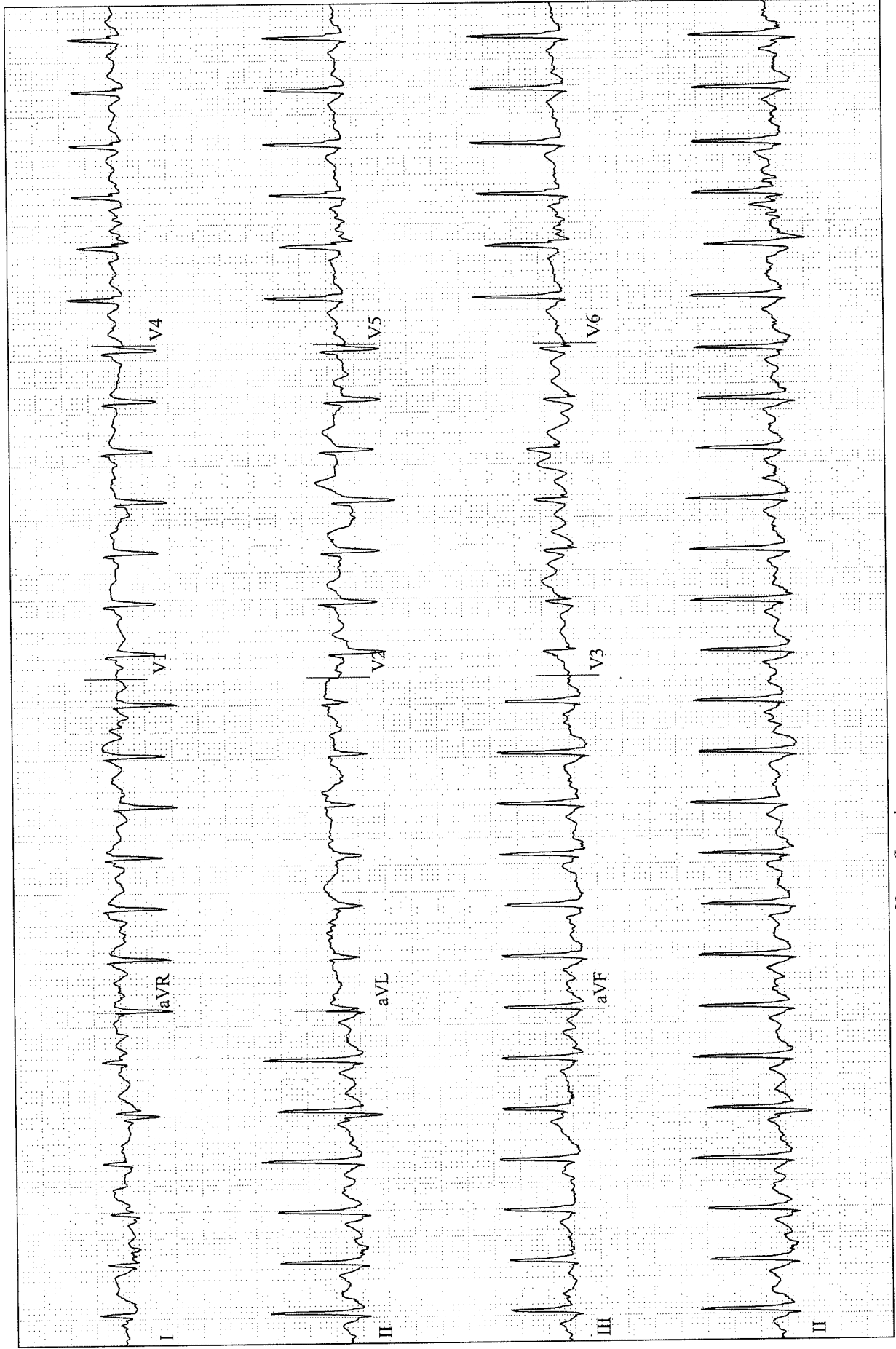
GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V6,V5)  
Unconfirmed

Attending MD:

Exercise Test / ECG Strips

BRUCE  
 3.4 mph  
 14.0 %  
 EXERCISE  
 STAGE 3  
 9:00  
 157 bpm  
 130/90 mmHg

MR ANIL KUMAR,  
 Patient ID: 176  
 20.04.2024  
 11:07:29am  
 Male  
 39 yrs



GE CardioSoft V7.0 (10)  
 25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V6,V5)

Unconfirmed  
 Attending MD:

MR ANIL KUMAR,  
Patient ID: 176  
20.04.2024 Male  
11:08:29am 39 yrs

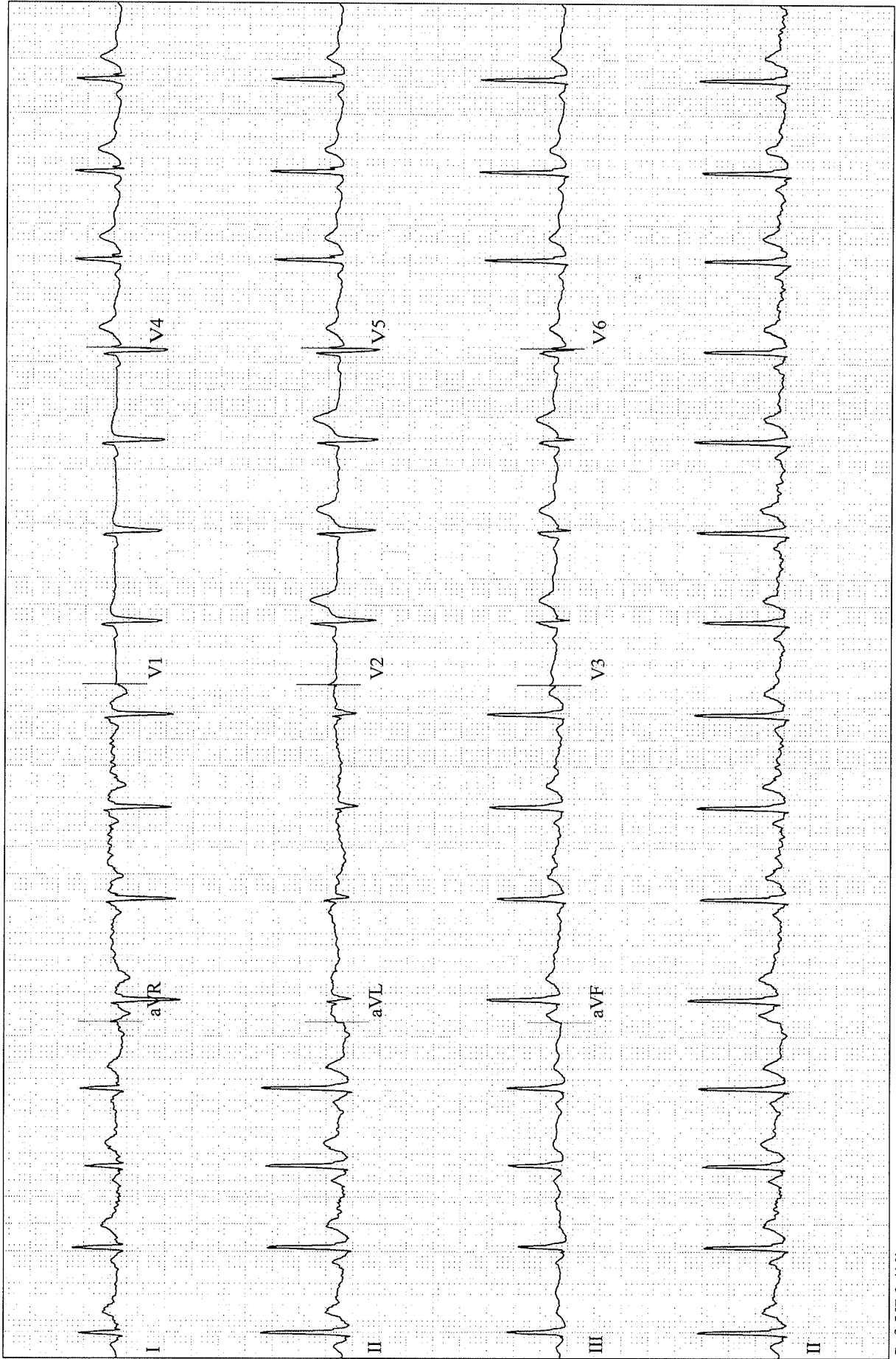
Exercise Test / ECG Strips

101 bpm  
130/90 mmHg

RECOVERY  
1:00

BRUCE  
0.0 mph  
0.0%

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V6, V5) Unconfirmed

Attending MD:

APOLLO CLINIC  
BASAVANAGUDI  
BANGALORE

## EXERCISE STRESS TEST REPORT

Patient Name: MR ANIL KUMAR ,  
Patient ID: 176  
Height:  
Weight:

DOB: 07.10.1984  
Age: 39 yrs  
Gender: Male  
Race:

Study Date: 20.04.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

### Medications:

--

### Medical History:

--

### Reason for Exercise Test:

--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ mph ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	00:23	0.00	0.00	82		
	STANDING	00:09	0.00	0.00	83		
	HYPERV.	00:20	0.00	0.00	81		
EXERCISE	STAGE 1	03:00	1.70	10.00	131	112/80	
	STAGE 2	03:00	2.50	12.00	142	120/80	
	STAGE 3	03:00	3.40	14.00	157	130/90	
RECOVERY		01:23	0.00	0.00	97	130/90	

The patient exercised according to the BRUCE for 9:00 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 78 bpm rose to a maximal heart rate of 157 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg , rose to a maximum blood pressure of 130/90 mmHg. The exercise test was stopped due to --.

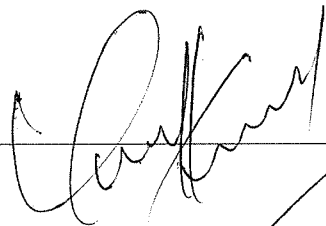
### Interpretation

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### Conclusions

GOOD EFFORT TOLERANCE  
NORMAL BP AND HR RESPONCS  
NO SIGANIFICANT ST T CHANGES  
NO ANGINA OR ARRHYTHMIA DURING EXERCISE  
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician

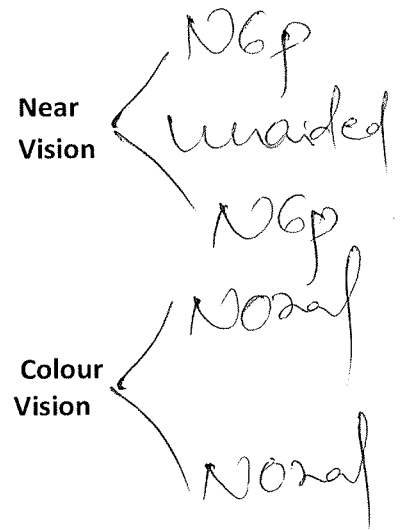
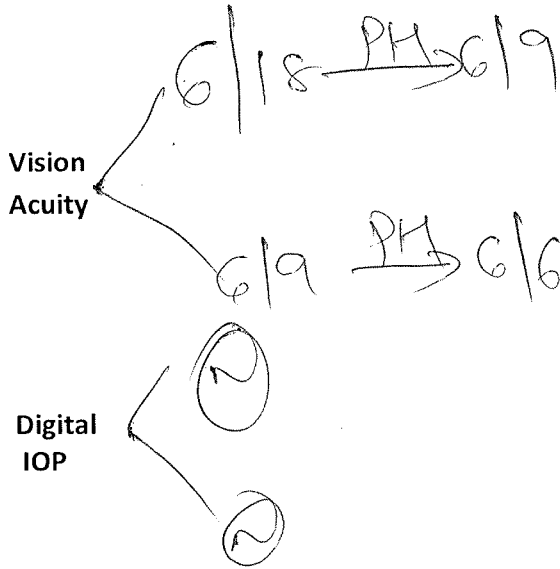


Technician

\_\_\_\_\_

ms Amal Kumar 39/07 92505 20/4/24

**EYE CHECK UP REPORT**



• Fundus:

• Ant. Segment :-

• Media:

• Pupil:

} Read Retine evaluation

~~At~~ No Imp exam. Adv for dilated Refraction + Retine evaluation

KFB