

Patient Name : Mr.BHARATH KUMAR N G	Collected : 08/Jun/2024 09:34AM
Age/Gender : 55 Y 1 M 6 D/M	Received : 08/Jun/2024 11:23AM
UHID/MR No : CKOR.000255032	Reported : 08/Jun/2024 01:02PM
Visit ID : CKOROPV412347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6604	

DEPARTMENT OF HAEMATOLOGY

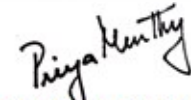
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	46.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.64	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	99.4	fL	83-101	Calculated
MCH	34.1	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,580	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	56.3	%	40-80	Electrical Impedance
LYMPHOCYTES	30.8	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3141.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1718.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	178.56	Cells/cu.mm	20-500	Calculated
MONOCYTES	507.78	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.83		0.78- 3.53	Calculated
PLATELET COUNT	197000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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Consultant Pathologist



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SIN No:BED240147498

This test has been performed at Apollo Health & Lifestyle Lab, 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 |
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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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WBCs: are normal in total number with normal distribution and morphology.

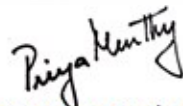
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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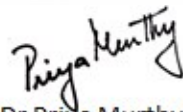
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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Age/Gender : 55 Y 1 M 6 D/M	Received : 08/Jun/2024 12:19PM
UHID/MR No : CKOR.0000255032	Reported : 08/Jun/2024 12:52PM
Visit ID : CKOROPV412347	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	146	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

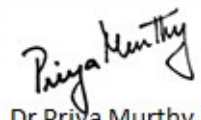
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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



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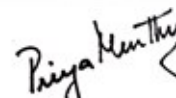
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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	185	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


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Consultant Pathologist



SIN No:PLP1461185

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	160	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

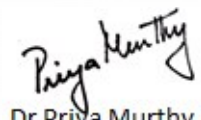
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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SIN No: EDT240064416

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	238	mg/dL	<200	CHO-POD
TRIGLYCERIDES	271	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	66	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	54.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.61		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.25		<0.11	Calculated


Comment:

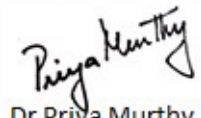
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

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


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SIN No:SE04743833

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.81	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.67	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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.

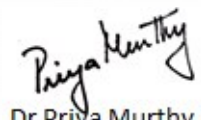
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1

In Alcoholic Liver Disease AST: ALT usually >2

This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:


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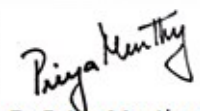
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E6604		

DEPARTMENT OF BIOCHEMISTRY

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

- 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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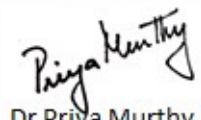
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	17.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.78	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated


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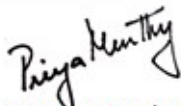
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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	75.00	U/L	30-120	IFCC



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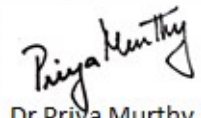
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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	162.00	U/L	<55	IFCC


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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.06	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	5.85	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.310	µIU/mL	0.35-4.94	CMIA


Comment:

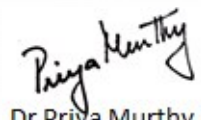
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

Page 13 of 19


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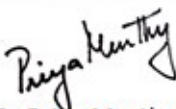
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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	10	ng/mL		CMIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100


The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

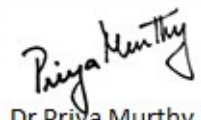
Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.


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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034


1860 500 7788
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Patient Name : Mr.BHARATH KUMAR N G	Collected : 08/Jun/2024 09:34AM
Age/Gender : 55 Y 1 M 6 D/M	Received : 08/Jun/2024 11:50AM
UHID/MR No : CKOR.0000255032	Reported : 08/Jun/2024 01:08PM
Visit ID : CKOROPV412347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6604	

DEPARTMENT OF IMMUNOLOGY

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

Increased levels:

Vitamin D intoxication.


Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	157	pg/mL	187 - 883	CMIA

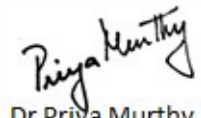
Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.320	ng/mL	<4	CMIA


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


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



SIN No: SPL24096970

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

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 1860 500 7788
 www.apolloclinic.com

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Patient Name : Mr.BHARATH KUMAR N G	Collected : 08/Jun/2024 09:33AM
Age/Gender : 55 Y 1 M 6 D/M	Received : 08/Jun/2024 12:19PM
UHID/MR No : CKOR.000255032	Reported : 08/Jun/2024 01:37PM
Visit ID : CKOROPV412347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6604	

DEPARTMENT OF CLINICAL PATHOLOGY

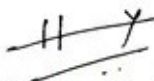
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

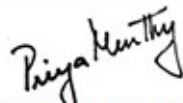
Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

Page 17 of 19



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



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



SIN No: UR2363029

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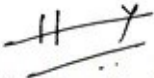
 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.BHARATH KUMAR N G
Age/Gender : 55 Y 1 M 6 D/M
UHID/MR No : CKOR.0000255032
Visit ID : CKOROPV412347
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35E6604

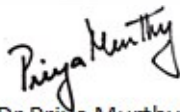
Collected : 08/Jun/2024 09:33AM
Received : 08/Jun/2024 12:19PM
Reported : 08/Jun/2024 01:37PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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



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



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



SIN No: UR2363029

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Patient Name : Mr.BHARATH KUMAR N G	Collected : 08/Jun/2024 09:33AM
Age/Gender : 55 Y 1 M 6 D/M	Received : 08/Jun/2024 12:19PM
UHID/MR No : CKOR.0000255032	Reported : 08/Jun/2024 03:07PM
Visit ID : CKOROPV412347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6604	

DEPARTMENT OF CLINICAL PATHOLOGY

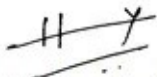
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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

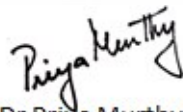
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No: UF011804

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

Name : Mr. Bharath Kumar N G Address : kmg Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 55 Y Sex : M	UHID :CKOR.0000255032  OP Number :CKOROPV412347 Bill No :CKOR-OCR-82720 Date : 08.06.2024 09:26
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
✓1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO <i>Dr. Sathishkumar</i> 10	
✓4	LIVER FUNCTION TEST (LFT)	
✓5	GLUCOSE, FASTING <i>-12</i>	
✓6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
✓8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
✓10	PERIPHERAL SMEAR	
✓11	ECG <i>A</i> 14 ✓	
✓12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION 15 ✓	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
✓15	VITAMIN D - 25 HYDROXY (D2+D3)	
✓16	URINE GLUCOSE(FASTING)	
✓17	HbA1c, GLYCATED HEMOGLOBIN	
✓18	ALKALINE PHOSPHATASE - SERUM/PLASMA	
✓19	X-RAY CHEST PA <i>(11)</i> 23 ✓	
20	ENT CONSULTATION <i>11</i>	
21	FITNESS BY GENERAL PHYSICIAN	
✓22	BLOOD GROUP ABO AND RH FACTOR	
✓23	VITAMIN B12	
✓24	LIPID PROFILE	
25	BODY MASS INDEX (BMI)	
26	OPHTHAL BY GENERAL PHYSICIAN	
✓27	ULTRASOUND - WHOLE ABDOMEN <i>18</i>	
✓28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Ht - 73.9kg
Ht - 170cm

BF - 10:00 am
PPBS ~~10:00~~ 12:00 am

- ~~Get a complimentary dental screening~~
- ~~Get a complimentary eye check Opp. to~~
- ~~Avail a complimentary session with physiotherapist~~
- ~~Get a complimentary hearing check~~

- Room No. 15 ✓
- Room No. 17 ✓
- Room No. 17 ✓
- Room No. 19 ✓

Apollo Clinic

Consent Form

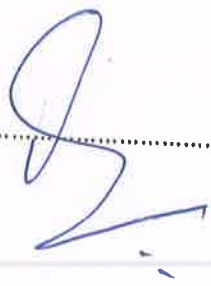
Patient Name: BHARATH KUMAR N. G. Age: 55
UHID Number: Company Name:

I Mr/Mrs/Miss: Employee of ARCOFCMI

(Company) want to inform you that I am not getting the consultation

Test which is a part of health check package.

Reason if any: will be coming for consultation on monday
And I claim the above statement in my full consciousness.

Patient Signature:  Date: 8/6/24



DR. SHURTI CHAND KEDIA
MBBS, MS (ENT)
KMC REG NO: 119251

HEALTH CHECK - ENT

NAME: Bharath Kumar. P

AGE: 55

EAR:

RE:

LE:

EXTERNAL EAR

Normal

Normal

MIDDLE EAR

Normal

Normal

INNER EAR (FN)

SNHL

SNHL

HEARING ASSESSMENT:

RE:

LE:

RHINNE

A

WEBER

ABC

NOSE

THROAT

AIRWAY

ORAL CAVITY

SEPTUM

OROPHARYNX

TURBINATES

(N)

PHARYNX

(P)

OTHERS

LARYNX

NECK

NECK NODES

(Normal)

OTHER

AUDIOMETRY

(R) Moderately severe SNHL

(L) Severe - Pro found SNHL.

IMPRESSION

B/L (L>R) Hearing loss.

SIGNATURE

Shurti

Bharati Kumar 50/M

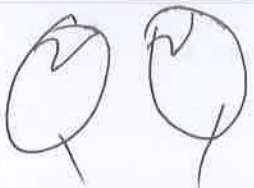
Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

OG

Go B/L Ear decreased hearing
[L > R] ⊕ since childhood



B/L TM Intact

Adm ⊕ Mod severe SNHL
PTA → ⊕ Severe SNHL.
Tympanic membr
Alb mal.

Th...

Follow up date:

Doctor Signature

Patient Name : Mr. Bharath Kumar N G
Age : 55 Year(s)
Referring Doctor : H/C

Patient ID: 255032
Sex : Male
Date : 08.06.2024

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows normal echotexture. No biliary dilatation. No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

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, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

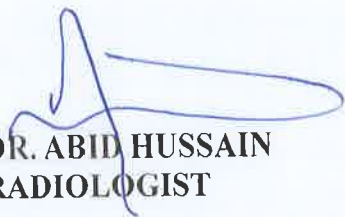
Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

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

Prostate: normal in size and echotexture.

There is no ascites.

IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED

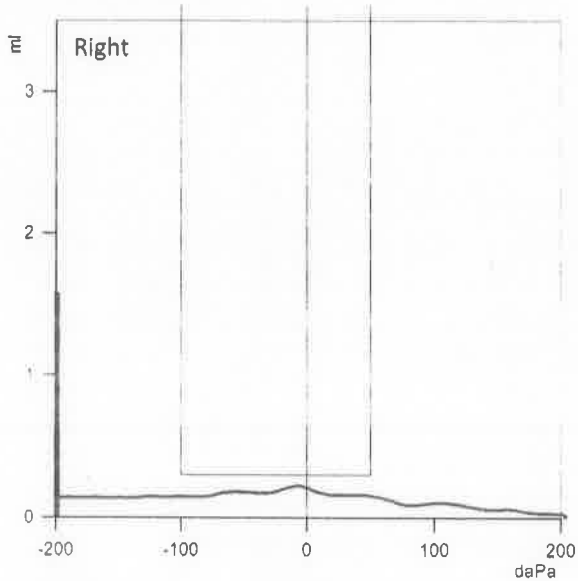


DR. ABID HUSSAIN
RADIOLOGIST

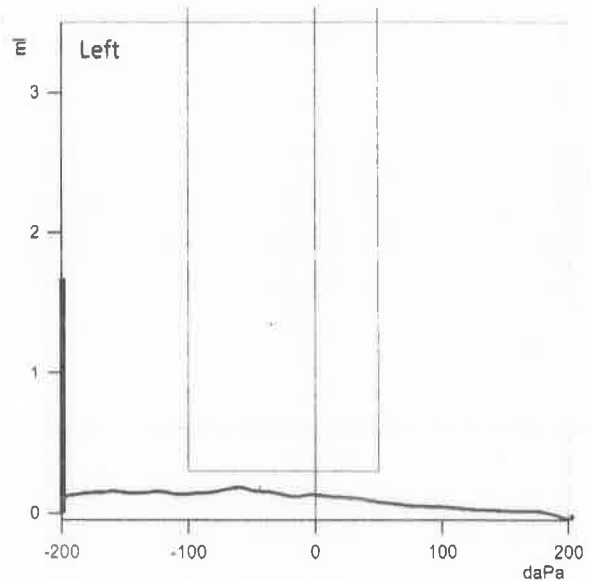
nanoTymp Immittance Report

Report date 6/8/2024
 Patient: bharath kumar
 6/8/2024

Tympanograms



ECV: 1.6 ml
 Peak: 0.2 ml / -7 daPa - As
 Probe tone: 226 Hz
 Pressure: -200...200 daPa at 100 daPa/s



ECV: 1.7 ml
 Peak: 0.2 ml / -60 daPa - As
 Probe tone: 226 Hz
 Pressure: -200...200 daPa at 100 daPa/s

Reflexes

	500 Hz	1 kHz	2 kHz	4 kHz	BBN
Left	98 (NR) 	100 (NR) 	-- 	-- 	94 (NR)
Right	98 (NR) 	100 (NR) 	-- 	-- 	94 (NR)

OPHTHAL REPORT

NAME: Sharath Kumar
AGE: 55 GENDER: MALE/FEMALE

RIGHT EYE

	SPH	CYL	AXIS	VA
DV	+0.75	—	—	6/6
NV	+1.25	—	—	nb

LEFT EYE

	SPH	CYL	AXIS	VA
DV	+0.50	—	—	6/6
NV	+1.25	—	—	nb

REMARK: Plg

DATE: 08/06/24


OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

NAME: MR. BHARATH KUMAR N G

AGE: 55 Y

SEX: MALE

DATE: 08/06/2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO - 2.9(20 – 35)cm	LIVD d – 4.9(36-52)cm	IVS - 1.0(06 - 11)cm
LA - 3.3(19- 40)cm	LVID s -3.3(23- 39)cm	PWD – 0.9(06- 11)cm
EF - 60% (>50%)	RVID: 2.3cm	

VALVES

Mitral Valve : MILD MR
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal

CHAMBERS

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

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal

DOPPLER DATA

Mitral : Normal
Aortic : Normal
Tricuspid : Normal
Pulmonary : Normal

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

FINAL DIAGNOSIS:

**NORMAL CHAMBERS
MILD MITRAL REGURGITATION
NORMAL BIVENTRICULAR FUNCTION(EF-60%)
NO RWMA AT REST
NORMAL PA PRESSURE**



DR. SATWIK RAJ V. A
MD, DM
CONSULTANT CARDIOLOGIST
Dr. Satwik Raj V. A. MD, DM
Asst. Prof. of Cardiology
K.M.C. Regn. No. 96177

AGE: 55
 Measurement Results:
 QRS : 98 ms
 QT/QTcB : 356 / 444 ms
 PR : 150 ms
 P : 102 ms
 RR/PP : 642 / 640 ms
 P/ORS/T : 75 / 85 / 30 degrees
 QTd/QTcBd : 24 / 30 ms
 Sokolow : 1.4 mV
 NK : 13



Unconfirmed Report
 K.M.C. Regd.
 Sathya Narayana, MD, DM
 Registrar of Cardiology
 No. 991771

Patient Name	: Mr. Bharath Kumar N G	Age	: 55 Y/M
UHID	: CKOR.0000255032	OP Visit No	: CKOROPV412347
Reported By:	: Dr. SATHWIK RAJ V A	Conducted Date	: 08-06-2024 15:30
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 93beats per minutes.
3. No pathological Q wave or T changes seen.
4. Normal P,Q,R, waves and axis.ST changes in II, III , avf.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

CORRELATE CLINICALLY.

Dr. SATHWIK RAJ V A
CARDIOLOGIST

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

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

Patient Name	: Mr. Bharath Kumar N G	Age	: 55 Y M
UHID	: CKOR.0000255032	OP Visit No	: CKOROPV412347
Reported on	: 08-06-2024 14:39	Printed on	: 08-06-2024 14:40
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Printed on:08-06-2024 14:39

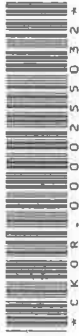
---End of the Report---


Dr. ABID HUSSAIN GULLENPET
MBBS, DMRD, FRCR
Radiology



Original OP Credit Bill

Name : Mr. Bharath Kumar N G
 Age/Gender : 55 Y M
 Contact No : +919591347819
 Address : kmg
 UHID : CKOR-0000255032



Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CKOR-OCR-82720
 Bill/Reg Date : 08.06.2024 09:26
 Referred by : SELF
 Center : Koramangala
 Emp No/Auth Code : 35E6604

#	Department	Service Name	Qty	Rate	Discount	Amount
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	1	2,500.00	0.00	2,500.00
Bill Amount:						2,500.00
Total Discount:						0.00
Net Payment:						0.00
Corporate Due:						2,500.00

Received with thanks: Zero Rupees only

You can download your report from "www.apolloclinic.com" Enter user name as CKOROPV412347 and password as 748639 koramangala

Apollo Health and Lifestyle Limited

CLIN : US51107G000001C11819
 Head Office : 10-6/0/2, Adolsa Raghupathi, Chinnars, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Email : emp@apolloclinic.com
 Ph No: 045-4604 7777; Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | AS Rao Nagar | Chendu Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vizag | Seethamma Peta | Karnataka: Bangalore | Kuvempalli | Belandur | Electronics City | Fraser Town |
 HSB, Mysore | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore | VV Mohalla | Tamil Nadu: Chennai | Annanagar | Kotturumam | Mogappair | T Nagar | Vigneshwara |
 Puducherry: Viman Nagar | Wanowrie | Uttar Pradesh: Ghaziabad | Indrapuram | Gujarat: Ahmedabad | Saini | Punjab: Amritsar | Court Road | Haryana: Faridabad | Railway Station Road



Your appointment is confirmed

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

Fri 07-06-2024 11:43

To:623668@unionbankofindia.bank <623668@unionbankofindia.bank>

Cc:Koramangala Apolloclinic <koramangala@apolloclinic.com>;Saim Qamar <saim.qamar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear **BHARATH KUMAR N G,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KORAMANGALA clinic** on **2024-06-08 at 08:00-08:15.**

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

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

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

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

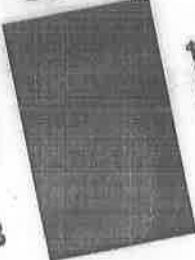

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.


यूनियन बैंक
Union Bank
of India



नाम : **भरत कुमार एस की**
Name : **BHARATH KUMAR N G**
कर्मचारी क्र / Employee No. : **623668**
जन्मतिथि / Date of Birth : **8/5/1969**
रक्त समूह / Blood Group: **A-ve**

जारी करने का स्थान : **क्षेत्रीय कार्यालय, बंगलूरु**
Place of Issue : **RO Bengaluru**

जारी करने की तारीख
Date of Issue : **15.02.2021**


जारी करने वाला अधिकारी / Issuing Authority

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://medlwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 50-60 Male

Shri/Smt./Kum. BHARATH KUMAR N G.,

P.F. No. 623668 Designation : Manager

Checkup for Financial Year 2024-2025 Approved Charges Rs. 4000.00

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,

Yours Faithfully

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

शाखा प्रबंधक / Branch Manager
मरमदाक्की शाखा / MARAMADAKKI Branch

PS. : Status of the application- Sanctioned

Patient Name : Mr. Bharath Kumar N G

Age/Gender : 55 Y/M

UHID/MR No. : CKOR.0000255032

OP Visit No : CKOROPV412347

Sample Collected on :

Reported on : 08-06-2024 14:40

LRN# : RAD2346344

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35E6604

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Dr. ABID HUSSAIN GULLENPET
MBBS, DMRD, FRCR
Radiology

Patient Name : Mr. Bharath Kumar N G

Age/Gender : 55 Y/M

UHID/MR No. : CKOR.0000255032

OP Visit No : CKOROPV412347

Sample Collected on :

Reported on : 08-06-2024 12:02

LRN# : RAD2346344

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35E6604

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows normal echotexture. No biliary dilatation. No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

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, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

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

Prostate: normal in size and echotexture.

There is no ascites.

IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED

DR. ABID HUSSAIN



Patient Name : Mr. Bharath Kumar N G

Age/Gender : 55 Y/M

RADIOLOGIST

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Name: Mr. Bharath Kumar N G
Age/Gender: 55 Y/M
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_16052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. WIKHARUDDIN .

MR No: CKOR.0000255032
Visit ID: CKOROPV412347
Visit Date: 08-06-2024 09:23
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

Ent

--: no,

**Weight

-->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

Eye:

Squint: no,

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. Bharath Kumar N G
Age/Gender: 55 Y/M
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_16052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RINITHA RAJAN

MR No: CKOR.0000255032
Visit ID: CKOROPV412347
Visit Date: 08-06-2024 09:23
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

Ent

--: no,

****Weight**

-->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

Eye:

Squint: no,

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. Bharath Kumar N G
Age/Gender: 55 Y/M
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_16052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000255032
Visit ID: CKOROPV412347
Visit Date: 08-06-2024 09:23
Discharge Date:
Referred By: SELF

Eye:

Squint: **no**,

Doctor's Signature

Name: Mr. Bharath Kumar N G
Age/Gender: 55 Y/M
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_16052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SHRUTI CHAND KEDIA

MR No: CKOR.0000255032
Visit ID: CKOROPV412347
Visit Date: 08-06-2024 09:23
Discharge Date:
Referred By: SELF

Ent

:-: no,

Doctor's Signature