

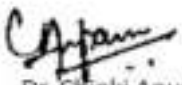
Patient Name : Mr.SUNDARAM	Collected : 10/Feb/2024 10:13AM
Age/Gender : 35 Y 8 M 9 D/M	Received : 10/Feb/2024 01:47PM
UHID/MR No : CMAR.0000340139	Reported : 10/Feb/2024 03:38PM
Visit ID : CMAROPV773709	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 161448 d	

DEPARTMENT OF HAEMATOLOGY

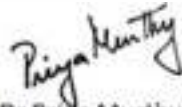
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Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.5	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,670	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.1	%	40-80	Electrical Impedence
LYMPHOCYTES	24.8	%	20-40	Electrical Impedence
EOSINOPHILS	1.4	%	1-6	Electrical Impedence
MONOCYTES	7.3	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5730.87	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2150.16	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	121.38	Cells/cu.mm	20-500	Calculated
MONOCYTES	632.91	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.68	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	339000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



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



SIN No:BED240033828

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www.apollohlm.com | Email ID: enquiry@apollohlm.com, Ph. No: 040-4904 7777, Fax No: 4904 7788

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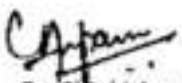
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WBCs: are normal in total number with normal distribution and morphology.

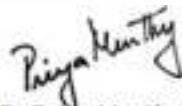
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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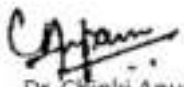
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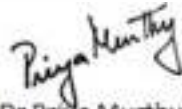
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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	85	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)	118	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				



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240014966



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


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	201	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	148	mg/dL	<130	Calculated
LDL CHOLESTEROL	134.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.79		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.



DR.SHIVARAJA SHETTY
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	51.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.76	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.00	mg/dL	0.67-1.17	Jaffe's, Method
UREA	21.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.20	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	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)




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Emp/Auth/TPA ID : 161448 d	

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	31.00	U/L	<55	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04625414



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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC1E5819)
 Regd. Office: T-7D-90/63, Ashoka Nigahapathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
 www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

Telangana: Hyderabad | UK Raj Nagar | Chanda Nagar | Gandapur | Hallakunta | Nizampet | Marikonda | Uppal | **Andhra Pradesh: Vizag** Coorathamma Petal **Karnataka: Bangalore** (Basavanagudi) | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalhari | Kuvempur | Lakshminagar | Lakshminagar | Mysore | YV Mohalla **Tamil Nadu: Chennai** | Anand Nagar | Kotturupalli | Madhavaram | T Nagar | Velamanchikun | Wilcochery **Maharashtra: Pune** (Aundh) | Nagli Pradhikaran | Viman Nagar | Wankeswar **Uttar Pradesh: Ghaziabad** (Indraprasth Gharan) **Ahmedabad** (Sanjivni) **Rajasthan: Jaipur** (Court Road) **Kerala: Fort Kochi** (Railway Station Road)

Address:
 22/206/121, Duddahangur Village, Mettupalai Main Road,
 Mettupalai Nagar, Electronic city, Bangalore,
 Karnataka - 560014

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

Patient Name : Mr.SUNDARAM	Collected : 10/Feb/2024 10:13AM
Age/Gender : 35 Y 8 M 9 D/M	Received : 10/Feb/2024 01:57PM
UHID/MR No : CMAR.0000340139	Reported : 10/Feb/2024 04:02PM
Visit ID : CMAROPV773709	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 161448 d	

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)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.40	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.119	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

1. 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.
2. 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.
3. 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.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24022297

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
 Regd. Office: T-7D-90/63, Adhika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK:

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Address:
 27/206/121, Duddahangur Village, New Look Main Road,
 New Look Nagar, Electronic city, Bangalore,
 Karnataka - 560014


1860 500 7788
 www.apolloclinic.com

Patient Name : Mr.SUNDARAM	Collected : 10/Feb/2024 10:13AM
Age/Gender : 35 Y 8 M 9 D/M	Received : 10/Feb/2024 01:57PM
UHID/MR No : CMAR.0000340139	Reported : 10/Feb/2024 04:02PM
Visit ID : CMAROPV773709	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 161448 d	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24022297

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

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APOLLO CLINICS NETWORK

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Address:
 22/206/121, Duddahangur Village, New Look Main Road,
 New Look Nagar, Electronic city, Bangalore,
 Karnataka - 560014



Patient Name : Mr.SUNDARAM	Collected : 10/Feb/2024 10:13AM
Age/Gender : 35 Y 8 M 9 D/M	Received : 10/Feb/2024 02:49PM
UHID/MR No : CMAR.0000340139	Reported : 10/Feb/2024 04:51PM
Visit ID : CMAROPV773709	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 161448 d	

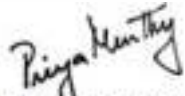
DEPARTMENT OF CLINICAL PATHOLOGY

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	1.025		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No: UR2279781

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

Apollo Health and Lifestyle Limited (CIN - U55110TG2000PLC115819)
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27/706/121, Duddahangur Village, New Delhi Main Road,
New Delhi Nagar, Electronics City, Bangalore,
Korutaku - 560014

1860 500 7788
www.apolloclinic.com

Patient Name : Mr.SUNDARAM	Collected : 10/Feb/2024 10:13AM
Age/Gender : 35 Y 8 M 9 D/M	Received : 10/Feb/2024 02:49PM
UHID/MR No : CMAR.0000340139	Reported : 10/Feb/2024 05:09PM
Visit ID : CMAROPV773709	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 161448 d	

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

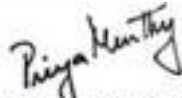
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF010542

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

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APOLLO CLINICS NETWORK

Telangana: Hyderabad | UK Red Nagar | Chanda Nagar | Bandapur | Hallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Coorlamma Petal Ramastala: Bangalore: Basavanagudi | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Kuvempu | Sarjapur Road: Mysore: VV Mohalla: Tamil Nadu: Chennai | Anand Nagar | Kotturupalli | Madhavaram | T Nagar | Velamanchikun | Wilcochery | Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Viman Nagar | Ramnagar | Uttar Pradesh: Ghaziabad (Indraprasth Gajner) | Ahmedabad (Sanjivni) | Parbhani: Anantpur (Court Road) | Karnataka: Perinthalaad (Railway Station Road)

Address:
22/206/121, Duddahangur Village, Marolli Main Road,
Marolli Nagar, Electronic city, Bangalore,
Karnataka - 560014

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

Patient Name	: Mr. Sundaram	Age/Gender	: 35 Y/M
UHID/MR No.	: CMAR.0000340139	OP Visit No	: CMAROPV773709
Sample Collected on	:	Reported on	: 10-02-2024 21:03
LRN#	: RAD2232282	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 161448 d		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

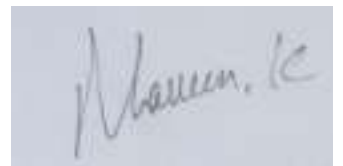
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology



Patient Name	: Mr. Sundaram	Age/Gender	: 35 Y/M
UHID/MR No.	: CMAR.0000340139	OP Visit No	: CMAROPV773709
Sample Collected on	:	Reported on	: 10-02-2024 17:35
LRN#	: RAD2232282	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 161448 d		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and **echopattern is mildly increased**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

SPLEEN: Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 11.2 x 5.0 cm

Left kidney measures 10.5 x 5.6 cm

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

IMPRESSION:

Grade I Fatty Liver.

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

340139



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sundaram on 10/2/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

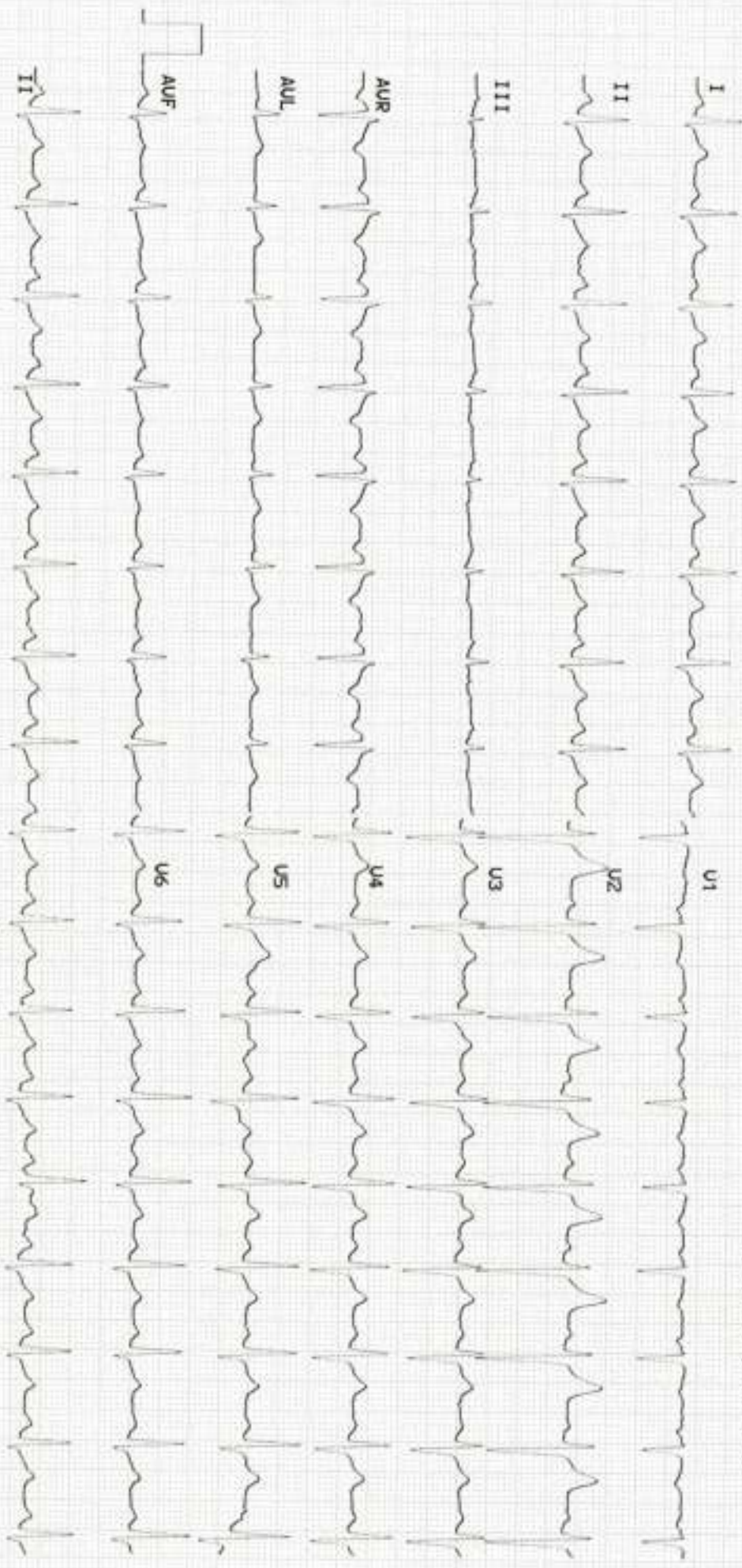
Measurement Results:

QRS	:	108 ms
QT/QTcB	:	354 / 459 ms
PR	:	148 ms
P	:	124 ms
RR/PP	:	594 / 600 ms
P/QRS/T	:	55 / 40 / 30 degrees
QTd/QTcBd	:	30 / 39 ms
Sokolow	:	1.6 mV
NK	:	15



Interpretation:
 sinus tachycardia
 probably abnormal ECG

Unconfirmed report.



STANDARAM
ID: 000340139

10-Feb-2024
15:02:47

35years
180cm

118kg

Male

Referred by: ARCOPEMI

BRUCE
Total Exercise time: 8:01
Max HR: 184bpm 99% of max predicted 185bpm
Max BP: 120/90
Maximum workload: 10.1METS

Reason for Termination: Patient fatigue

Comments: GOOD EFFORT TOLERANCE
NORMAL BP AND HR RESPONSE

NO ANGINA/NO ARRHYTHIA

NO SIGNIFICANT ST CHANGES NOTED DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISHERMIA

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	STANDING	0:16	** *	** *	1.0	131	120/90	157
	HYPERVENT	0:14	** *	** *	1.0	133	120/90	157
	SUPINE	0:16	0.8	0.0	1.0	127	120/90	152
EXERCISE	STAGE 1	3:00	1.7	10.0	4.5	145	120/90	174
	STAGE 2	3:00	2.5	12.0	7.0	166		
	STAGE 3	2:01	3.4	14.0	10.1	184	120/90	221
RECOVERY	Post	3:15	** *	** *	1.0	129	120/90	155

Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C

ACKW CE

SUNDARAM
ID: 000340139

10-Feb-2024
15:02:47

35years
180cm

118kg

Male

Referred by: ARCOPEMI

BRUCE

Total Exercise time: 8:01

Max HR: 184bpm
Max BP: 120/90

99% of max predicted
185bpm
Maximum workload: 10.1METS

Reason for Termination: Patient fatigue
Comments: GOOD EFFORT TOLERANCE
NORMAL BP AND HR RESPONSE

NO ANGINA/NO ARRHYTHIA

NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISHERMIA

25.0 mm/s
10.0 mm/mV
100hz

BASELINE

EXERCISE STAGE 1
0:00 1.0METS
127bpm
BP: 120/90
ST @ 10mm/mV
80ms postJ

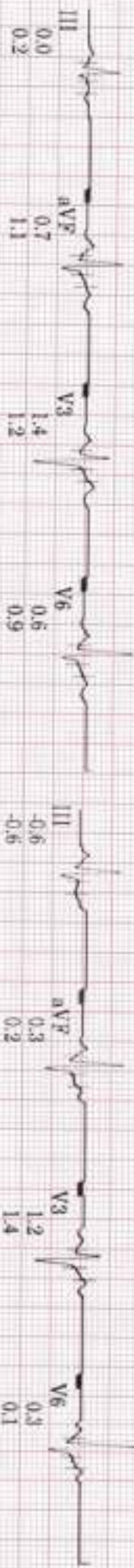
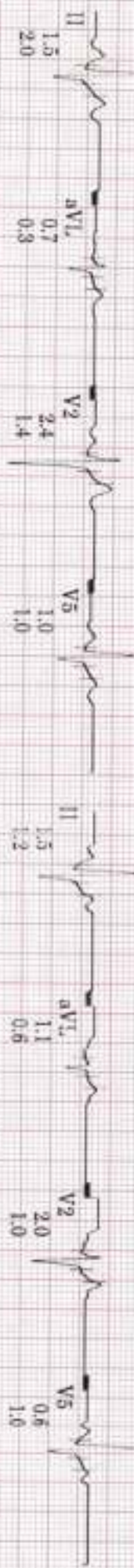
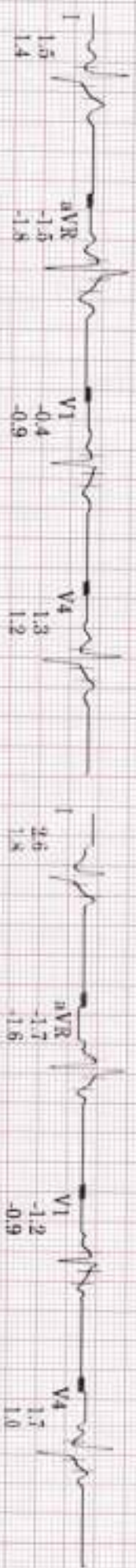
Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 2
4:05 5.9METS

MAX ST

158bpm
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C

SUNDARAM
ID: 000340139

10-Feb-2024
15:02:47

35years
180cm

118kg

Male

Referred by: ARCOPENI

Total Exercise time: 8:01

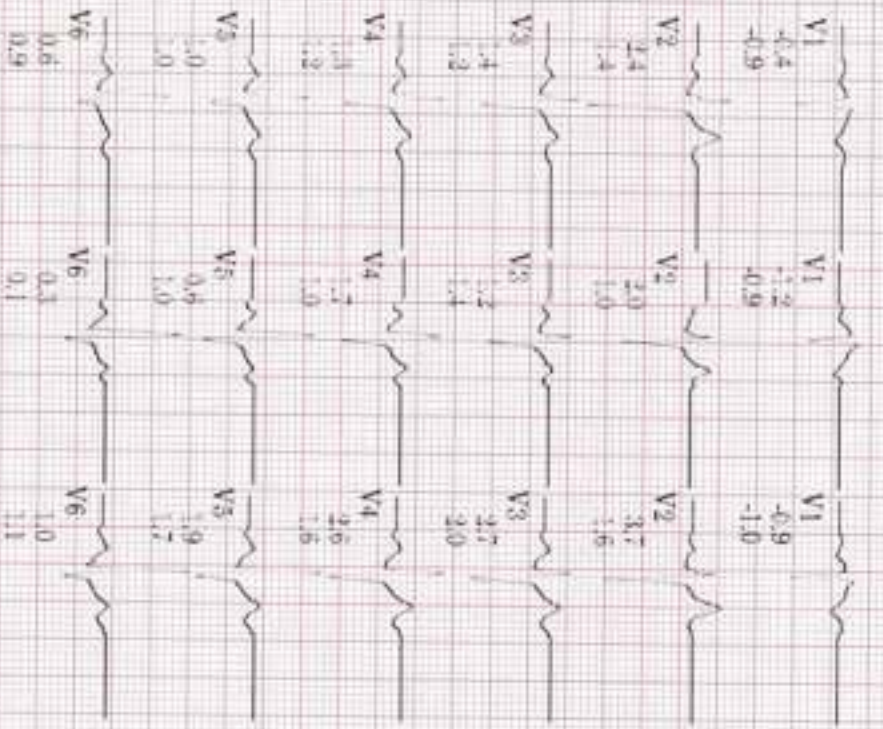
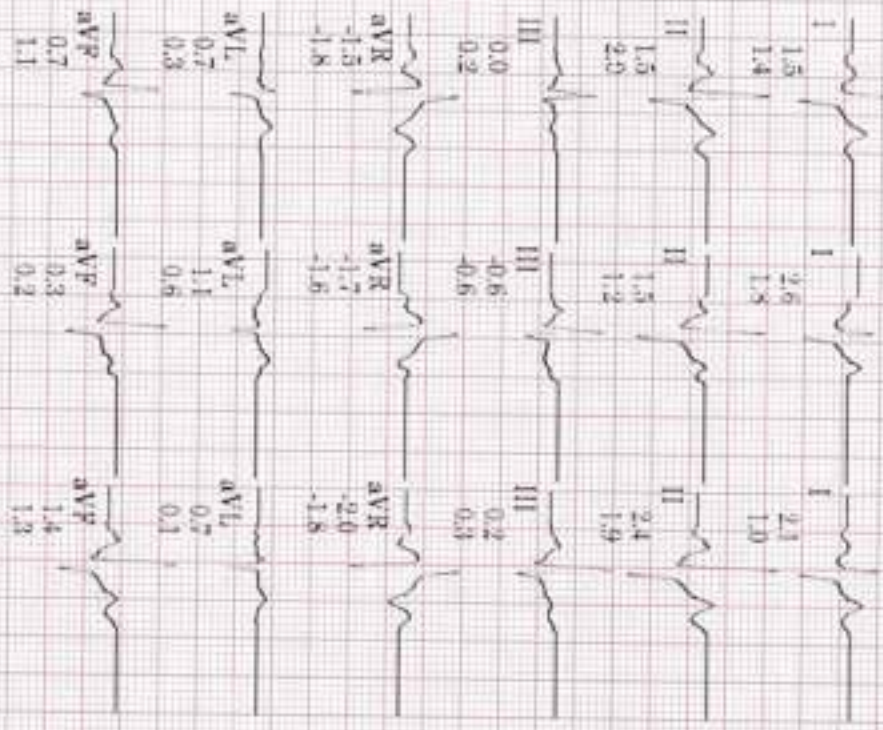
Max HR: 184bpm 99% of max predicted 185bpm
Max BP: 120/90 Maximum workload: 10 METS

25.0 mm/s
16.0 mm/mV
100hz

Reason for Termination:
Comments: (GOOD EFFORT TOLERANCE
NORMAL BP AND HR RESPONSE
NO ANGINA NO ARRHYTHIA
NO SIGNIFICANT ST CHANGES NOTED DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISHERMIA

BASELINE EXERCISE	MAX ST EXERCISE	TEST END RECOVERY
0:00	4:05	5:18
127bpm	158bpm	129bpm
Bp: 120/90		Bp: 120/90

BASELINE EXERCISE	MAX ST EXERCISE	TEST END RECOVERY
6:00	4:05	5:18
127bpm	158bpm	129bpm
Bp: 120/90		Bp: 120/90



Technician:

Urconfirmed

APOLLO MEDICAL CENTRE MARATHA HALLI

MAC55 009C

Lead
ST (mm)
Slope (mV/s)

SUNDARAM
ID: 000340139

10-Feb-2024
15:14:53

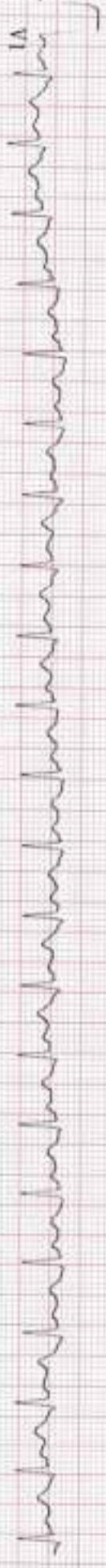
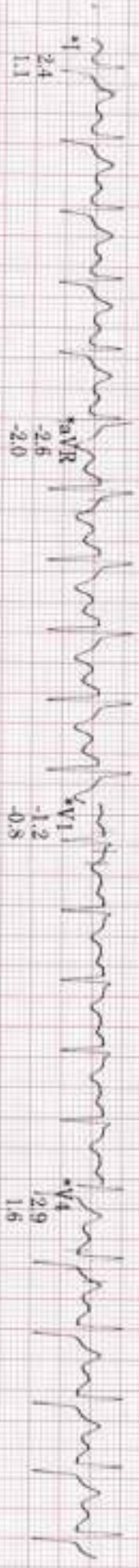
130bpm
BP: 120/90

RECOVERY
Post
3:00

BRUCE
**mph
**%

ST @ 10mm/mV
80ms postJ

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



Raw Rhythm
20 Hz 25.0 mm/s 10.0 mm/mV
A-H-S HR 46

Computer Synthesized Rhythm
MAC55 009C



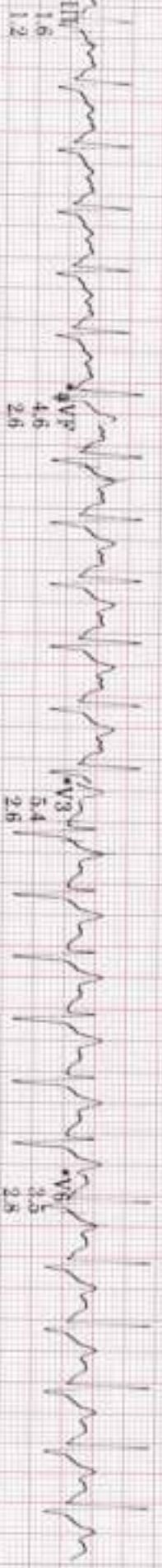
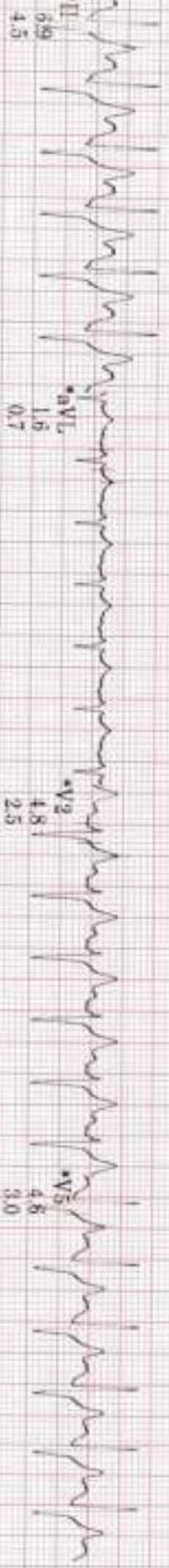
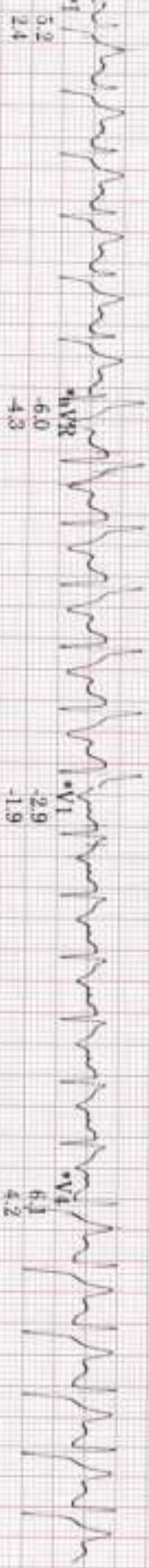
SUNDARAM
ID: 000340139
10-Feb-2024
15:12:53

151bpm
RECOVERY
Post
1:00

BRUCE
** *mph
** *%g

ST @ 10mm/mV
80ms postJ

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



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

SUNDARAM
ID: 000340139
10-Feb-2024
18:11:54

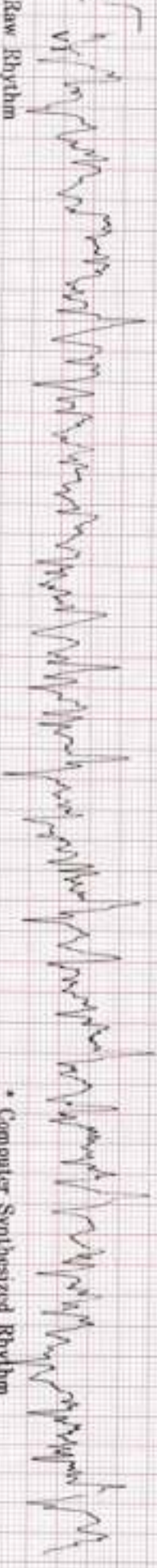
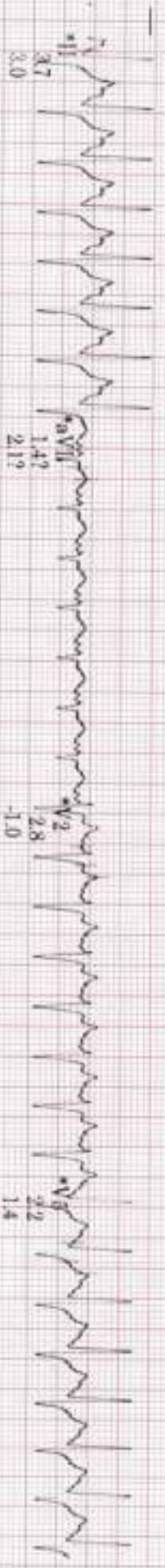
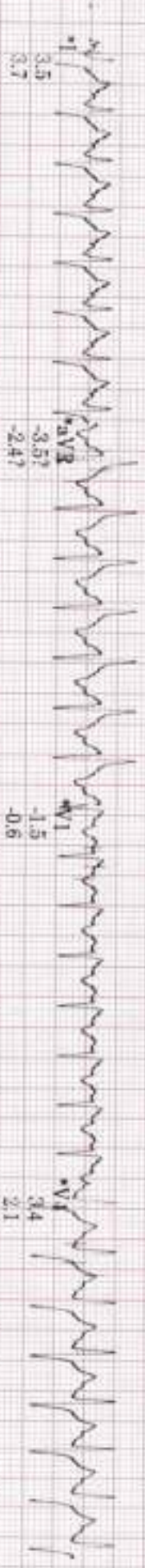
184bpm
BP: 120/90

EXERCISE
STAGE 3
8:00

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST (mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

AccuW CE

Computer Synthesized Rhythm

MAC35 009C

II

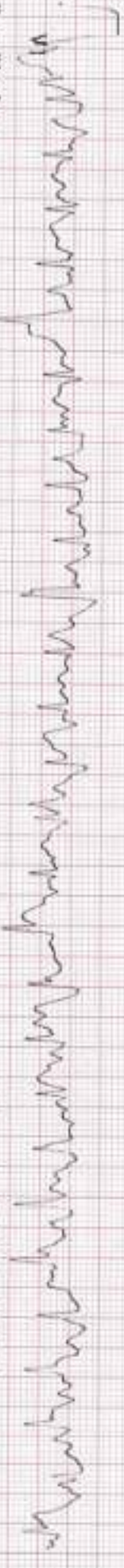
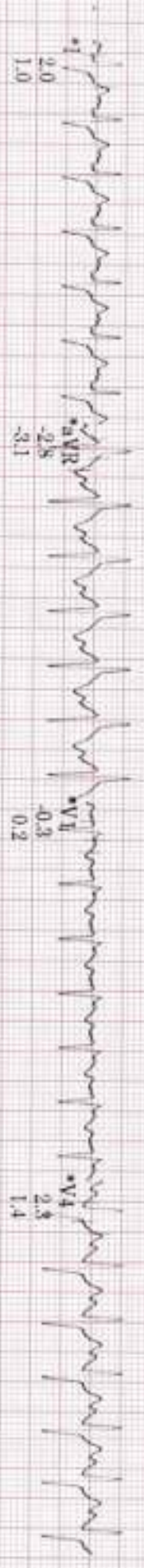
SUNDARAM
ID: 000340139
10-Feb-2024
15:09:42

166bpm
EXERCISE
STAGE 2
3:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

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



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

SUNDARAM
ID: 000340139
10-Feb-2024
15:06:42

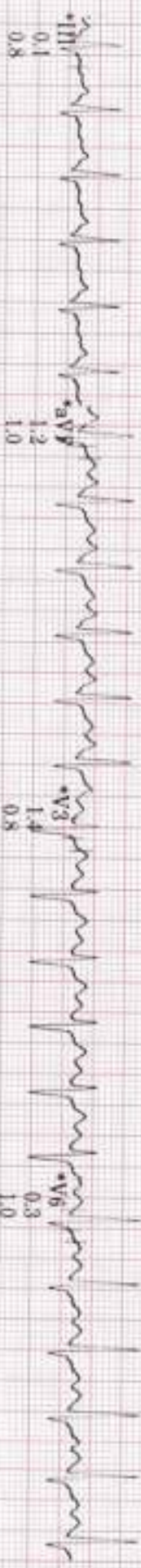
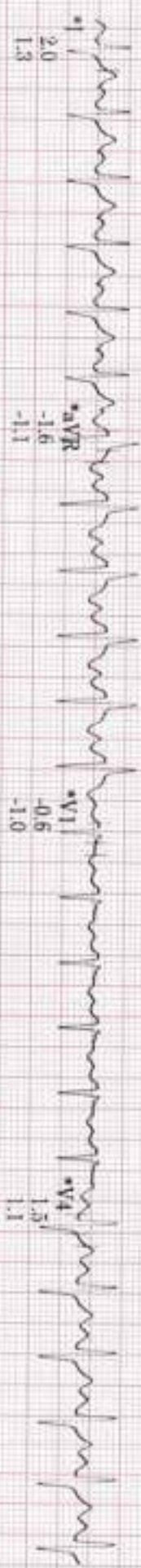
142bpm
BP: 120/90

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

• Computer Synthesized Rhythm

MAC55 009C

Arrow CE

SUNDARAM
ID: 000340139

10-Feb-2024
15:03:36

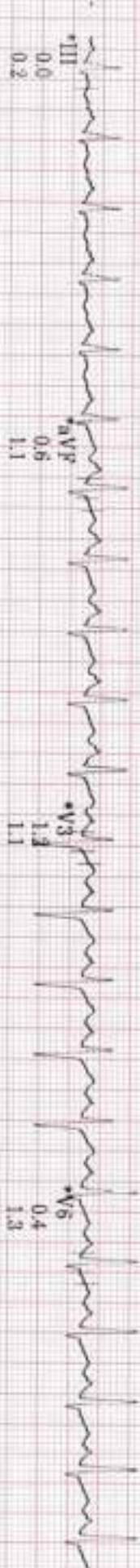
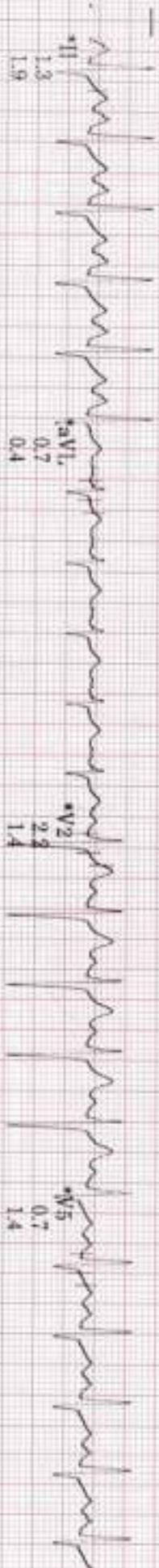
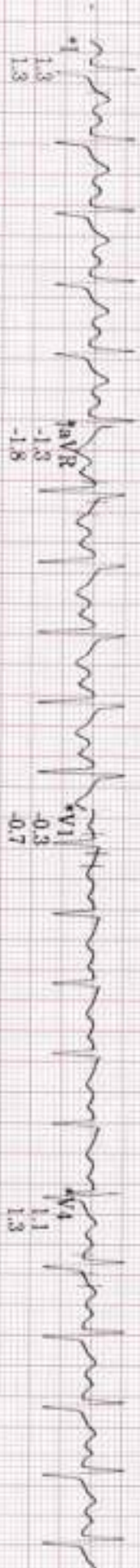
131bpm

PRETEST
SUPINE
0:49

BRUCE
** *mph
** *g/s

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



* Computer Synthesized Rhythm
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SUNDARAM
ID: 000340139

10-Feb-2024
15:03:22

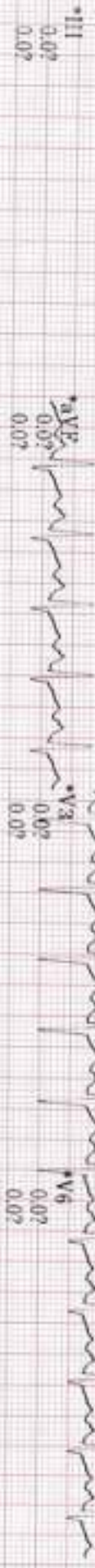
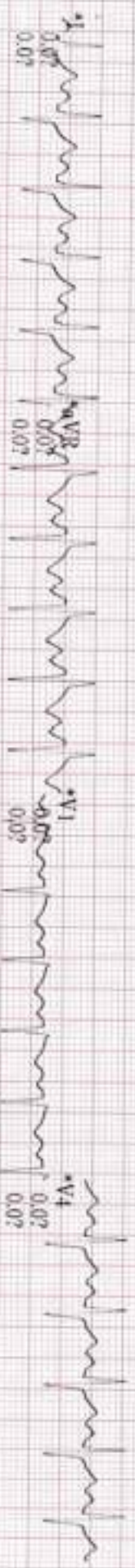
132bpm

PRETEST
HYPERVENT

BRUCE
** *mph
** *%

ST @ 10mm/mV
80ms postJ

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



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

AccuW CE

SUNDARAM
ID: 000340139

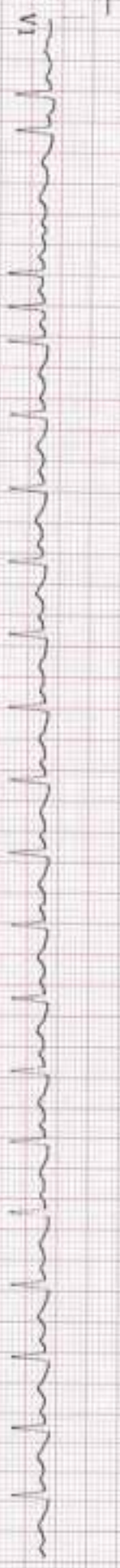
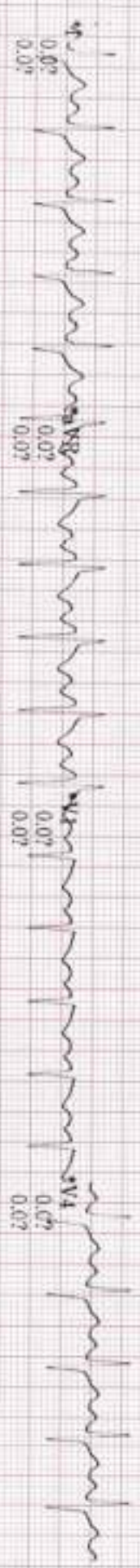
10-Feb-2024
15:03:06

127bpm
PRETEST
STANDING
0:19

BRUCE
** * mph
** * %

ST @ 10mm/mV
80ms postJ

Lead
ST (mm)
Slope (mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

Computer Synthesized Rhythm

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ACEW CE

35 years
Male
180cm
118kg

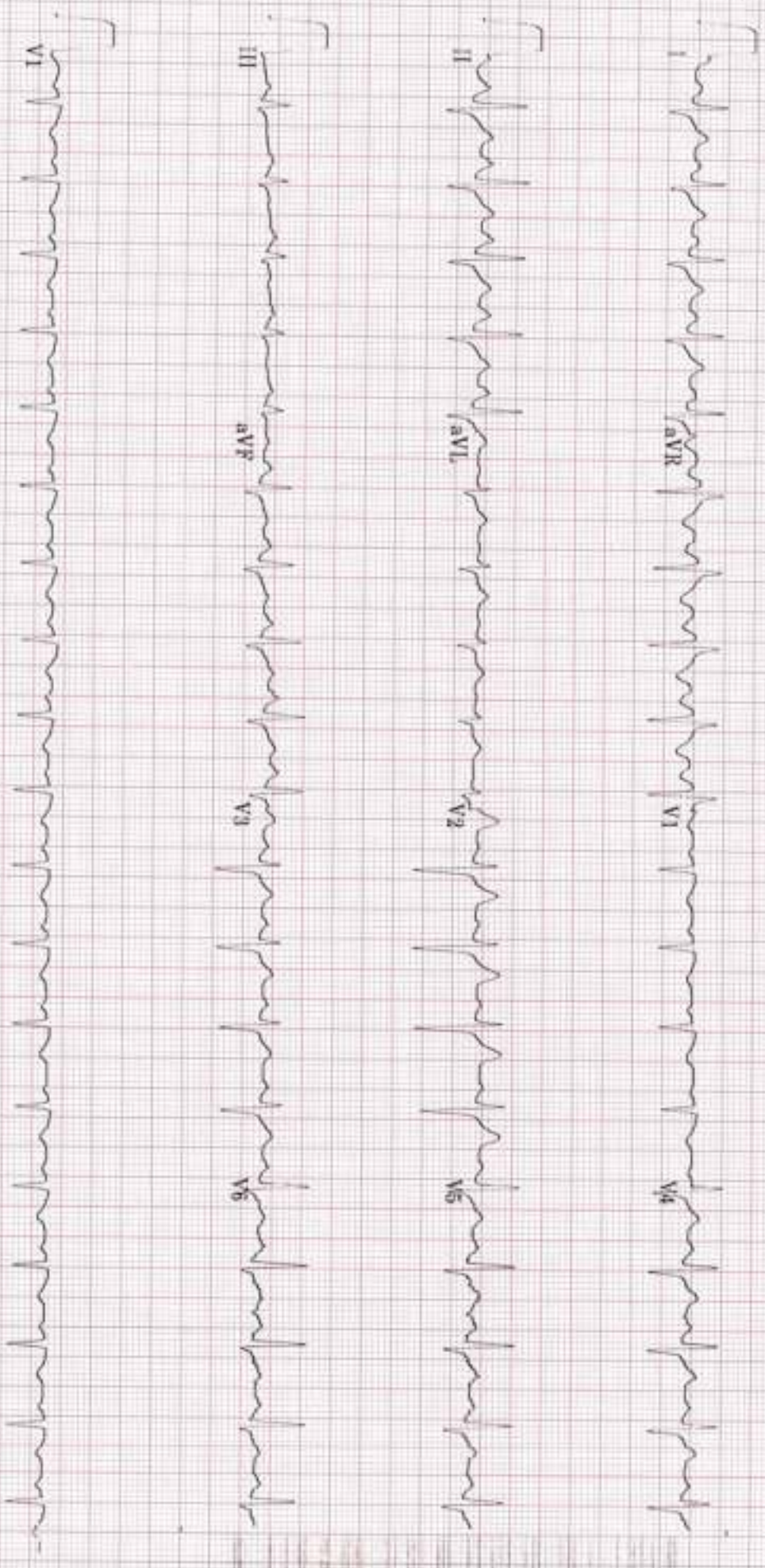
Vent. Rate 116 bpm
PR interval 154 ms
QRS duration 88 ms
QT/QTc 324/450 ms
P-R-T axes 52 63 40

Sinus bradycardia
Biventricular hypertrophy
Abnormal ECG

Technician:

Referred by: ARCOFEMI

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 009C

II 13SL™ V239

Asano CE